

Assessment of Patients Attending Psychiatric OPD of GDIMSH, Durgapur, West Bengal, India

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Abstract

Background: Mental disorders are a major public health concern, contributing substantially to disability and reduced quality of life. Assessing the profile of patients attending psychiatric outpatient departments (OPDs) is essential for improving mental healthcare services.

Aim: To assess the socio-demographic and clinical profile of patients attending the Psychiatry OPD at GDIMSH, Durgapur, West Bengal, India.

Methodology: A hospital-based observational descriptive cross-sectional study was conducted among 90 adult psychiatric OPD patients using consecutive sampling. Socio-demographic and clinical data were collected through a structured questionnaire and analyzed using SPSS version 27.0. Descriptive statistics and Chi-square/Fisher's exact tests were applied, with $p < 0.05$ considered statistically significant.

Results: Most participants were aged 31–45 years (33.3%), male (53.3%), married (57.8%), and urban residents (62.2%). Depression (35.6%) was the most common diagnosis, followed by anxiety disorders (26.7%). Illness duration of 6 months–1 year was most frequent (31.1%). Substance use was reported by 32.2%, while 48.9% had no medical comorbidity. A significant association was observed between gender and psychiatric diagnosis ($p = 0.041$), and increasing age was associated with longer illness duration.

Conclusion: Depression and anxiety were the predominant psychiatric disorders among OPD attendees. Early identification, gender-sensitive care, routine screening for substance use, and integrated psychiatric services are essential to improve patient outcomes.

Keywords: Psychiatric OPD, Depression, Anxiety disorders, Mental health, Cross-sectional study, GDIMSH, West Bengal.

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Introduction

Mental health is a crucial aspect of general health and wellbeing, which has a significant impact on an individual's cognition, emotions, behaviour and capacity to contribute to society [1]. For centuries, people have known it's important to have a healthy mind and that having a healthy body helps a healthy mind. Mental health is: "a state of well-being in which the individual is able to realize his or her own abilities, cope with the normal stresses of life, to work productively and fruitfully and to make a contribution to his or her community". (World Health Organization, W.H.O., 1990) This definition emphasizes that mental health is not the opposite of mental illness, but instead represents emotional health, psychological health and successful social functioning [2]. Mental ill health impacts on relationships, school or education performance, ability to work and on life quality, and is a significant public health issue globally.

Mental disorders are a wide range of conditions involving mood, thinking, perception and behavior [3]. This includes common conditions like depression, anxiety disorders, and serious mental illnesses like schizophrenia, bipolar disorders and more. Mental disorders are now known to be a major cause of burden of disease and disability worldwide. Chronic and recurrent, they can lead to substantial functional limitations in social, occupational and family life [4]. So early diagnosis and effective management are essential to minimize disability, enhance quality of life and socio-economic burden of psychiatric disorders.

Depression continues to be one of the most common mental health problems and is defined by sadness, lack of interest, sleep disturbances, decreased energy, decreased concentration, and hopelessness [5]. Depression can cause significant disability, poorer physical health outcomes and higher risk of suicide if left untreated. Depression has been re-

ported in India between 7.9-8.9 per 1000 population, and almost double in urban population [6]. The growing prevalence of depression has been attributed to the increase in psychosocial stress, lifestyle shifts and shifts in work dynamics and urbanization. Depression is common but often underdiagnosed and untreated due to stigma, lack of awareness, and lack of mental health care services.

Another large category of psychiatric disorders that have a substantial impact on functioning and general health are anxiety disorders, which also are common [7]. These are generalized anxiety disorder, phobia, obsession and hysteria, and their prevalence reported in India is 4%-6%. Excessive fear and worry, autonomic symptoms and avoidance behaviours are common features of these disorders and are often accompanied by depression and other psychiatric disorders. Multiple psychiatric conditions compound disability and health care utilization, thus emphasizing the need for a thorough psychiatric evaluation and prompt intervention.

Mental disorders result from a complex interplay of biological, psychological and social factors. Many socio-pathological factors like emotional stress, unhappy marriages, broken homes, fast urbanization and economic insecurity are significant factors in the genesis of depression and anxiety disorders. The recent socioeconomic changes, new family structures, unemployment, financial insecurity, and social isolation have also exacerbated the burden of mental illnesses [8]. These factors not only enhance risk for psychiatric disorder, but also affect treatment seeking, disease course and outcome.

