Indian Journal of Mental Health and Neurosciences
Volume 8, Issue 1, 2025, pp. 1–7
DOI: 10.54646/ijmhns.2025.01
www.ijmhns.com

ORIGINAL

Patterns of psychiatric morbidity in patients attending psychiatric OPD of Government Medical College Anantnag

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Received: 14 March 2025; **Accepted:** 06 August 2025; **Published:** 18 December 2025

Background: Psychiatric morbidity is a significant public health concern globally, with disparities in access and awareness exacerbating the burden in resource-limited settings like Kashmir. The region's socio-political instability and cultural factors have compounded mental health issues, necessitating region-specific studies to assess psychiatric patterns.

Objective: To evaluate the prevalence and patterns of psychiatric disorders among patients attending the Psychiatry Outpatient Department (OPD) at Government Medical College, Anantnag, Kashmir, and identify sociodemographic associations.

Methods: This cross-sectional, descriptive study was conducted over six months, enrolling 933 patients aged =12 years using consecutive sampling. Sociodemographic and clinical data were collected through structured proformas and DSM-5 diagnostic criteria. Statistical analyses, including descriptive and inferential tests, were performed using SPSS Version 20.0.

Results: Of the 933 participants (mean age 32.9 years, 61.3% females), major depressive disorder (23.7%) was the most prevalent diagnosis, followed by obsessive-compulsive disorder (19.3%) and bipolar affective disorder (10.5%). Anxiety disorders collectively accounted for 8.7%, while schizophrenia and PTSD had lower prevalence rates (2.6% and 0.8%, respectively). Females were disproportionately affected by OCD (19.9%) and major depressive episodes (15.4%). Panic disorders and dementia were more common among males. Younger participants predominantly presented with anxiety-related disorders, while older individuals exhibited higher rates of dementia and cognitive impairments. Homemakers (37.9%) and students (30.3%) formed the largest occupational groups.

Conclusion: The study highlights a high burden of depressive and anxiety disorders in Kashmir, influenced by gender, age, and sociocultural factors. Females exhibited higher rates of affective disorders, while younger individuals reported anxiety-related conditions. These findings underscore the need for gender- and age-specific mental health interventions and culturally sensitive policies to address the unique challenges faced by Kashmir's population.

Keywords: Psychiatric morbidity, major depressive disorder, obsessive-compulsive disorder, anxiety, Kashmir, DSM-5, sociodemographic factors.

ISSN: 2581-9445 (online)

Introduction

Mental health disorders are a significant public health concern globally, contributing substantially to the overall burden of disease. Psychiatric morbidity, encompassing a wide range of mental disorders, has become increasingly recognized as a critical aspect of health care requiring systematic attention (1). Despite growing awareness and advancements in psychiatric care, disparities in access, awareness, and cultural perceptions of mental health continue to shape patterns of psychiatric morbidity, particularly in resource-limited settings such as Kashmir (2, 3).

Kashmir, located in the northernmost region of India, has long been marked by socio-political instability, natural disasters, and limited health infrastructure, all of which contribute to a high prevalence of mental health issues. The region's unique sociocultural and geopolitical context has compounded the psychological burden among its population. Reports from international and national agencies suggest elevated rates of anxiety, depression, post-traumatic stress disorder, and other psychiatric conditions in Kashmir (4, 5). These findings highlight the need for region-specific studies to understand the nature and extent of psychiatric morbidity in this population. However, comprehensive research on this topic remains sparse, especially in clinical settings (6).

Psychiatry outpatient departments (OPDs) often serve as the primary point of contact for individuals seeking mental health care in resource-constrained regions like Kashmir. They provide a unique opportunity to assess the prevalence and pattern of psychiatric disorders in individuals presenting with mental health concerns. Understanding these patterns is crucial for developing targeted interventions, optimizing resource allocation, and tailoring treatment protocols to address the specific needs of the population.

Studies conducted in other parts of India have demonstrated diverse patterns of psychiatric morbidity, with common diagnoses including mood disorders, anxiety disorders, psychotic disorders, substance use disorders, and somatoform disorders (7, 8). However, the prevalence and presentation of these conditions can vary significantly depending on the demographic, cultural, and environmental factors unique to a region. For instance, sociocultural beliefs, stigma, and access to care play pivotal roles in shaping help-seeking behaviour and the clinical presentation of psychiatric disorders (9, 10).

