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# A pragmatic perspective on mental disorders by psychiatrists of Karachi, Pakistan: A qualitative study

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*[1] Conceived, design and data analysis, review, editing and final approval of manuscript*

*[2] Qualitative analysis, assemble data, editing, critical revision, intellectual content.*

*[3,4] Data collection, interpretation, drafting, critical revision, import, Intellectual contents, final approval.*

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A B S T R A C T

**Introduction:** There is an alarming rise in mental health problems in Pakistan, due to various reasons including genetic vulnerability. There is a paucity of reliable and updated data on mental illnesses in Pakistan.

**Objective:** The main objective of our study was to explore the perspective of psychiatrists on frequency of mental disorders, their related factors and expected recovery from mental illnesses in a Psychiatric Care and Rehabilitation center of Karachi, Pakistan.

**Methodology**: This qualitative study was conducted at the Karwan-e-Hayat Psychiatric Care and Rehabilitation center, Karachi, Pakistan from Dec 2019 to April 2020. Seventeen study participants were recruited through purposive sampling and data was collected through in-depth interviews. Qualitative thematic analysis of content was done though generation of a coding scheme.

**Results:** Analysis of the interview transcripts revealed two main themes related to psychiatrists' views about mental disorders in Pakistan; (1) Contributing and consequential correlates of mental disorders (2) Effective therapeutic strategies and recovery rate from mental disorders.

**Conclusion:** Our study concluded that mental disorders are increasing with high proportion of psychosis and schizophrenia cases in Pakistan. The productive young age group and male gender are most commonly affected. The factors associated with mental disorders include lower socio-economic status, Low-literacy, divorce, exposure to traumatic events like violence and political turmoil, and sleep disturbances. The recovery rate from mental disorders is promising with integrative approach including pharmacological, psychosocial and care management strategies.

**Keywords:** *Pragmatic perspective, mental disorders in Pakistan, psychiatrist's perspective, qualitative study*

## Introduction

Mental illnesses are visibly prevalent all around the world and are globally acknowledged as a crucial social issue which should be aggressively addressed.[1] The spectrum of mental illnesses range from mood disorder to irreversible disability and even death.[2] Globally about 400 million people have been stricken by some type of mental disorder during their lifetime and most of them are living in developing countries.[3] Mental health is significantly under-

estimated in Pakistan and is a burden on its health care system.[4] A clinical study[5] found a large number of psychiatric cases including depression at the top, followed by schizophrenia and substance abuse. This fact is reinforced by a nationwide study.[6] The reasons behind this huge increase in mental illnesses include unemployment, poverty, violence, political instability besides the genetic and biological vulnerability.[7]

In Pakistan, mental health issues are mostly attended at primary health care settings, so currently available data is not hospital based. That is why, most of the mental disorders remain unrecognized. Other very ignorant factor is timely referral from general practitioners to psychiatrists which is lacking in our country.[4] The prime goal of our study is to explore the perspective of our experienced psychiatrists on frequency of mental disorders, their related factors and expected recovery from mental illnesses in a Psychiatric Care and Rehabilitation center of Karachi, Pakistan.

## Methodology

**Setting and Participants:**

The study took place at the Karwan-e-Hayat Psychiatric Care and Rehabilitation center (KHPCRC), Karachi, Pakistan. It maintains one of the largest numbers of psychiatric inpatients' in Karachi and consists of three centers including a Psychiatric Care and Rehabilitation Centre at Keamari, which comprises of 100-bed inpatient facility providing treatment and rehabilitation services, an outpatient clinic at Khayaban-e-Jami, and a community Psychiatry Center at Korangi. The three facilities jointly demonstrate step-by-step care through quality medication, therapy, counselling, and rehabilitation. Participants of our study included Psychiatrists with more than 5 years' experience in Psychiatry and working at KHPCRC.

Ethical Approval: The study was approved by the Institutional Review Board (IRB) at Karwan-e-Hayat Psychiatric Care and Rehabilitation center (KHPCRC).

Data collection procedure: A purposive sample of study participants was contacted in their offices and were invited to participate in the study. Potential participants were provided with an information sheet about the purpose of the study. Those who agreed to participate were recruited for in-depth interviews.