The psychiatric outpatient departments (OPDs) are the first point of contact for people who are seeking specialized mental health care. The psychiatric OPD clinic assessment of inpatients can provide valuable information on the demographic, clinical presentation and range of psychopathology among the population seen in the clinic. These hospital-based studies can be useful to help detect the pattern of diseases, understand the local mental health needs, plan for allocating resources and improve mental health services. They also enable timely diagnosis, treatment and adequate referral and, in the end, better outcomes for patients and decrease the impact of untreated psychiatric conditions.

Though in recent years, there has been increase in awareness about mental health, the epidemiological data in hospitals is still scanty from various parts of India. A thorough knowledge of the patient profile of patients attending psychiatric OPDs is crucial for designing evidence-based healthcare policies and services. For this purpose, the present study "Assessment of patients attending psychiatric OPD of GDIMSH, Durgapur, West Bengal, India" was conducted to assess the demographic and clinical

characteristics of patients attending the psychiatric OPD of the hospital. The results of this study will be useful for information on the pattern of psychiatric illness of the study population and will help to aid in the planning, management and delivery of mental health services in the institutional and regional level.

Methodology

Study Design The present study was conducted using a hospital-based observational descriptive cross-sectional study design. The study aimed to assess the socio-demographic and clinical profile of patients attending the Psychiatry Outpatient Department (OPD) at Gouri Devi Institute of Medical Sciences and Hospital (GDIMSH), Durgapur, West Bengal, India. A cross-sectional observational approach was considered appropriate because it enabled the assessment of patients' characteristics and psychiatric diagnoses at a single point of contact without any intervention.

Study Area: The study was carried out in the Department of Psychiatry, Gouri Devi Institute of Medical Sciences and Hospital (GDIMSH), Durgapur, West Bengal, India.

Study Duration: The study was conducted over a period of one year.

Study Participants: The study population consisted of patients attending the Psychiatry Outpatient Department (OPD) of Gouri Devi Institute of Medical Sciences and Hospital during the study period.

Inclusion Criteria

- Patients aged 18 years and above.
- Patients attending the Psychiatry OPD during the study period.
- Patients diagnosed with any psychiatric disorder by the consultant psychiatrist according to standard diagnostic criteria.
- Patients who were willing to participate and provided written informed consent.
- Patients who were able to communicate and respond to the interview schedule.

Exclusion Criteria

- Patients below 18 years of age.
- Patients who refused to provide informed consent.
- Patients with severe cognitive impairment or altered mental status preventing effective communication.
- Patients requiring emergency psychiatric intervention or immediate hospitalization.
- Follow-up visits of the same patient during the study period were excluded to avoid duplication of data.

Sample Size: A total of 90 patients fulfilling the inclusion criteria were enrolled in the study using a consecutive sampling technique. All eligible patients attending the Psychiatry OPD during the study period were recruited until the required sample size was achieved.

Procedure: Patients attending the Psychiatry Out-patient Department during the study period were screened for eligibility according to the predefined inclusion and exclusion criteria. Eligible participants were informed about the objectives and purpose of the study, and written informed consent was obtained before enrollment. Each participant was interviewed individually using a pre-designed and pre-tested structured questionnaire. Information regarding socio-demographic characteristics, including age, gender, marital status, educational qualification, occupation, place of residence, socioeconomic status, and family type, was collected. Clinical information, including presenting complaints, duration of illness, psychiatric diagnosis, history of previous psychiatric illness, family history of psychiatric disorders, substance use, associated medical comorbidities, treatment history, and other relevant clinical variables, was recorded from patient interviews and hospital case records. Psychiatric diagnoses were made by consultant psychiatrists according to standard diagnostic guidelines followed in the department. Data collection was carried out during routine Psychiatry OPD working hours throughout the study period. Each participant was included only once in the study to avoid duplication of information. The completed questionnaires were reviewed daily for completeness and accuracy before being entered into the study database for further statistical analysis.

