

Psychiatric Morbidity Among Inmates of the Mother Teresa's Home —A Home for Dying and Destitutes

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Abstract: Homelessness is a persistent problem in our country, and a complex one. A comprehensive review of the literature reveals that homelessness and mental illness is a significant problem all over the world. The subjects were 70 inmates of ShantiBhawan (Mother Teresa's Home) in Jammu. Psychiatric diagnoses using MINI International Neuropsychiatric Schedule were applied on each patient by a consultant psychiatrist. Significant psychiatric morbidity was seen in the inmates with psychosis being most common disorder followed by affective disorders.

INTRODUCTION

Homelessness is the condition and societal category of people who lack housing and food, usually because they cannot afford a regular, safe, and adequate shelter. The term "homelessness" may also include people whose primary nighttime residence is in a homeless shelter, in an institution that provides a temporary residence for individuals intended to be institutionalized, or in a public or private place not designed for use as a regular sleeping accommodation for human beings.^{1,2}

Homelessness is a persistent problem in our country, and a complex one. The sight of people sleeping rough in the doorways of our city stands as a stark reminder that the country's buoyant economy has not benefited all. A comprehensive review of the literature reveals that homelessness and mental illness is a significant problem all over the world.^{3,4}

The nature of the homeless lifestyle means that the homeless are prone to health problems. A number of studies show that homeless people have high levels relative to the rest of the population of mental and physical ill-health; depression, drug and alcohol problems, obesity, hepatitis B and C, and dental problems.^{5,7}

Recent years have seen increased concern

about rates of mental illness amongst our homeless population.⁸ Many studies have been carried out and the results suggest that between 30%-50% of the homeless have some form of mental illness.^{9,10}

This study was undertaken with the aim to study the various types of psychiatric illnesses among the inmates of Mother Teresa's home.

METHODS

The subjects were 70 inmates of Mother Teresa's Home, Jammu, J & K. Permission was sought from the In-charge of Mother Teresa's home and all inmates were interviewed. Excluded were those who refused to participate and those with organic brain damage. Psychiatric diagnoses using MINI International Neuropsychiatric Schedule¹¹ were made on each patient by a consultant psychiatrist. The data was analyzed using appropriate statistical methods.

RESULTS

A total of 70 inmates were intended to be studied in Mother Teresa's home. However 64 of them could be studied as 5 of them refused to participate and 1 had organic brain disease (Dementia Alzheimer Type). Of 64 inmates studied, 33 were females and 31 were males. Their ages ranged between 22 and 55 years with

a mean age of 34.16 years and standard deviation of 11.09. Among these 64 inmates 39 were married. 29 of them came from joint families and 35 from nuclear families. The length of homelessness ranged from 2 months to over 10 years with 35% recording homelessness between 1 to 3 years.

On applying the MINI International Neuropsychiatric Schedule to the inmate population 47 (73.44%) of the total 64 inmates were found to have one or the other psychiatric disorder. 21 (32.82%) of them had psychotic disorders (e.g., schizophrenia), 12 (18.75%) had Major depressive episode, 11 (17.18%) of them had mania/hypomania, 2 (3.12%) had GAD; rest 3 had dysthymia, panic disorder and OCD.

Also 13 of the inmates had tried deliberate self harm (DSH) at some point in their life. Of these 12 had psychiatric disorder, in 1 no psychiatric disorder could be detected. Of these 12 inmates 10 had Major depressive episode and 2 were having psychotic disorder.

In addition, a startling number of 50 inmates out of 64 (78.13%) were abusing one substance or the other. 12 were alcohol dependent and all of them were males. 36 were nicotine abusers in the form of cigarettes and tobacco chewers; of these 16 were females and 20 were males.

Table 1
Psychiatric Illness among Inmates

PSYCHIATRIC ILLNESS	NO. OF INMATES N (%), N=64
Psychosis	21(32.82)
Major Depressive Episode	12(18.75)
Mania/Hypomania	11(17.18)
GAD	2(3.12)
Dysthymia	1(1.56)
OCD	1(1.56)
Panic Disorder	1(1.56)
Suicide risk	13(20.31)
Alcohol dependence	12(18.75)
Substance abuse (non alcoholic)	38(59.38)

DISCUSSION

The high prevalence of mental disorders in our study is in line with the results of many other studies in the field.^{4,12} However, direct comparisons between studies on psychiatric prevalence among homeless populations are difficult to make because of differing sampling methods, healthcare systems and numerous other factors that affect the composition of study groups or the occurrence of mental illness among them.¹³

Our study has focused specifically on the homeless and the mental illnesses they present with in a home meant for dying and destitute, and it is unique in this way.

Epidemiological studies indicate a strong relationship between homelessness and substance abuse disorders. Approximately one third to one half of the homeless manifest current psychiatric disorders, with dramatically high rates of alcohol-use disorders; as high as 64% in some samples¹⁶ which is often co-morbid with another mental illness.^{14,15} In our study the alcohol dependence came to be among 18.75% of all inmates, which in males is 38.71 % as no female was found to be alcohol dependent. However substance abuse came to be around 59.38%. This may be confounded by the fact that nicotine may decrease negative symptoms associated with schizophrenia by its effect on nicotinic receptors in brain.¹⁸ In that sense nicotine could be a form of self medication.

Regarding diagnoses of specific mental illness, studies have been consistent in their estimates of prevalence; 10%- 13% schizophrenia and 21%-29% with affective disorders. In our study psychotic disorders were the main diagnosis with 32.82%, this may be because the home was meant for such mentally and physically challenged persons. The affective disorders came at 35.95%, which were slightly higher. Suicidal risk came at around 20% in diseased. This was

83.3% in patients of major depression and 16.66% in psychotic patients. This is consistent with rates of 36-90% for major depression and slightly above the 3-10% for schizophrenia.¹⁹

Small sample size, one time cross-sectional interview and use of less well studied and structured scale are major limitations of the present study.

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