ORIGINAL RESEARCH

Socio demographic And Prevalence of Psychiatric Illnesses of Military Personal Admitted in a Non Military Hospital

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ABSTRACT
Background: Behavioural issues occur with military person which unit people find as psychiatric illness and not addressed properly by non-psychiatric doctor of military hospital are then referred for evaluation and deciding whether person is fit for current work. **Aims**: Socio demographic And Prevalence of Psychiatric Illnesses of Military Personal Admitted in a Non Military Hospital. **Methodology**: We had taken 32 subjects who were admitted after referral from either unit in charge of military troops or medical officer of military hospital for psychiatric evaluation and treatment. **Results**: Most of the cases are Hindu, undergraduate, either unmarried or living separate if married, of constable rank, referred mostly by unit in charge. Most common finding is NAD (no observable defect) followed by schizophrenia and depression. No significant co relation found in socio-demographic and service profile in NAD & those with psychiatric comorbidity. **Conclusion**: Referrals from unit were based upon action of subject viewed as indiscipline and those from medical officer are based on concurrent disease or suspected psychiatric illness. Certain steps should be taken to address stress & psychiatric illness related aspect to military person.

Keywords – Military, psychiatric illness, no abnormality detected, admitted

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INTRODUCTION

As much as physical health is important for a person, so is mental health. A person who is not mentally fit can not work with full efficiency. Military life is a lot more different than civil life, and so does the stress level in them such as varied duty hours, living away with family, working in a core place with less contact to outside people, sometimes getting involved in combat operation, getting posted in regions where there is language barrier there is a lot of mental stress. An mentally ill military person will not be able to perform to duties given to him, even weapons given to him for safety purpose can be at risk of getting fired and cause damage to self and collateral damage. Many new recruits who join military forces face problem after joining as they are not be able to adjust themselves in training process with strict norms laid and getting in a totally different environment of living. Even those who had served for few years can develop certain psychiatric co-morbidity.Both groups may develop psychiatric illness and some exhibit certain behavioural issues which other find as psychiatric illness which can not be addressed by non psychiatric doctor in military hospital and in such cases terminally patient had been referred to a psychiatrist for evaluation and treatment and sometimes also for fitness for further service from psychiatry side.

AIM

Sociodemographic And Prevalence of Psychiatric Illnesses of Military Personal Admitted in Non Military Hospital.

OBJECTIVES

1. To study sociodemographic and prevalence of psychiatric illnesses of military personal admitted in non military hospital
2. To find out whether there was any difference between the individuals diagnosed NAD and those with psychiatric illness in respect to service profile and sociodemographic data.

NEED FOR STUDY

There are very less studies done on military person mental health related issue in India and none of them

were in military personal getting treatment in a non military based tertiary care center.

METHOD

Site of the study: Department of Psychiatry, M.G.M.M.C & M.H.I, Indore
Study Design: The present study will be a cross sectional observational study.
Study Duration: Cases admitted within past 7year
Sampling Technique: Purposive sampling
Sample size: 32 patients
Study subjects: Admitted military personal referred from unit head or medical officer of military unit for psychiatric evaluation and treatment.

INCLUSION CRITERIA

1. Military person who got admitted in department of psychiatry, MGMMC, Indore (M.Y.H or M.H.I).
2. Military person whose case file is available with all relevant data needed for study.

EXCLUSION CRITERIA

1. Military person with inadequate/insufficient file records.

PROCEDURE

After applying strict inclusion and exclusion criteria cases have been included in study from department of psychiatry, MGMMC , Indore(I.P.D patient of M.Y.H and M.H.I.). Case file of all the patients details written on clinical data sheet proforma to obtain socio-demographic characteristics and certain question about work.The psychiatric diagnosis (if any) have been made using ICD-DCR 10.

STATISTICAL ANALYSIS

At the end of the study all data had been transferred on to a master chart and inference had been drawn. Descriptive analyses were computed in terms of mean and standard deviation for continuous variables while for nominal variables in terms of percentage.After collecting the data, the statistical analyses were performed.