Statistical Analysis: The collected data were entered into Microsoft Excel and subsequently analyzed using Statistical Package for the Social Sciences (SPSS) version 27.0 (IBM Corp., Armonk, NY, USA). Data cleaning and validation were performed before statistical analysis. Continuous variables were expressed as mean $\pm$ standard deviation (SD) or median with interquartile range (IQR), depending on the distribution of the data. Categorical variables were summarized using frequencies and percentages. Associations between categorical variables were assessed using the Chi-square test or Fisher's exact test wherever appropriate. Comparisons of continuous variables between groups were performed using the independent samples t-test or Mann-Whitney U test based on data normality. A p-value of less than 0.05 was considered statistically significant throughout the analysis."

Result

Table 1 presents the socio-demographic characteristics of the 90 study participants. The largest proportion of participants belonged to the 31–45 years age group (33.3%), followed by 18–30 years (26.7%), 46–60 years (24.4%), and those aged over 60 years (15.6%). Male participants constituted a slight majority (53.3%), while females accounted for 46.7%. Most participants were married (57.8%), whereas 31.1% were unmarried and 11.1% were widowed or divorced. A greater proportion of participants resided in urban areas (62.2%) compared to rural areas (37.8%). Regarding educational status, secondary education was the most common (37.8%), closely followed by graduates and above (35.5%), while only 8.9% of participants were illiterate.

Variable	Category	Frequency (n)	Percentage (%)
Age (years)	18–30	24	26.7
	31–45	30	33.3
	46–60	22	24.4
	>60	14	15.6
Gender	Male	48	53.3
	Female	42	46.7
Marital Status	Unmarried	28	31.1
	Married	52	57.8
	Widowed/Divorced	10	11.1
Residence	Urban	56	62.2
	Rural	34	37.8
Education	Illiterate	8	8.9
	Primary	16	17.8
	Secondary	34	37.8
	Graduate & Above	32	35.5

Table 2 presents the clinical profile of the 90 study participants. Depression was the most common primary psychiatric diagnosis, affecting 35.6% of participants, followed by anxiety disorders

(26.7%), schizophrenia/psychosis (15.6%), bipolar disorder (13.3%), and other psychiatric conditions (8.9%). Regarding the duration of illness, the largest proportion of participants had been experienc-

ing psychiatric illness for 6 months to 1 year (31.1%), followed by 1–5 years (28.9%), less than 6 months (22.2%), and more than 5 years (17.8%).

Most participants (71.1%) had no family history of psychiatric illness, whereas 28.9% reported a positive family history.

Table 2: Distribution of Participants According to Clinical Profile (N = 90)

Variable	Category	Frequency (n)	Percentage (%)
Primary Psychiatric Diagnosis	Depression	32	35.6
	Anxiety Disorders	24	26.7
	Bipolar Disorder	12	13.3
	Schizophrenia/Psychosis	14	15.6
	Others	8	8.9
Duration of Illness	<6 months	20	22.2
	6 months–1 year	28	31.1
	1–5 years	26	28.9
	>5 years	16	17.8
Family History of Psychiatric Illness	Yes	26	28.9
	No	64	71.1

Table 3 presents the distribution of participants according to substance use and medical comorbidities among the 90 study participants. A history of substance use was reported by 32.2% of participants, whereas the majority (67.8%) had no history of substance use. Regarding medical comorbidities, nearly half of the participants (48.9%) had no associated medical illness. Among those with comorbid

conditions, hypertension was the most common (17.8%), followed by diabetes mellitus (13.3%), other medical conditions (11.1%), and thyroid disorders (8.9%). Overall, the findings indicate that while substance use was present in approximately one-third of participants, most had no significant medical comorbidities.

Table 3: Distribution of Participants According to Substance Use and Medical Comorbidities (N = 90)

Variable	Category	Frequency (n)	Percentage (%)
History of Substance Use	Yes	29	32.2
	No	61	67.8
Medical Comorbidity	Hypertension	16	17.8
	Diabetes Mellitus	12	13.3
	Thyroid Disorders	8	8.9
	Others	10	11.1
	None	44	48.9

Table 4 presents the association between gender and primary psychiatric diagnosis among the 90 study participants. Depression was more common among female participants (19) than males (13), and anxiety disorders were also more frequently observed in females (14) compared to males (10). In contrast, bipolar disorder (8 vs. 4), schizophrenia/psychosis (11 vs. 3), and other psychiatric con-

ditions (6 vs. 2) were more prevalent among male participants. The association between gender and psychiatric diagnosis was found to be statistically significant ($p = 0.041$), indicating that the distribution of psychiatric disorders differed significantly between male and female participants in the study population.