In Kashmir, these factors are further influenced by prolonged exposure to stressors such as armed conflict, forced migration, unemployment, poverty, and frequent natural calamities like floods and earthquakes. These adversities have not only heightened the risk of developing psychiatric conditions but have also perpetuated barriers to seeking timely and adequate care. Moreover, the stigma associated with mental illness and a lack of awareness about available services often delay treatment, leading to chronicity and increased morbidity.

This study aims to address the existing gap in knowledge by examining the pattern of psychiatric morbidity among patients attending the psychiatry outpatient department of a government medical college in Kashmir.

Material and methods

Study design

The study was designed as a cross-sectional, descriptive study employing consecutive sampling. This approach allowed for a comprehensive examination of psychiatric morbidity patterns among patients attending the psychiatry outpatient department (OPD) of Government Medical College (GMC), Anantnag.

Study setting

The study was conducted in the Department of Psychiatry at GMC Anantnag, which had been functional for more than five years. This department is serving as the primary mental health care provider for the population of South Kashmir. On average, more than 70 patients visit the psychiatry OPD daily for mental health concerns.

Study population

The study included patients aged 12 years or older attending the psychiatry OPD of GMC Anantnag were included in the study. Only patients who provided informed consent were included. Patients suffering from severe medical illnesses that could interfere with participation in the study were excluded.

Sampling technique

A consecutive sampling method was employed. All eligible patients attending the psychiatry OPD during the study period were approached for inclusion in the study. The present study was conducted over a period of 6 months (April 2024-September 2024).

Procedure

All patients who met the inclusion criteria and visited the psychiatry OPD during the study period were systematically approached for participation. A thorough explanation of the study's objectives, procedures, and significance was provided to each potential participant. For minors aged 12–18 years,

their guardians were also briefed, and written informed consent was obtained from all participants or their guardians before inclusion. Once consent was secured, data collection began with a clinical evaluation conducted by a consultant psychiatrist, who established diagnoses based on the DSM-5 criteria. Sociodemographic details such as age, gender, marital status, educational level, occupation, and family income were recorded using a structured sociodemographic data sheet, while socioeconomic status was assessed using the Modified BG Prasad Scale. Psychiatric and clinical history was meticulously documented using a semi-structured proforma, including details such as the duration of illness, primary complaints, history of treatments received, and any psychosocial stressors contributing to the condition. The collected data were diligently checked for accuracy and completeness by cross-verifying all entries to ensure reliability and validity throughout the data collection process.

Ethical considerations

The study protocol was approved by the Institutional Ethics Committee prior to the commencement of data collection. Participants were assured of their right to withdraw from the study at any time without affecting their access to medical care. Confidentiality was maintained by de-identifying patient data and securely storing all records.

Statistical analysis

Data were entered and analysed using **SPSS Version 20.0**. Descriptive statistics (mean, standard deviation, frequencies, and percentages) were used to summarize demographic and clinical characteristics. Associations between variables were examined using appropriate inferential statistical tests (e.g., Chi-square test for categorical data, t-tests for continuous data).

Results

This cross-sectional study approached 1430 patients out of whom 933 consented to participate. Thus, data of 933 patients attending over a period of 6 months to the Psychiatry Outpatient Department (OPD) at Government Medical College, Anantnag, Kashmir was analysed on the sociodemographic, occupational, and clinical characteristics.

The mean age of participants was 32.9 years (SD = 17.6), with a majority being female (61.3%) compared to males (38.7%). Most participants were married (55.3%), while 44.3% were unmarried, and a minority (0.4%) were divorced or separated. 36.7% of participants had completed secondary education, and 21.4% were graduates, however 18.2% were illiterate. Participants from Nuclear families predominated over joint families (62.6% vs 37.4%) (**Table 1**).

The most frequent occupation among participants was homemaking (37.9%), followed by students (30.3%). Other occupations included business (5.1%), labour (5%), and self-employment (3.8%). Professionals and teachers constituted 1.5% and 1.2% of the sample, respectively, reflecting limited professional engagement among patients. The prevalence of unemployment in the sample was 5.1% (**Table 2**).

TABLE 1 | Sociodemographic characteristics of the participants (n=933).