Data Collection and Analysis: Seventeen in-depth interviews were conducted with participants who were cognitively functional and medically stable and had work experience of more than five years. Duration of data collection and analysis was from Dec 2019 to April 2020. A semi-structured, open-ended interview guide was developed which was focused on eliciting psychiatrists' perspectives on mental disorders, related factors and intervention strategies. All participants followed the same discussion guide that allowed comparisons between various responses. Interviews lasted between 45 and 60 minutes. The notes were further expanded immediately after each interview concluded. Qualitative thematic content analysis was performed. A preliminary coding scheme was generated, which facilitated an organized identification of apparent patterns and theoretically important concepts from the data. Minimal demographic information was gathered from the participants.

Information regarding number of patients admitted, frequency of psychiatric illnesses, age-group, gender distribution and daily out-patient clinics was obtained from the medical records of all diagnosed patients, who were already admitted in the hospital at the time of our first interview. They were included in the study by convenient sampling and followed for outcomes for five months (duration of our study) which enabled us to calculate the recovery rate of patients. The patients who were still on treatment after ending our study duration (either still admitted or discharged but getting medicines, counselling or any other form of intervention) were counted as "not recovered".

## Results

The sample consisted of 17 participants out of which almost half, 53% (09 out of 17) were working as a psychiatrist for 5 to10 years, while 35% (06 out of 17) had 11 to 15 years, and 12% (02 out of 17) had 26 to 30 years of professional experience. The mean age of study respondents was 55 ± 10 years, and more than half (10, 59%) of them were female. They were attending 70 to 150 patients per day in their out-patient clinics. There were total 90 patients admitted in the ward at the time of first

interview. Break-up of patients by disorders included 50% psychosis and schizophrenia cases, 32% bipolar affective disorder cases, 14% depression and anxiety disorders cases, and 4% other cases as shown in Figure 1. Seventy-six percent of patients were in the age bracket of 18 to 45 years. Gender distribution of the patients showed male dominance i.e., almost three forth (67%) of the patients were male as shown in Table 1.

**Table 1: Demographic characteristics of the study respondents and admitted patients**

| Study Participants (N = 17) | | |
|---|---|---|
| **Characteristics** | **Frequency (n)** | **Percentage (%)** |
| **Age (years)** | | |
| 45-54 | 8 | 47.1 |
| 55-65 | 9 | 52.9 |
| **Gender** | | |
| Male | 7 | 41.1 |
| Female | 10 | 58.8 |
| **Work Experience** | | |
| 5- 10 Years | 9 | 52.9 |
| 11-15 Years | 6 | 35.3 |
| 16-20 Years | 0 | 00.0 |
| 21-15 Years | 0 | 00.0 |
| 26-30 Years | 2 | 11.8 |
| **Admitted Patients (N=90)** | | |
| **Age (Years)** | | |
| <18 | 00 | 00.0 |
| 18 -30 | 33 | 36.7 |
| 31-45 | 35 | 38.9 |
| 46-60 | 10 | 11.1 |
| 61-75 | 12 | 13.3 |
| **Gender distribution** | | |
| Male | 60 | 66.7 |
| Female | 30 | 33.3 |
| **Outcome** | | |
| Recovered | 41 | 45.6 |
| On treatment | 49 | 54.4 |
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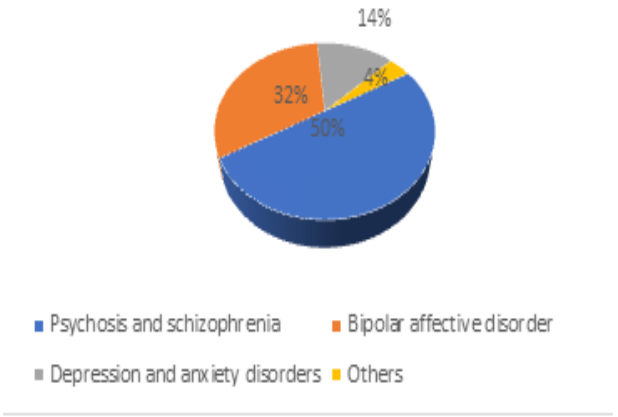


**Figure 1: Breakup of patients by disorders**

Analysis of the interview transcripts revealed two main themes related to psychiatrists' views about mental disorders in Pakistan; (1) Contributing and consequential correlates of mental disorders (2) Effective therapeutic strategies and recovery rate from mental disorders.

