

Socio Demographic and Clinical Profile of Psychiatric Cases Reported at Malla Reddy Institute of Medical Sciences, Hyderabad, Telangana

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Abstract

Mental health disorders are a significant global health concern, affecting approximately 13% of the population. In India, the burden of mental illness is substantial, with a prevalence of around 197.3 million affected individuals. Telangana, a state in southern India, experiences a high incidence of anxiety and depressive disorders. Understanding the socio-demographic and clinical factors contributing to mental illness in these regions is crucial for improving healthcare delivery and intervention strategies.

A prospective, cross-sectional study was conducted between October 1, 2022, and March 31, 2023, including 100 patients attending the psychiatry outpatient department. Data were collected using a pre-structured questionnaire, assessing socio-demographic factors, clinical details, and stress levels using the Holmes and Rahe Stress Scale.

The study population consisted of 48 males and 55 females, with a majority (69%) residing in urban areas. The highest prevalence of mental illness was found in individuals aged 31-50 years (51%). Anxiety disorders (26%), depression (15%), alcohol dependence (15%) and schizophrenia affecting (12%), were the most common psychiatric conditions. Socio-demographic factors such as lower educational attainment, unemployment, and lower socio-economic status were associated with a higher risk of mental health disorders. The stress index indicated that 73% of participants were at moderate to high risk for mental health issues, highlighting the significant role of stress in mental illness development.

Socio-demographic factors along with high stress levels were found to contribute significantly to the prevalence of mental health disorders in the study population. These findings emphasize the need for targeted mental health interventions addressing these risk factors. Further research is needed to explore the causal relationships and regional variations in psychiatric disorders to inform more effective mental health policies and practices.

Keywords: Socio-Demographic Profile, Clinical Profile, Psychiatric disorders.

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Introduction

Mental health is defined by the World Health Organization¹ (WHO) as a state of well-being in which an individual recognizes their own abilities, can cope with the normal stresses of life, work productively, and contribute to their community. Mental health disorders encompass a broad range of conditions characterized by abnormal thoughts, perceptions, emotions, behaviors, and relationships. Among the most prevalent of these are mental illnesses and substance use disorders, which together affect approximately 13% of the global population (WHO, 2020)². In the United States, a national survey² revealed that nearly 59% of people have experienced a mental health disorder in their lifetime (National Institute of Mental Health, 2020).

In India, the burden of mental illness is substantial. According to a 2017 report by The Lancet³, approximately 197.3 million people in India suffer from mental disorders. Depressive disorders account for the largest share of mental health issues (33.8%), followed by anxiety disorders (19.0%), idiopathic developmental intellectual disabilities (10.8%), schizophrenia (9.8%), and bipolar disorder (6.9%). Other conditions, including conduct disorders, autism spectrum disorders, eating disorders, and attention-deficit hyperactivity disorder (ADHD), contribute to the remaining cases (Lancet, 2017). Notably, Telangana, a state in southern India, has the third-highest incidence of anxiety disorders in the country, affecting millions of individuals with depressive and anxiety disorders.

The prevalence of mental disorders in India has varied across different stages of life. Mental disorders that typically onset in childhood and adolescence are more common in states with lower Socio-Demographic Index (SDI), while the reverse trend is observed in adulthood, where mental disorders are more prevalent in higher SDI states. From 1990 to 2017, the prevalence of mental disorders in children and adolescents decreased, especially in high and middle SDI states, whereas the decline was less pronounced in low SDI states³ (Global Burden of Disease Study, 2017).

India faces significant challenges in addressing its mental health needs, particularly due to the shortage of mental health professionals. The country has only 0.75 psychiatrists per 100,000 population, far below the recommended level of 3 psychiatrists. Additionally, India has just 0.56 mental health beds

per 100,000 population, a stark contrast to countries like Sri Lanka (3.96 beds per 100,000) and South Africa⁴ (4.33 beds per 100,000) (World Health Organization, 2017). Despite these challenges, the National Mental Health Survey (2015-16) estimated that 150 million Indians require care for mental disorders, with approximately 10% suffering from common mental disorders (CMD) such as depression, anxiety, and emotional stress. In response to these issues, India introduced its first National Mental Health Policy in 2014, which was later revised in 2017, aiming to provide equitable, affordable, and universal access to mental healthcare services.

