

Measurement of psychological distress in psychiatric patients

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ABSTRACT

Psychological distress is considered as prerequisite for success in health settings. The present study was carried out with the objectives to investigate the psychological distress in psychiatric patients by using Kessler psychological distress scale (k10) in relation with dietary habits among different age groups and gender. The study was carried out on 26 psychiatric patients in different psychiatric clinics in Jammu and Kashmir region. On the bases of dietary habits in which 25 patients were non-vegetarians and only 01 patient was vegetarian, they were divided into two age groups *i.e.* 10-50 years (21 patients) and 51-90 years (05 patients) and similarly on the bases of gender 19 were males and 07 were females. All were selected by purposive/random sampling method. As per research plan all 26 patients were selected on the basis of dietary habits (vegetarian and non-vegetarian), age groups (10-50 and 51-90) and gender (males and females) using Kessler psychological distress scale (k10), t- test was used for deriving the results. No Significant difference was found between the psychological distress among vegetarian and non-vegetarian, age group between 10-50 and 51-90 and male and female of psychiatric patients.

Key Words : Psychological distress, Dietary habits, Gender, Age groups

INTRODUCTION

Measurement of Psychological distress in psychiatric patients is a widely researched topic in both the fields of psychology and science. Psychological distress in psychiatric patients can best be understood by examining the meanings of “Psychological distress and psychiatry” separately. Psychological distress and psychiatry typically stresses the importance of accomplishment and attainment with effort involve.

Psychological distress is a general term that is used to describe unpleasant feelings or

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emotions that impact your level of functioning. In other words, it is psychological discomfort that interferes with your activities of daily living. Psychological distress can result in negative views of the environment, others, and the self. Sadness, anxiety, distraction, and symptoms of mental illness are manifestations of psychological distress. So, no two people experience one event the exact same way. Psychological distress is a subjective experience. That is, the severity of psychological distress is dependent upon the situation and how we perceive it. We can think of psychological distress as a continuum with 'mental health' and 'mental illness' at opposing ends. As we continue to experience different things, we travel back and forth on the continuum at different times throughout our lives. Traumatic experiences, such as the death of a loved one, are causes of psychological distress. Psychological distress can be thought of as a maladaptive response to a stressful situation. Psychological distress occurs when external events or stressors place demands upon us that we are unable to cope with. For example, we may struggle to accept that a loved one is no longer with us. As a result, we become sad and have trouble getting out of bed, we are unable to focus at work, and we lose interest in social activities. The existence of psychological distress has been recognized for thousands of years. For example, the book of Job illustrates a classic case of psychologically distressed man, he lost interest in things he used to like doing, became hopeless, withdrawn, self-blaming, self-deprecating and had sleep disturbance. Kovacs and Beck (1978) states that 2 even 3,900 years old Egyptian manuscript provides an accurate picture of the distressed person as pessimistic, his losing faith in others, unable to carry out the everyday tasks of life and his serious consideration of suicide. These historical descriptions are congruent with some of the present accounts of the phenomenon of psychological distress.

Understanding of psychological distress has been controversial for many years. The major dispute among students of psychological distress has been over the meaning of the concept, and about what actually is meant by the assertion that a person is psychologically distressed (Torkington, 1991). There are three basic questions, which should be answered in the context of psychology and psychiatry when try to make sense of behaviour (Halling and Nill, 1989): (a) what kinds of behaviour are judged to be abnormal, whether by professionals or laypersons? (b) What are the various patterns or forms of disturbed behaviour? (c) How can one make sense of the apparently senseless or irrational behaviour of disturbed persons? These are important questions that affect that is seen as psychologically distressed as well as how being distressed is interpreted and how treatment is carried out (Phatares, 1988). Psychological abuse (also referred to as psychological violence, emotional abuse or mental abuse) is a form of abuse, characterized by a person subjecting, or exposing, another person to behaviour that may result in psychological trauma, including anxiety, chronic depression, or post-traumatic stress disorder (Dutton and Donald, 1994; Dutton *et al.*, 2000 and Thompson *et al.*, 1996). Such abuse is often associated with situations of power imbalance, such as abusive relationships, bullying, gas lighting, and abuse in the workplace (Dutton *et al.*, 2000 and Thompson *et al.*, 1996).