Table 4: Association Between Gender and Psychiatric Diagnosis (N = 90)

Psychiatric Diagnosis	Male (n=48)	Female (n=42)	Total	p-value
Depression	13	19	32	
Anxiety Disorders	10	14	24	
Bipolar Disorder	8	4	12	
Schizophrenia/Psychosis	11	3	14	
Others	6	2	8	
Total	48	42	90	0.041*

Table 5 presents the association between age group and duration of psychiatric illness among the 90 study participants. Participants aged 18–30 years

were more likely to have a shorter duration of illness, with most reporting illness for less than 6 months (10). In the 31–45 years age group, the

highest number of participants had an illness duration of 6 months to 1 year (11). Among participants aged 46–60 years, the majority had been ill for 1–5 years (8), while those aged over 60 years most

commonly reported a duration of illness exceeding 5 years (6). Overall, the findings suggest a trend of increasing duration of psychiatric illness with advancing age among the study participants.

Table 5: Association Between Age Group and Duration of Psychiatric Illness (N = 90)					
Age Group (Years)	<6 Months	6 Months–1 Year	1–5 Years	>5 Years	Total
18–30	10	8	5	1	24
31–45	6	11	9	4	30
46–60	3	6	8	5	22
>60	1	3	4	6	14
Total	20	28	26	16	90

Discussion

The socio-demographic and clinical profile of the psychiatric outpatient's department (OPD) of GDIMSH, Durgapur, West Bengal was assessed with an aim to look at the association of selected socio-demographic parameters with psychiatric diagnosis. The results reveal that psychiatric disorders were more frequent among adults in the economically active age group and depression and anxiety disorders were the most common psychiatric illnesses. These findings broadly agree with the earlier studies conducted in India and abroad but some variations have also been observed."

The largest number of respondents in this study were between 31 and 45 years (33.3%) and 18 and 30 years (26.7%). These age groups combined accounted for 60.0% of the study population, suggesting that psychiatric disorders occurred mainly in young and middle-aged adults. This is in line with the findings of Ponnudurai et al., 1981 [9] who noted that prevalence of depressive disorders was higher in the younger adult age group and with Poongothai et al. 2009 [10] who also found that prevalence of depression was higher in productive age adults. This finding has been reported in the National Mental Health Survey of India that showed that common mental disorders are more prevalent among adults than the elderly. In comparison, the percentage of people aged over 60 years in the present study was relatively low (15.6%), which could be due to reduced mental health service-seeking among older people or poor recognition of mental health symptoms or limited availability of mental health services within the community.

In the present study, there was a slight male predominance, males accounted for 53.3% of the participants while females accounted for 46.7%. This finding contrasts with some previous studies reporting psychiatric disorders, such as depression and anxiety, were more common in women. Yet, although the study sample was predominantly male, the rates of depression (35.6%) and anxiety disorders (26.7%) were higher among females while the rates of schizophrenia, bipolar disorder, and psy-

chotic disorders were higher among males in the sample. The association between the gender-wise distribution was statistically significant ($p = 0.041$). The same trend has been noted by Sethi and Prakash 1979 [11] and Ramachandran et al. 1982 [12] in whom the females were found to have higher prevalence of depressive disorders and the males were more prone to severe psychoses. Overall gender differences in the observed prevalence could be explained by gender differences in treatment seeking, family support, and access to psychiatric services.

The majority of the participants in the present study were married (57.8%). This is in line with the results of Saygili and Karamustafalioglu (2010) [13] who found that almost 58% of the cases of anxiety disorders were married. Marriage can offer emotional and social support, but can also be a source of emotional and social distress due to marriage responsibilities, financial stress, interpersonal conflict, and caregiving responsibilities. So marital status cannot be viewed as protective against psychiatric illness.

In the present study, the urban population was found to be 62.2% while the rural population was 37.8% of the psychiatric OPD attenders. The greater availability of specialist psychiatric services in urban areas, increasing awareness of mental health and reduced access to services for urban patients, may explain this, as many previous research studies in India have found high psychiatric morbidity in the rural population as a result of socio-economic disadvantage.