Given the significant burden of mental health disorders in India, particularly in regions like Telangana, it is crucial to investigate the socio-demographic and clinical factors that contribute to mental illness in these communities. Understanding these factors can help identify risk groups, improve early intervention strategies, and optimize the allocation of healthcare resources.

This introduction sets the stage by explaining the global and national context of mental health, the specific burden in India, and the study's focus on socio-demographic and clinical factors influencing mental illness. The structure and references follow the format typically found in peer-reviewed journals.

Aim of the Study:

To identify socio-demographic and clinical factors contributing to mental illness in the geographic area of the institution.

Objectives

- To address socio-demographic factors in relation to mental illness.
- To determine the risk factors for the development of mental illness.
- To find out the stress index in relation to psychiatric illness.
- To identify the most common clinical presentations and causes of psychiatric illness.

Implications of the Study

- This study will help to determine the magnitude of psychiatric illness in the community.
- The findings will assist in identifying the most common causes of psychiatric illness in the

study area, contributing to better healthcare infrastructure and service provision.

- Insights from the study will inform health authorities to implement effective measures to control the mental illness burden.

Materials and Methods

This is a prospective, cross-sectional study conducted at Malla Reddy Institute of Medical Sciences, Hyderabad, Telangana, from October 1, 2022, to March 31, 2023 for a period of six months. 100 patients attended the psychiatry outpatient department during the study period was considered. Study was conducted after obtained informed consent from each participant and the names of the participants were kept anonymous.

Inclusion Criteria & Exclusion Criteria:

Patients attended to the outpatient department with a diagnosed mental illness (Anxiety related disease, depression, alcohol dependence, schizophrenia and other psychiatric related diseases) who were willing to participate in the study. Patients who did not meet the inclusion criteria, other than psychiatric illness were excluded.

Data Collection: A pre-structured questionnaire was used to collect socio-demographic and clinical details, including:

1. Age, gender, religion, and residence (urban/rural)
2. Educational qualification, occupation, and socio-economic status (Kuppuswamy classification)
3. Family history of mental illness or genetic diseases
4. Previous psychiatric or medical history, including trauma
5. Personal habits (smoking, alcohol, drug use)
6. Marital status, family structure (nuclear/joint), and living situation (alone/family/friends)
7. Clinical presentation, diagnosis, and treatment history
8. Stress index (Holmes and Rahe Stress Scale)

Data were entered into a pre-designed data sheet and analyzed using Excel 2019 and SPSS (V22.0).

Results

Cross sectional study on socio demographic and clinical study on Psychiatric case profile was conducted at Malla Reddy institute of medical sciences, Hyderabad Telangana. 100 cases of mentally ill persons were considered for this study, which including 48 male and 55 female population.

Table 1: Socio demographic details of study population

Variable	Results	Variable	Results
Religion	Hindu-76%, Muslim-19% and Christian-5%	Age group	<10 years-1%, 10-20 8%, 21-30= 31%, 31-50=51% and above 50 years=12%
Residence	Urban-69%, Rural-31%	Type of family	Nuclear-91%, Joint-9%
Education	Illiterates-27%, up to 10 th class-38%, Intemediate-12%, Graduates-24% and post graduates-2%	Occupation	Un-employed-54%, Employees-17%, professional work- 5% and others workers -24%