**Table 2: Summary of identified aspects**

| | | |
|---|---|---|
| **Contributing and consequential correlates of mental disorders** | Factors leading to mental disorders | **Contributing Factors**<br>• Low Socioeconomic Status<br>• Divorce<br>• Family issues<br>• Termination of job<br>• Retirement<br>• Illiteracy<br>• Unemployment<br>• Media-induced hopelessness<br>• Violence<br>• Political turmoil<br>• Sleep disorders |
| | Resulting effects of mental disorders | **Consequential correlates**<br>• Sleep disorders<br>• Bizarreness of dreams |
| **Effective therapeutic strategies** | Helpful interventions in use by experienced Psychiatrics for management of mental disorders | Medicines (oral or injectable)<br>• Cognitive behavioral therapy (CBT)<br>• Family Therapy<br>• Dialectical behavior therapy (DBT)<br>• Eye Movement Desensitization and Reprocessing (EMDR)<br>• Exposure and response prevention therapy (ERP)<br>• Occupational therapy (OT), and Psychoeducation<br>• Electroconvulsive therapy (ECT)<br>• Counselling support system<br>• Motivational interaction Lifetime morbid risk (LMR) sessions |

**Theme 1: Contributing and consequential correlates of mental disorders:**

Our study participants expressed in detail about factors which may lead to or intensify mental disorders and also the peculiar characteristics which are seen in the patients as a result of mental illnesses. Almost three-quarters (76%) said there is a relationship between mental illnesses and social factors. A variety of factors were offered as the following statements illustrate: "There is a strong connection of social factors with psychosis. One of them is economic status. Lower financial status is commonly seen in the patients with mental disorders" (R8); "In my opinion, stressful social experiences like divorce, family issues, termination of job, and retirement can trigger mental disorders ranging from depression to psychosis". (R1); "I label Anxiety, depression, phobias and panic attacks as 'Media induced disorders' in our country, as we have a lot of 24-7 news channels which spread negativity and hopelessness among their viewers and most of our people are addicted to those channels". (R4); "Illicit Substance use is one of the commonest causes of mental illness" (R7); "people with lower education level or illiterate are more liable to mental illnesses" (R14); "Unemployment is found to be a common factor among our patients" (R5); "Violence and political turmoil in Pakistani society is responsible for increasing mental disorders" (R6).

Two interesting and prototypical observations about psychiatric patients, were sleep disorders and bizarreness of dreams. One participant explained, "Sleep disorders are potential symptoms of almost every psychiatric illness" (R9). Others said, "To an extent, sleep quality can be a measure of mental health" (R3);" Sleep disorders often coexist with depression, panic disorders, anxiety disorders, Attention Deficit Hyperactivity Disorder (ADHD), schizophrenia, eating disorders, substance use disorder, personality disorders, obsessive-compulsive disorder (OCD) and bipolar disorder" (R11). Most of the participants (70%) agreed that dreaming experiences of psychiatric patients are different from normal people by notifying the following: "Dreams of the psychiatric patients are different from a normal person as psychiatric patients have dreams related to their illness e.g., maniac patient dreams about fame, money etc. others report vivid dreams which are quite scary and thematic dreams related to their psychopathology" (R12); "Some patients have experience of open-eye dreams which are repetitive and fearful" (R2); "Anxiety disorder patients have dreams about loss or threat". "Psychosis patients have dreams about unusual things and superstitious content related to the severity of their symptoms" (R16); "Some of the patients report that they don't see any dream at all" (R13).