Education level: Most participants were secondary education (37.8%) or graduated/above (35.5%) indicating psychiatric disorders were present across education levels. This observation is contrary to previous reports by Nandi et al., 1979 [14] of a greater burden of psychiatric disorders in illiterate and socioeconomically deprived groups. This difference may be attributed to the increased awareness of mental health and the greater educational level in the last few years, leading to an increased use of psychiatric services by those with a higher educational level.

In the present study, depression was the most common psychiatric diagnosis, representing 35.6% of total cases, followed by anxiety disorders (26.7%), schizophrenia/psychosis (17.8%), bipolar disorder (13.3%) and other psychiatric illnesses (6.6%). The results are in line with earlier epidemiological studies in India, which indicated depression and anxiety disorders as the most common psychiatric morbidity in India. In their meta-analysis of psychiatric disorders in India, Chandrasekhar, 1998 [15] found that depressive and anxiety disorders made up a large part of outpatient psychiatric consultations. Likewise, a survey by Gururaj et al, 2016 [16] revealed that depression and anxiety disorders are the commonest mental disorders among Indian adults. The similar ratios found in the current study underscore the ongoing burden of common mental health problems in outpatient psychiatric services.

In terms of how long the illness had been going on, almost a third of the participants (31.1%) had had psychiatric symptoms for 6 months – 1 year, while only 17.8% reported psychiatric symptoms for over 5 years. Moreover, there was a strong correlation between age of increased and psychiatric illness duration. Chronic psychiatric conditions were more common in the older age group, and illness was primarily recent in onset in the younger age group. The same conclusions were reached by Ponnudurai et al. 1981 who reported that the duration of illness was correlated with the time taken for diagnosis and treatment. Early diagnosis and timely psychiatric intervention and periodic follow-up are essential to avoid chronicity in line with the present findings.

Only 28.9% of the respondents reported a psychiatric illness among family members, while the majority (71.1%) denied psychiatric illness among family members. The results of these studies are similar to those from earlier studies, in which about 30-35% of psychiatric patients had a positive family history. The present results indicate that, in addition to genetic factors, environmental, psychosocial, and occupational stressors can also be as significant as genetic factors in psychiatric disorders.

32.2% of participants used substances. While nearly two-thirds of all patients in psychiatric care refused to admit that they used any substance, the figures observed suggest that substance use behaviour was present in about one in every three patients in psychiatric care. This is similar to what has been observed in previous Indian studies that have reported that psychiatric patients use substances in a high number, and this has been associated with low adherence to treatment, relapses, and poor clinical outcomes. Thus, periodic assessment of substance abuse should be a part of psychiatric evaluation.

The most prevalent chronic medical illnesses were hypertension (20.0%) and diabetes mellitus (16.7%) and almost half of the participants did not have any medical comorbidities associated with them. The results are similar to those of earlier research showing that psychiatric disorders are often comorbid with chronic non-communicable diseases and negatively impact outcomes of treatment. Thus, a coordinated approach to management of psychiatric and physical diseases is important for improving the care given to patients.

The overall results of the present study corroborate with the Indian previous studies in most of the aspects including the higher psychiatric morbidity in young and middle-aged adults, the preeminence of depression and the effect of gender on psychiatric diagnosis. The educational differences, the urban dominance of the items and the overall gender distribution as observed might be related to regional differences, changing utilisation of healthcare and increasing awareness of mental health services. The findings highlight the importance of early identification of common mental disorders, gender-responsive interventions, regular screening for substance use and medical comorbidities, and better development and expansion of accessible community-based psychiatric services to better deliver mental healthcare.

Conclusion

The present study provides a comprehensive overview of the socio-demographic and clinical profile of patients attending the Psychiatry OPD at GDIMSH, Durgapur, West Bengal. Depression and anxiety disorders emerged as the most common psychiatric conditions, with the highest burden observed among young and middle-aged adults. Significant gender differences in psychiatric diagnoses were identified, while increasing age was associated with a longer duration of illness. Although most participants had no family history of psychiatric illness or major medical comorbidities, substance use was reported in nearly one-third of patients, highlighting the need for routine screening. These findings emphasize the importance of early diagnosis, timely intervention, gender-sensitive mental healthcare, and integrated management of psychiatric and physical illnesses. Strengthening community awareness, improving access to psychiatric services, and promoting comprehensive outpatient care can substantially enhance mental health outcomes and reduce the overall burden of psychiatric disorders.

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