Parameters	Frequency/Mean	Percentage/ SD
Age (years)	32.9	17.6
Sex		
Male	361	38.7
Female	572	61.3
Marital status		
Unmarried	413	44.3
Married	516	55.3
Divorced/separated	4	0.4
Education		
Illiterate	170	18.2
Primary	186	19.9
Secondary	342	36.7
Graduate	200	21.4
Post-graduate	35	3.8
Type of family		
Joint	349	37.4
Nuclear	584	62.6

TABLE 2 | Occupational characteristics of the participants (n = 933).

Occupation	Frequency/ Mean	Percentage/ SD
Business	48	5.1
Carpenter	5	0.5
Driver	8	0.9
Farmer	23	2.5
Homemaker	354	37.9
Laborer	47	5
Mason	1	0.1
Painter	3	0.3
Professional	14	1.5
Retired	7	0.8
Self-employed	35	3.8
Serviceperson	41	4.4
Skilled worker	4	0.4
Student	283	30.3
Tailor	1	0.1
Teacher	11	1.2
Unemployed	48	5.1

Major depressive disorder (MDD; 23.7%) was the most prevalent observed condition, followed by obsessive-compulsive disorder (OCD), affecting 19.3% of patients, and bipolar affective disorder (BPAD; 10.5%). Panic disorder, vascular headache, and personality disorders each accounted for 5.4% of cases. Schizophrenia was diagnosed in 2.6% of participants, while PTSD and acute stress reaction affected 0.8% each. Notably, anxiety-related disorders (generalized anxiety, phobic anxiety, and panic disorder) collectively constituted a significant portion of diagnoses. Substance use disorder, intellectual disability, and dementia also emerged as notable concerns, albeit with lower prevalence (**Table 3**).

Females were disproportionately affected by OCD (19.9% vs. 18.3% for males) and major depressive episodes (15.4% vs. 11.4% for males). Conversely, BPAD, panic disorders and dementia were more prevalent among males. Statistically significant associations were found between gender and certain diagnoses, such as acute stress reactions and PTSD ($p < 0.001$) (**Table 4**).

The mean age of participants varied significantly by diagnosis. Acute stress reactions and phobic anxiety disorders were more prevalent among younger patients, with mean ages of 33.4 and 33.6 years, respectively. Older age groups exhibited higher rates of dementia (mean age = 65.8 years) and mild cognitive impairment (mean age = 57.5 years). Mood disorders such as MDD and BPAD were observed across a broader age spectrum, reflecting their pervasive nature (**Table 5**).

Significant associations were noted between sociodemographic variables and psychiatric diagnoses. For example, younger participants were more likely to present with anxiety disorders, while older individuals demonstrated higher rates of neurocognitive disorders. Gender differences in the prevalence of OCD, depression, and PTSD underline the need for gender-sensitive mental health interventions (**Tables 4** and **5**).

TABLE 3 | Diagnostic characteristics of the participants (n = 933).

Diagnosis	Frequency/ Mean	Percentage/ SD
Acute stress reaction	7	0.8
ADHD	4	0.4
Agoraphobia	5	0.5
Anxiety disorder	29	3.1
Atypical depression	1	0.1
ASD	2	0.2
BPAD	98	10.5
Case under evaluation	2	0.2
Conduct disorder	3	0.3
Conversion disorder	9	1
Delusional disorder	1	0.1
Dementia	23	2.5
Dissociative disorder	21	2.3
Excoriation disorder	2	0.2
Factitious disorder	2	0.2
Gender dysphoria	1	0.1
Headache	5	0.5
Illness anxiety disorder	10	1.1
Insomnia	12	1.3
Intellectual disability	17	1.8
Major depressive disorder	221	23.7
Mania	1	0.1
Mild cognitive impairment	2	0.2
Munchausen syndrome by proxy	1	0.1
OCD	180	19.3
Other anxiety disorders	4	0.4
Panic disorder	50	5.4
Personality disorder	50	5.4
Phobic anxiety disorder	11	1.2
PTSD	7	0.8
Pseudo-dementia	1	0.1
Psychosis	9	1
Recurrent depressive disorder	8	0.9
Schizoaffective disorder	2	0.2
Schizophrenia	24	2.6
Seizure disorder	5	0.5
Social anxiety	4	0.4
Substance use disorder	10	1.1
Somatic symptom disorder	11	1.2
Syncope	1	0.1
Tension type headache	25	2/7
Trichotillomania	1	0.1
Vascular headache	50	5.4
Vertigo	1	0.1