**Theme 2: Effective therapeutic strategies and recovery rate:**

The participants were asked to list down some effective strategies to treat mental illnesses and they showed consensus with the fact that medicines (either oral or injectable) are essential by stating as follows: "Medication for psychiatric patients is very important but once they get stable in a sense that they gain insight and can understand things better than before, …. they should be referred for psychotherapy sessions along with rehabilitation program. This would greatly help in their speedy recovery" (R5); "Continuing medication with Cognitive behavioral therapy sessions lower down one's chances of relapse" (R2); "Regular use of prescribed medicines are the only way to address a psychiatric problem" (R6). Most of the psychiatrists (12 out of 17) said that psychiatrist patients need life-long medicines while 4 out of 17 reported that medication duration depends on diagnosis and severity of the illness like in depression, psychotherapy without medicines is equally beneficial. Other modes of treatment apart from medication identified by our study participants included the following: "Cognitive behavioral therapy (CBT), and Family Therapy are some modes of treatment we usually prescribe for patients along with medicines" (R9); "Dialectical behavior therapy (DBT), Eye Movement Desensitization and Reprocessing (EMDR), are some very useful therapeutic interventions for psychiatric patients" (R7); "Exposure and response prevention therapy (ERP), Occupational therapy (OT), and Psychoeducation, are proven beneficial for a lot of patients when they gain insight during follow-up and rehabilitation period" (R4); "Electroconvulsive therapy (ECT), Counselling support system, Motivational interaction, lifetime morbid risk (LMR) sessions are used at our institution and they prove to be fruitful for a lot of our patients" (R13);"Psychotherapy, Family Therapy and Day treatment are good strategies among available facilities at our center" (R15).

The participants showed a very positive attitude towards rate of recovery from mental illnesses. Their responses included the following: "Psychiatric patients recover completely if the compliance is good and they regularly come for follow-up" (R10): "Recovery from mental illnesses is promising with medication. Yes! medications will have side effects, but they won't experience all of the possible side effects listed in the drug warnings, and the side effects they do experience may be worth it for the benefit they receive from the medicine" (R16); "Mental disorders are treatable. No doubt the recovery takes time but the prognosis of mental disorders with treatment is very good" (R17).

## Discussion

This study aimed to explore the perspective of psychiatrists on frequency of mental disorders, their related factors, effective intervention and expected recovery from mental illnesses. The present study suggested significantly higher prevalence of psychiatric illnesses (67%) among males as compared to females (33%). A prevalence study[8] of psychiatric patients reported the similar results in which male patients out-numbered females with 1.2:1 ratio. A study done in Dow University Hospital, Karachi, at its Ojha Campus which is a tertiary care Hospital (2014),[4] and another hospital-based study done in Karachi (2015),[9] also showed slight gender difference with male dominance, 51.5% and 51.2% respectively, in psychiatric morbidity. This male over presentation in emergency consultations of psychiatry, cannot be explained on the basis of demographic patterns in the country. It remains ambiguous, whether there are lesser chances of emergency manifestations among female psychiatric patients or this is due to avoidance of their families to bring them in emergency.[8]

Our study found highest proportion of psychiatric disorders among the young age group of 20 to 45 years. Similar findings were seen in the study done by Ayesha Sarwat et al. in 2014.[4] The diagnostic breakup of our study showed psychosis and schizophrenia were the highest reported cases (50%) in KHPCRC, Bipolar affective disorders (32%) were the second common diagnosis, neurotic illnesses (depression and anxiety disorders) were (14%) ranked third. In contrast to this, depression was reported to be the most common psychiatric disorder, with the rates of 6%, Schizophrenia 2%, anxiety 3% and Obsessive-compulsive disorder was about 7%, by Gadit and et.al in 2007.[10] Ayesha Sarwat et al. in 2014[4] showed 50% of the patients were suffering from depression, 30.9% patients had anxiety disorders, 29% had psychosis and 24% patients were schizophrenic.