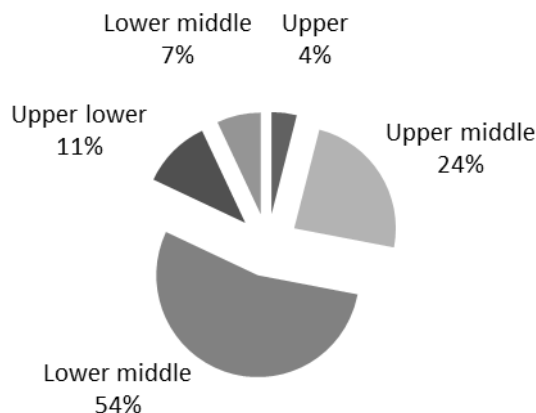


Figure 1: Showing the details of Socio economic status in the study population

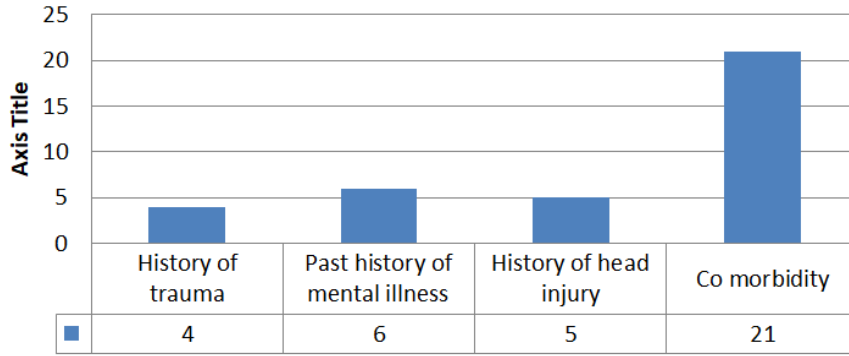


Figure 2: Showing the details of past history of illness and injury in the study population.

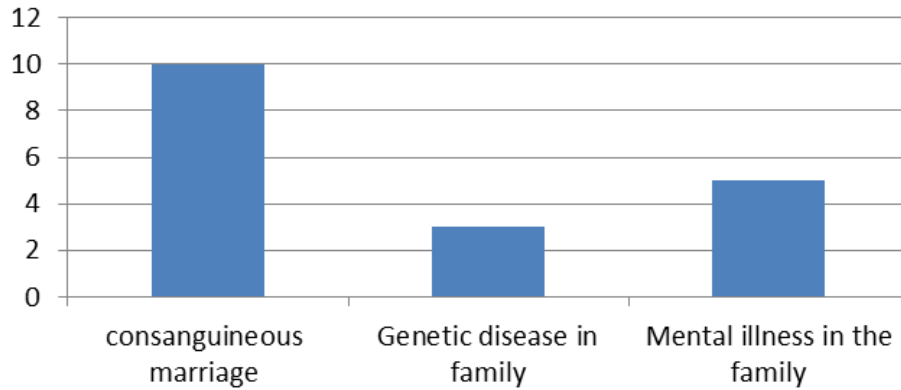


Figure 3: Showing the details of past history of illness and injury in the study group.

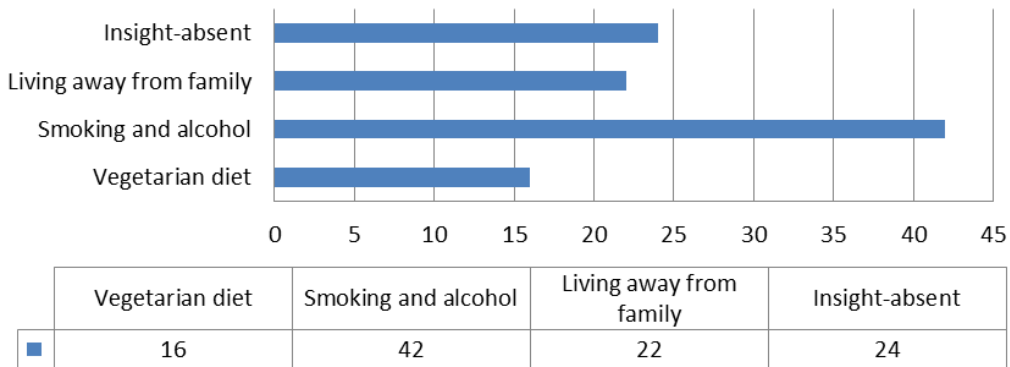


Figure 4: showing the details of personnel history in the study group.