Discussion

The study offers significant insights into the patterns of psychiatric morbidity in the Kashmir region, highlighting the profound impact of socio-political instability, cultural stigma, and inadequate healthcare infrastructure on mental health. In the present study, major depressive disorder (MDD, 23.7%), followed by obsessive-compulsive disorder (OCD) emerged as the most prevalent diagnosis (19.3%), bipolar affective disorder (BPAD; 10.5%). Major depressive disorder has been widely reported to be one of the most prevalent conditions among patients of psychiatry in the Kashmiri population (11, 12). However, where the present study stands out is in the observation of a prevalence of OCD which is higher than that reported in these studies. A probable cause for this might be the fact that while the other studies on the topic assessed general patient population, the present study assessed only patients presenting to the psychiatry department with apparent symptoms of psychiatric disorders. These observations indicate that symptoms of OCD are distressing enough to warrant a visit to the hospital for treatment, much more

TABLE 4 | Association between sex and diagnosis of the participants (n = 933).

Diagnosis	Male	Female	p-value
Acute stress reaction	2 (0.6%)	5 (0.9%)	<0.001*
ADHD	3 (0.8%)	1 (0.2%)	
Agoraphobia	3 (0.8%)	2 (0.3%)	
Anxiety disorder	9 (2.5%)	20 (3.5%)	
Atypical depression	0 (0.0%)	1 (0.2%)	
ASD	1 (0.3%)	1 (0.2%)	
BPAD	36 (10.0%)	62 (10.8%)	
Case under evaluation	1 (0.3%)	1 (0.2%)	
Conduct disorder	3 (0.8%)	0 (0.0%)	
Conversion disorder	3 (0.8%)	6 (1.0%)	
Delusional disorder	0 (0.0%)	1 (0.2%)	
Dementia	13 (3.6%)	10 (1.7%)	
Dissociative disorder	10 (2.8%)	11 (1.9%)	
Excoriation disorder	0 (0.0%)	2 (0.3%)	
Factitious disorder	1 (0.3%)	1 (0.2%)	
Gender dysphoria	0 (0.0%)	1 (0.2%)	
Headache	2 (0.6%)	3 (0.5%)	
Illness anxiety disorder	8 (2.2%)	2 (0.3%)	
Insomnia	7 (1.9%)	5 (0.9%)	
Intellectual disability	10 (2.8%)	7 (1.2%)	
Major depressive disorder	30 (8.3%)	62 (10.8%)	
Major depressive episode	41 (11.4%)	88 (15.4%)	
Mania	0 (0.0%)	1 (0.2%)	
Mild cognitive impairment	0 (0.0%)	2 (0.3%)	
Munchausen syndrome by proxy	0 (0.0%)	1 (0.2%)	
OCD	66 (18.3%)	114 (19.9%)	
Other anxiety disorders	2 (0.6%)	2 (0.3%)	
Panic disorder	22 (6.1%)	28 (4.9%)	
Personality disorder	15 (4.2%)	35 (6.1%)	
Phobic anxiety disorder	9 (2.5%)	2 (0.3%)	
PTSD	5 (1.4%)	2 (0.3%)	
Pseudo-dementia	0 (0.0%)	1 (0.2%)	
Psychosis	3 (0.8%)	6 (1.0%)	
Recurrent depressive disorder	2 (0.6%)	6 (1.0%)	
Schizoaffective disorder	1 (0.3%)	1 (0.2%)	
Schizophrenia	13 (3.6%)	11 (1.9%)	
Seizure disorder	3 (0.8%)	2 (0.3%)	
Social anxiety	1 (0.3%)	3 (0.5%)	
Substance use disorder	10 (2.8%)	0 (0.0%)	
Somatic symptom disorder	4 (1.1%)	7 (1.2%)	
Syncope	0 (0.0%)	1 (0.2%)	
Tension type headache	9 (2.5%)	16 (2.8%)	
Trichotillomania	0 (0.0%)	1 (0.2%)	
Vascular headache	12 (3.3%)	38 (6.6%)	
Vertigo	0 (0.0%)	1 (0.2%)	

*Statistically significant

TABLE 5 | Association between age and diagnosis of the participants (n = 933).