Objectives :

- To assess the difference in the Psychological distress among male and female psychiatric patients.

- To assess the difference in the Psychological distress among non- vegetarian males and female psychiatric patients.
- To assess the difference in the Psychological distress among two age group of psychiatric patients *i.e.* (10-50 yrs) and (51- 90 yrs).

METHODOLOGY

Hypothesis :

- There will be significant difference in the Psychological distress among male and female psychiatric patients.
- There will be significant difference in the Psychological distress among vegetarian and non- vegetarian psychiatric patients.
- There will be significant difference in the Psychological distress among two age group of psychiatric patients *i.e.* (10-50) and (51- 90).

Sample :

A total number of 26 psychiatric patients participated in the study. Out of the 26 psychiatric patients 19 are males and 07 are females. On the age group bases out of 26 psychiatric patients, the patients with age group 10-50 were 16 patients and the remaining are in age group 51-90 were 03 patients and on the diet bases out of 26 psychiatric patients 19 patients were non-vegetarian males and 06 were non-vegetarian. females. The patient's data were taken from Government and semi- government sectors (*i.e.* Medical Colleges, hospitals as well as in private nursing homes) in Jammu and Kashmir.

Variables :

Independent variable : Age and Gender.

Dependent variable : Psychological Distress.

Tool :

Kessler psychological distress scale (K10): This is a 10-item questionnaire intended to yield a global measure of distress based on questions about anxiety and depressive symptoms that a person has experienced in the most recent 4 week period. Permission from head of the concerned government and semi-government departments of medical colleges and hospitals of Jammu and Kashmir, the patients were approached. All patients completed the Kessler psychological distress scale (K10), and the accompanying demographic. A letter describing the overall purpose of study, how data would be utilized and other test taker privileges and rights accompanied the scale. The letter provided participants the opportunity to request information pertaining to the results of the study.

Validity :

As a general rule, patients who rate most commonly "Some of the time" or "All of the time" categories are in need of a more detailed assessment. Referral information should be provided to these individuals. Patients who rate most commonly "A little of the time" or "None of the time" may also benefit from early intervention and Promotional information to

assist raising awareness of the conditions of depression and anxiety as well as strategies to prevent future mental health issues (Information sourced from the NSW Mental health Outcomes and Assessment Training (MH-OAT) facilitator’s Manual, NSW Health Department, 2001).

Statistical analysis and description :

Mean, standard deviation, random sampling and t-test are used to analysis the collected data.

The use of a consumer self-report measure is a desirable method of assessment because it is a genuine attempt on the part of the clinician to collect information on the patient’s current condition and to establish a productive dialogue. When completing the K10 the consumer should be provided with privacy. (Information sourced from the NSW Mental health Outcomes and Assessment Training (MH-OAT) facilitator’s Manual, NSW Health Department 2001). This is a questionnaire for patients to complete. It is a measure of psychological distress. The numbers attached to the patients 10 responses are added up and the total score is the score on the Kessler Psychological Distress Scale (K10). Scores will range from 10 to 50. People seen in primary care who

- * Score under 20 are likely to be well
- * Score 20-24 are likely to have a mild mental disorder
- * Score 25-29 are likely to have moderate mental disorder
- * Score 30 and over are likely to have a severe mental disorder

13% of the adult population will score 20 and over and about 1 in 4 patients seen in primary care will score 20 and over. This is a screening instrument and practitioners should make a clinical judgement as to whether a person needs treatment. Scores usually decline with effective treatment. Patients whose scores remain above 24 after treatment should be reviewed and specialist referral considered

RESULTS AND DISCUSSION

The present study has been conducted to the psychological distress in psychiatric patients among gender *i.e.*, (male and female) dietary habits *i.e.* (non- vegetarian. male and non-vegetarian female) and age groups of non-vegetarian males *i.e.* (10-50 and 51-90). Test of significance (t-test) was used to calculate the differences between two groups *i.e.*, between psychological distress and gender, diet and age groups. All The calculations were done manually and were repeated 2 times to ensure the reliability of the results obtained.