The traditional way of social life in Pakistan is disrupted by factors including growing (disorderly) urban development, unemployment, cultural conflict, poverty and mistrust in state institutions. These factors have significantly contributed in the increased incidence of mental health issues in Pakistan.[11] Finding of our study are in agreement with earlier researches[12, 13, 14] which showed that poor mental health is associated with lower economic status and poverty. Other significant finding of our study includes, high literacy being positively associated with better mental health status, which is in consensus with a study done by Dohrenwend BP et al.[15] One important factor associated with mental disorders is found to be divorce in our study. The impact of marital life on mental health has been studied widely. One's mental health is improved by social security and emotional stability related to marital life. On the other hand, divorced, separated and widows are reported to have higher rates of mental illnesses as compared to the married people.[16,17] Dominance of modern, urban settings, in Pakistan, aided by the modern media, is leading to an acquired helplessness among people.[11] Our data supports association of media-induced negativity with mental disorders. There are 30 news channels in Pakistan and are among highly watched ones.[18] Pakistanis are addicted to news because of exposure to traumatic events like violence and political turmoil. This continuous threat to life and violence has a damaging impact on the psychological health[24] of Pakistani society.[20] Mental health problems in Pakistan, a developing country, have reached an appalling level in the last few decades[19,20] which is linked to not only the present-day violence in Pakistani society[21,22] but disintegration of its social structure as well.[23]

Psychiatric disorders and sleep are interrelated in important ways and the lasting viewpoint of this relationship is sleep problems as symptoms of psychiatric disorders, but there is growing evidence in experimental research that the association between psychiatric illnesses and sleep is very complex and it includes a bi-directional causation. However, the risks of psychiatric disorders in people with sleep disturbances are less well-established as compared to the sleep disturbances associated with psychiatric disorders.[25] Our findings are consistent with this prevailing viewpoint that sleep disturbances are generally symptoms of the associated psychiatric conditions.

A considerable literature has been published concerned with the effectiveness and efficacy of a broad range of psychosocial, pharmacological, and care management interventions for treatment of psychiatric disorders and addiction.[26] Our study shows that in addition to the pharmacological interventions, other modes of effective treatment for mental disorders include Cognitive behavioral therapy (CBT), Family Therapy, Eye Movement Desensitization and Reprocessing (EMDR), Dialectical behavior therapy (DBT), exposure and response prevention therapy (ERP), Occupational therapy (OT), Psychoeducation, Electroconvulsive therapy (ECT), Counselling support system, Motivational interaction, lifetime morbid risk (LMR) sessions, Psychotherapy, and Day treatment. There are good chances of disability reduction following an integrated psychosocial and pharmacological treatment. Our findings are in consensus with a study done by Vikram Patel et al (2007), which reviewed the evidence on productiveness of strategies for the prevention and treatment of some mental illnesses in middle-income and low-income countries. According to the study, depression can be successively treated in middle-income and low-income countries with low-cost antidepressants or with cognitive-behaviour therapy and interpersonal therapies. Step-by-step care through collaborative models provides a successful framework of integrated treatments which can increase the rates of compliance to treatment. First-generation antipsychotic drugs are found to be cost effective option for treatment schizophrenia and their benefits can be strengthened by psychosocial interventions, such as community-based models of care.[27]

The recovery rate in our study is found to be 46%. Mental health professionals proposed various definitions of clinical recovery. Its widely accepted definition is a sustained state for a period of two years comprises of complete symptom remission, part-time or full education or work, independent living without supervision by informal careers and having friends with whom activities can be shared.[28] Another understanding of recovery discern personal recovery from clinical recovery and it emphasizes on the identity, hope and personal responsibility.[29] In the Delphi study comprised of 381

participants with personal psychosis experience agreed that recovery is the achievement of a personally acceptable quality of life and 'recovery is feeling better about yourself.[30] There is only a little evidence about the association between clinical recovery and personal recovery.[31-34] However personal recovery is newer and more acceptable as compared to clinical recovery. There is no epidemiological research to acknowledge how identity development as a person unfolds over time in personal recovery. Therefore, it is scientifically unjustifiable to give a quantitative statement about recovery rates. Those who had tried, have definitely under-estimated, and relatively major under-estimation, of the true likelihood of recovery.

## Conclusion

Our study concluded that mental disorders are increasing with high proportion of Psychosis and Schizophrenia cases in Pakistan. The productive young age group and male gender are most commonly affected. The factors associated with mental disorders include lower socio-economic status, Lower-education, divorce, exposure to traumatic events like violence and political turmoil, and sleep disturbances. The recovery rate from mental disorders is promising with integrative approach including pharmacological, psychosocial and care management strategies.

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