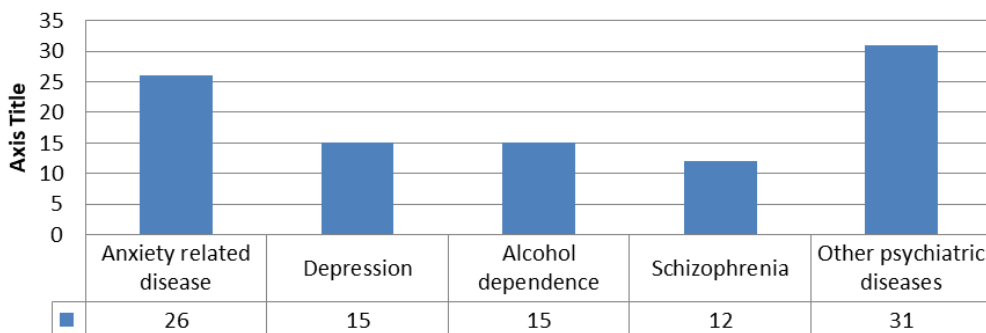


Figure 5: psychiatric diseases observed in the study group.

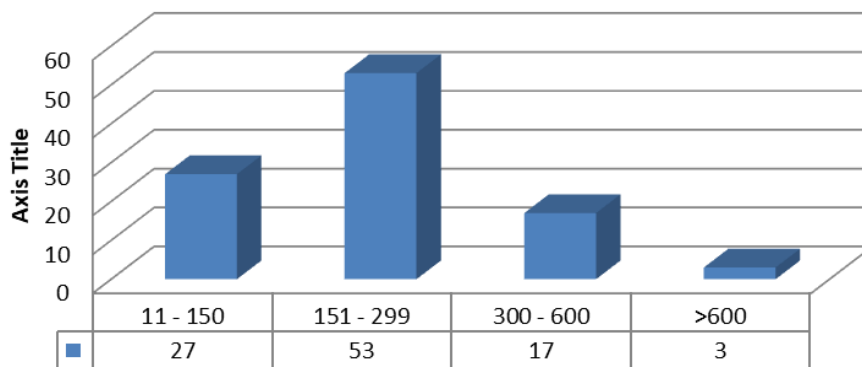


Figure 6: Stress index (Holmes and Rahe Stress Scale) in the study population.

Discussion

This cross-sectional study aimed to explore the socio-demographic and clinical profiles of psychiatric patients at Malla Reddy Institute of Medical Sciences, Hyderabad, Telangana. The study, conducted from October 1, 2022, to March 31, 2023, included 100 psychiatric patients (48 males and 55 females). The findings offer valuable insights into the socio-demographic factors, clinical presentations, and stress-related aspects that contribute to mental health disorders in this population.

Majority population 76% belong to Hindu religion, 19% Muslim and 5% belongs to Christian community. Highest population in the study group are living in urban area are 69% and remaining 34% living in the rural area. This urban-rural distribution highlights the higher prevalence of psychiatric disorders in urban settings, possibly due to factors such as stress, lifestyle changes, and limited access to mental health care in rural areas.

51% of the study population is in the age group of 31-50 years, 31% are in 21-30 years age group. In terms of age distribution, 51% of the study population fell within the 31-50 years age group, followed by 31% in the 21-30 years age group. This aligns with previous studies suggesting that middle-aged and young adults are more susceptible to mental health issues due to various life stressors, including career pressures, relationship issues, and financial challenges. Nutritional habit 16% vegetarians and 84% are non vegetarians belongs to 9% joint family and 91% belongs to nuclear family background.