Table 1 shows the mean and SD of males is 23.37 and 7.73 whereas the mean and SD of females is 25.71 and 6.21. It indicates that the males and females do not differ significantly on psychological distress. The t-value is -0.71874. The p-value is .479244. The result is not significant at $p < .01$.

Table 1 : To assess the difference of psychological distress among gender					
Particular	N	Mean	Std. Deviation	t- value	p- value
Male	19	23.37	7.73	-0.72	.479244
Female	07	25.71	6.21		

Table 2 shows the mean and SD of non-vegetarian male patients is 22 and 7.90 whereas the mean and SD of non-vegetarian females patients is 27.3 and 4.92. It indicates that the male vegetarian and the male non-vegetarian do not differ significantly on psychological distress. The t-value is 1.5387 and p-value is 0.1375. The result is not significant at $p < .01$.

Table 2 : To assess the difference of psychological distress among non-vegetarian males and females psychiatric patients

Particular	N	Mean	Std. Deviation	t- value	p- value
Non-veg (males)	19	22	7.90	1.5387	0.1375
Non-veg (females)	06	27.3	4.92		

Table 3 shows the mean and SD of age group (10-50) is 22.94 and 8.26 whereas the mean and SD of age group (51-90) is 25.67 and 4.16. It indicates that the age group (10-50) and age group (51-90) do not differ significantly on psychological distress. The t-value is -0.54997. The p-value is .589495. The result is not significant at $p < .01$. English et al. report that children whose families are characterized by interpersonal violence, including psychological aggression and verbal aggression, may exhibit a range of serious disorders, including chronic depression, anxiety, post-traumatic stress disorder, dissociation and anger. Additionally, English et al. report that the impact of emotional abuse “did not differ significantly” from that of physical abuse. Johnson et al. report that, in a survey of female patients, 24% suffered emotional abuse, and this group experienced higher rates of gynaecological problems (Johnson *et al.*, 2007). In their study of men emotionally abused by a wife/partner or parent, Hines and Malley-Morrison report that victims exhibit high rates of post-traumatic stress disorder, drug addiction and alcoholism (Hines *et al.*, 2001). 75% graduate-entry medical students (GEs) and 46% undergraduate medical students (UGs) responded to the questionnaire. Both groups reported equally high levels, and similar profiles of, perceived stress and psychological morbidity. Levels of recent adverse life events and stress-related personality traits were similar in both groups. Compared to UGs, GEs were more likely to use active coping ($p = 0.02$) and positive reframing ($p = 0.03$), but were also more likely to use substances (alcohol and other drugs; $p < 0.001$) to help them cope. Unlike UGs, second-year GEs showed less perceived stress ($p = 0.007$) and psychological morbidity ($p = 0.006$) than first-year GEs although levels of both were still high (Zvauya *et al.*, 2017). Pubertal stressors alter sexual, anxiety-and depression-like, and cognitive behaviours in adulthood. Pubertal stressors alter behavioural response to gonad hormones. The authors propose that immune molecules or neuro-inflammation may mediate these changes (Neurosci Biobehav Rev., 2003 and Cavaillon, 2001).

Table 3 : To assess the difference in the Psychological distress among two age group of psychiatric patients i.e. (10-50) and (51- 90)

Particular	N	Mean	Std. Deviation	t- value	p- value
10-50	16	22.94	8.26	-0.54997	.589495
51-90	03	25.67	4.16		

Conclusion:

Males and females do not differ significantly on psychological distress, the age group

(10-50 yrs) and (51-90 yrs) do not differ significantly on psychological distress in psychiatric patients.

Limitations :

There was certain limitation which was found under this study. First one is the sample size which may not be enough for proper generalisation. Sample data may increase for further researches as analysis over this data is not possible in case of quantitative work.

Suggestions

The sample of the study can be increased and can be done on large scale. It is suggested for future studies to incorporate other relevant variables. Besides this other situational and personality variables may be studied and their impact may be ascertained. The variables employed in the present investigation may be studied on a different sample and other psychometric devices may be used to establish or confirm the directions of results.

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