Diagnosis	Mean Age	SD	p-value
Acute stress reaction	33.4	15.1	<0.001*
ADHD	7.6	3.9	
Agoraphobia	30.8	9.7	
Anxiety disorder	28.1	10.1	
Atypical depression	51	-	
ASD	7.5	0.7	
BPAD	36.1	14.4	
Case under evaluation	19	5.7	
Conduct disorder	13.3	0.6	
Conversion disorder	16.3	3.3	
Delusional disorder	23	-	
Dementia	65.8	6.6	
Dissociative disorder	22.4	6.6	
Excoriation disorder	22	5.7	
Factitious disorder	27.5	17.7	
Gender dysphoria	18	-	
Headache	31.4	24.2	
Illness anxiety disorder	28.5	12.4	
Insomnia	40.3	14.9	
Intellectual disability	32.9	20.7	
Major depressive disorder	40.6	24.7	
Major depressive episode	38.6	12.5	
Mania	30	-	
Mild cognitive impairment	57.5	3.5	
Munchausen syndrome by proxy	35	-	
OCD	28.6	10.5	
Other anxiety disorders	31.8	9.5	
Panic disorder	25.8	10.2	
Personality disorder	20.2	4.3	
Phobic anxiety disorder	33.6	9.6	
PTSD	31.9	3.3	
Pseudo-dementia	60	-	
Psychosis	36.9	13	
Recurrent depressive disorder	44.3	11.6	
Schizoaffective disorder	32.5	3.5	
Schizophrenia	27.5	6.5	
Seizure disorder	23.6	6.9	
Social anxiety	15	2.7	
Substance use disorder	15	2.7	
Somatic symptom disorder	41.8	10.5	
Syncope	65	-	
Tension type headache	33.8	10.3	
Trichotillomania	17	-	
Vascular headache	29.2	11.3	
Vertigo	32	-	

*Statistically significant.

so than other psychiatric disorders. In the present study, anxiety disorders, including generalized anxiety disorder, panic disorder and phobic anxiety disorder made up 8.7% of the diagnoses, similar to that reported by authors like Bailam et al. and Wani et al., pointing to generally higher levels of stress experienced by the population living in

this region, which has historically seen much socio-political turmoil (2, 13).

Sociodemographic factors such as education, occupation, and family structure showed important insights into the profile of the patients presenting to the study institution. The high prevalence of mental health issues among homemakers and students reflects the dual burden of academic/household responsibilities and limited social support networks (14, 15). This finding aligns with regional studies reporting similar trends in populations facing economic and educational disparities (16, 17). Furthermore, the predominance of nuclear families among participants (62.6%) suggests a potential erosion of traditional support systems, which has been identified as a key determinant of mental health (18). The study also highlights the underrepresentation of certain groups, such as professionals and skilled workers, which may point to barriers in accessing mental health care, including stigma and lack of awareness (19, 20).

On assessment of risk factors for psychiatric morbidities, the study revealed significant gender disparities in psychiatric diagnoses. Females were disproportionately affected by OCD and major depressive episodes, a trend observed globally where women exhibit higher vulnerability to affective disorders due to both biological and sociocultural factors (21, 22). In contrast, panic disorders and dementia were more prevalent among males, which could be linked to differences in help-seeking behaviour or exposure to specific stressors like substance abuse and occupational hazards (23).

Age also played a crucial role in the distribution of diagnoses. Anxiety-related disorders were more common in younger individuals, while neurocognitive disorders like dementia were prevalent among older participants (24, 25). This pattern underscores the need for age-specific mental health interventions, as suggested by studies emphasizing developmental and life-course perspectives in psychiatric care (26, 27). The broad age spectrum for mood disorders, such as major depressive disorder, further highlights their pervasive impact across different life stages.

Conclusion

This study provides a crucial foundation for understanding psychiatric morbidity in Kashmir, emphasizing the urgent need for targeted interventions to mitigate the region's mental health crisis. Policymakers and healthcare providers must prioritize culturally adapted, gender- and age-specific strategies to address the diverse mental health needs of this vulnerable population.

Funding

Nil.

Conflict of interest

The author declares that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

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