The majority of the study participants (91%) came from nuclear families, with only 9% coming from joint families. The nuclear family structure is more prevalent in urban areas, potentially contributing to social isolation and increased mental health issues in individuals lacking familial support systems. Regarding marital status, 63% of patients were married, 26% were unmarried, and 1% was divorced. Marital stress, particularly in married individuals, can exacerbate mental health issues, as indicated by the higher number of married patients in the study. Family history of consanguineous marriage was found in 10% study population, history of mental illness in the family found in 5% study population. Co-morbidity was found in 21% if study group. Personnel habit in the study group reveals that 42% are having habit of smoking and alcohol. 78% of study population is living with their immediate family members, remaining 22% are living separate from the family. Past history of mental illness was found in 6% of the study group. Genetic diseases are present in 3% of the study population. History of trauma was found in 4% and history of head injury was observed in 5% population. Insight was present in 76% study group.

Educationally, 38% of the patients had completed up to the 10th grade, while 26% were graduates. Significant proportions (29%) were illiterate. These findings are consistent with previous literature that indicates a higher prevalence of mental illnesses in individuals with lower levels of education, as lower educational attainment may limit access to resources and coping mechanisms. The majority of participants (54%) were unemployed, and 24% were involved in semi-skilled occupations. This suggests

a potential link between unemployment and mental health disorders, as financial instability and lack of employment opportunities are known risk factors for developing psychiatric conditions.

Socio-economic status, as determined by the Kuppuswamy classification, showed that 54% of the study population belonged to the lower-middle class, with another 18% in the lower class. The findings suggest that individuals from lower socio-economic backgrounds are more vulnerable to mental health issues, a trend that has been consistently observed in global studies.

The most common psychiatric disorders in the study group were anxiety-related disorders (26%), depression (15%), and alcohol dependence (15%), with schizophrenia affecting 12% of patients. Other psychiatric conditions accounted for 31% of the cases. This distribution is similar to studies conducted in other parts of India and globally, where anxiety and depression are among the most prevalent psychiatric disorders.

The majority of patients (82%) reported symptoms lasting more than three weeks, highlighting the chronic nature of many psychiatric illnesses. A quarter of the patients (25%) had a history of continuous treatment, while the remaining patients were irregular in follow-up, underscoring the need for better patient adherence to treatment protocols. This irregularity in treatment could be due to various socio-economic factors, including financial constraints and lack of awareness.

The stress index by Holmes and Rahe, as measured by the Holmes and Rahe Stress Scale, revealed that 73% of the participants scored above 150, indicating moderate to high risk for developing mental health issues. This correlates with the findings that high levels of stress are a significant contributing factor to psychiatric disorders. These results emphasize the role of stress, both in personal and professional life, in the development and exacerbation of mental health conditions.

Our findings are consistent with studies conducted in Assam⁶ by Prosenjit and in Delhi by Amit Khanna⁷, where the majority of psychiatric patients were from urban areas, illiterate, and middle-aged. While the distribution of psychiatric disorders

may vary slightly across regions, the demographic trends observed in this study align with these previous studies.

Similarly, a study conducted by Parveen M⁸, Agarwal AK⁹ and Mamaru¹⁰ A reported similar clinical presentations, with anxiety and depression being the most common psychiatric disorders, corroborating our findings. These cross-regional similarities suggest that socio-demographic factors such as age, education, and socio-economic status play a critical role in shaping the psychiatric landscape in South Asia.

Conclusion

This study highlights the significant influence of socio-demographic and clinical factors on mental health. Key findings suggest that patients from urban areas, with lower levels of education, and from lower socio-economic backgrounds are more prone to psychiatric disorders. Stress, particularly as measured by the Holmes and Rahe Stress Scale, was a prominent factor in the development of mental illness. These results underline the importance of addressing socio-economic disparities and stress management in mental health interventions.

Further research is needed to explore causal relationships and examine regional variations in psychiatric illness to develop more targeted mental health policies and interventions.

Limitations:

This study was conducted at a single center, which limits the generalizability of the findings. The sample size was relatively small, and there was potential for recall bias in the self-reported data. Future studies with larger and more diverse samples are needed to validate these findings and explore the broader implications for mental health care in India and similar regions.

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Conflict of Interest: Nil

Ethical clearance: Ethical clearance obtained from Institutional ethics committee. Reference No: MRIMS-DHR-IEC-13/2022.

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