RESULTS AND DISCUSSION

Sociodemographic and service profile of psychiatric investigation NAD cases

Age (years)	30.2[#]
Sex	
Male	29(90.6)
Female	3(9.4)
Religion	
Hindu	26(81.4)
Muslim	3(9.3)
Christian	3(9.3)
Mother tongue	
Hindi	28(87.5)
Other	4(12.5)
Education	
Under graduate	22(68.8)
Graduate	10(31.2)
Marital status	
Unmarried	14(43.4)
Married Staying with family	8(25)
Staying away from family	10(31.2)
Socio economic status	
MSES	25(78.1)
USES	7(21.9)
Family type	
Nuclear	16(50)
Joint	16(50)
Service cadre	
BSF	14(48.3)
CISF	8(27.6)
CRPF	7(24.1)
Rank	
Constable	23(79.3)
Officer	6(20.7)
Types of service	21(72.4)
Arms	8(27.6)
Services	

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Referred by Unit officer Medical officer	 19(59.3) 13(40.6)
Number days hospitalised	13.9
Number of cases came for fitness	18
Diagnosis NAD(No abnormality detected) Schizophrenia Depression Bipolar affective disorder(mania) Alcohol dependence syndrome currently in withdrawal	 12(37.5) 7(21.8) 7(21.8) 3(9.3) 3(9.3)

Note: # Mean (SD), Figures in parentheses indicate percentage

Assessment had shown almost all referrals are of men, most of them are middle aged, either unmarried or living separate from family, not of officer rank, educated up to 12th or below it, belonging to middle socio economic status, most of the military personal had been referred from unit head (59.4%) in comparison to medical officer (40.6%).

Result also shows that most of the subjects were not suffering from any psychiatric disorder i.e. NAD (37.5%) , 2nd most common is schizophrenia and depression both accounting for (21.8%).

Comparison of sociodemographic and service profile in cases of NAD & having psychiatry comobidity

Variable	NAD (n = 12)	Psychiatric comorbidity (n = 20)	Remarks
Age (years)	30.5	30	
Marital status Unmarried Married	 7 5	 7 13	p = 0.197, NS
Married and staying With family Separated	 1 4	 7 6	p = 0.195, NS
Mother tongue Hindi Other	 10 2	 18 2	p = 0.5, NS
Education Under graduate Graduate	 8 4	 16 6	p = 0.197, NS
Family type Nuclear Joint	 10 4	 10 8	p = 0.71, NS
Service cadre BSF CISF CRPF	 5 2 5	 9 6 2	p = 0.5, NS
Rank Constable Officer	 10 2	 13 4	p = 0.159, NS
Types of service Arms Services	 8 4	 13 4	p = 0.653, NS
Referred by Unit officer Medical officer	 9 3	 10 10	p = 0.56, NS

Note: #Mean (SD), NAD no abnormality detected, NS Not significant.

Most of the NAD cases are referred by unit officer, were belonging to constable rank, educated up to 12th or below to it.

No significant correlation had been found in between socio demographic and service profile cases in NAD & having psychiatric comorbidity.

LIMITATION

1. Our sample consisted from only one centre, small sample size and inpatients only thus results cannot be generalized.
2. As most of the cases were from paramilitary troops so results can not be generalised to Armed forces.

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3. As general practitioner at military hospital also do IPD management of alcohol abuse disorder, so a very low proportion cases are there in our study.

RECOMMENDATION

There is a dire need for appointment of at least one psychiatrist in each military based hospital. It is advised that at least a cross sectional psychiatric examination should also be held while recruitment along with other disciplinary of medical field. Along with that certain measures like planned schedule of psychiatric evaluation time to time especially when posted at sensitive places.

CONCLUSION

As much as need of a psychiatrist for civil population, similar is it for military personal and may be more. It is evident from above data that a major proportion of military personal admitted do not met any psychiatric diagnosis. Referrals from unit were based upon action of subject viewed as indiscipline and those from medical officer are based on concurrent disease or suspected psychiatric illness. In our study most of the referrals are from unit in charge.Certain steps should be taken to address stress & psychiatric illness related aspect to military person.

FINANCIAL DISCLOSURE

NIL

CONFLICT OF INTEREST

Nil

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