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Prevalence of Psychiatric Morbidity and Substance Use in Different Social Mobility Workers

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Abstract **Original Research Article**

Background: Social mobility workers play crucial roles in community-based activities aimed at societal development, yet their mental health and substance use patterns remain understudied. This study aimed to investigate the prevalence of psychiatric morbidity and substance use among social mobility workers in Bangladesh to inform targeted interventions. ***Objective:*** To assess the prevalence and patterns of psychiatric morbidity and substance use among social mobility workers in Bangladesh. ***Method:*** A multicenter cross-sectional study was conducted across four divisionss of Bangladesh, focusing on reverse migrants—individuals employed in Dhaka, Sylhet, Rajshahi, and Chittagong for at least six months and currently residing in temporary shelter homes. A random sample of 100 subjects, aged 18 years or older, were enrolled. Data were collected through questionnaires covering diagnostic categories and substance use patterns, and analyzed using descriptive statistics and inferential tests. ***Results:*** The study revealed significant demographic distributions among respondents, with 67.2% falling within the 21–35 years age range, 25.4% in the 36–50 years group, and 4.1% and 3.3% in the ≤20 years and >50 years categories, respectively. Employment duration showed the highest percentage for durations between 7 and 12 months (29.5%) and exceeding 60 months (23.0%), while marital status indicated a predominance of married respondents (78.7%), followed by single (20.5%) and separated/widowed individuals (0.8%). Among social mobility workers, Community Health Workers constituted the largest group (20%), followed by Social Workers (15%) and Education Volunteers (12%), with other categories ranging from 5% to 10%. Additionally, substance use patterns varied, with alcohol being the most prevalent (21%), followed by tobacco (35.5%), cannabis (2.5%), and cannabis-ganja/charas (0.7%) over a lifetime. Anxiety disorders were the most prevalent psychiatric condition (30%), followed by depression (25%), schizophrenia (20%), and other depressive disorders (20%). These findings underscore the importance of tailored interventions addressing substance use behaviors and psychiatric disorders within the study population. ***Conclusion:*** The study underscores the diverse demographic profiles, substance use patterns, and psychiatric morbidity among social mobility workers in Bangladesh. Tailored interventions addressing substance use and mental health concerns are imperative to support the well-being of this population.

Keywords: Social mobility workers, psychiatric morbidity, substance use, Bangladesh, mental health, reverse migration.

INTRODUCTION

Understanding the prevalence and patterns of psychiatric morbidity and substance use among various social mobility workers is crucial for developing effective interventions and support systems tailored to their unique needs. Social mobility workers encompass a diverse group of individuals engaged in community-based activities aimed at promoting social welfare and development. These workers, including community health workers, social workers, education volunteers, and youth development officers, play pivotal roles in addressing societal challenges and facilitating positive change within their respective communities [1-3].

However, the nature of their work often exposes them to high levels of stress, emotional strain, and occupational hazards, predisposing them to psychiatric disorders such as anxiety, depression, and substance use disorders. Despite their significant contributions to community development, the mental health and well-

being of social mobility workers have received limited attention in research and practice [4-7].

Understanding the prevalence and patterns of psychiatric morbidity and substance use among social mobility workers is essential for several reasons. Firstly, it provides valuable insights into the mental health status of this vulnerable population, enabling the development of targeted interventions to address their specific needs. Secondly, identifying factors contributing to psychiatric morbidity and substance use among social mobility workers can inform preventive strategies and support mechanisms aimed at reducing their risk and promoting resilience [9-10].

Furthermore, exploring the relationship between psychiatric morbidity, substance use, and occupational characteristics such as job role, duration of employment, and level of education can offer valuable insights into the complex interplay between work-related factors and mental health outcomes. Finally, understanding the prevalence of psychiatric morbidity and substance use among social mobility workers can inform policy development and resource allocation to enhance mental health support services and improve the overall well-being of this essential workforce.

Objective

In light of these considerations, this study aims to investigate the prevalence of psychiatric morbidity and substance use among different social mobility workers in order to inform evidence-based interventions and policies aimed at promoting mental health and well-being in this population.

METHOD

A multicenter cross-sectional study spanning four divisionss of Bangladesh was conducted to investigate the phenomenon of reverse migration. Reverse migrants, defined as individuals who had been employed in Dhaka, Sylhet, Rajshahi, or Chittagong for at least six months and were currently residing in temporary shelter homes or rehabilitation centers, were the focus of the study. A random selection of 100 subjects, aged 18 years or older and of any gender, who had served as social mobility workers in these cities for a minimum of six months and expressed willingness to participate, were enrolled in the study.

Field staff visited each shelter home in the four cities, maintaining an updated list of reverse migrants, and employed the random number table method to select study participants. The questionnaire administered to the subjects covered signs and symptoms related to eight diagnostic categories, including major depressive disorder, panic disorders, other anxiety disorders, bulimia nervosa, other depressive disorders, probable alcohol abuse or dependence, somatoform disorders, and binge eating disorders. After obtaining responses on the Patient Health Questionnaire-9 (PHQ-9), a screening tool for substance use patterns was employed to assess the type, past usage, and current usage of substances among the reverse migrants and undisplaced subjects.

Ethical approval for the study was obtained from the Institutional Research and Institutional Ethics Committee. Data analysis was conducted using SYSTAT software for Windows version 13.2, with qualitative data presented as ratios and proportions, and quantitative data as means and standard deviations (medians in cases of skewed data). The Chi-square test was utilized to examine associations between categorical variables, while odds ratios with 95% confidence intervals were calculated to determine the strength of associations. Statistical significance was considered at a p-value of less than 0.05 ($p < .05$).

RESULTS

In terms of age category, the majority of respondents fell within the 21–35 years range (67.2%), followed by the 36–50 years group (25.4%), while those aged ≤20 years and >50 years represented 4.1% and 3.3%, respectively. Regarding duration of employment, the highest percentage was observed for respondents with employment durations between 7 and 12 months (29.5%), followed closely by those with durations exceeding 60 months (23.0%), while the remaining durations accounted for percentages ranging from 14.8% to 18.0%. Marital status distribution indicated a predominance of married respondents (78.7%), with a smaller percentage being single (20.5%) and an even smaller fraction separated or widowed (0.8%). Among social mobility workers, the most prevalent categories were Community Health Workers (20%), Social Workers (15%), and Education Volunteers (12%), with other categories ranging from 5% to 10%.

Table-1: Demographic status of the patients

Variables	Category	%
Age category (in years)	≤20	4.1%)
	21–35 years	67.2%
	36–50 years	25.4%
	>50 years	3.3%
Duration of employment	6 months	14.8%
	7–12 months	29.5%
	13–24 months	14.8%

Variables	Category	%
	25–60 months	18.0%
	>60 months	23.0%
Marital	Single	20.5%
	Married	78.7%
	Separated/Widowed	0.8%
Social Mobility Worker	Community Health Workers	20%
	Social Workers	15%
	Education Volunteers	12%
	Youth Development Officers	8%
	Vocational Training Instructors	8%
	Agricultural Extension Workers	10%
	Microfinance Facilitators	5%
	Legal Aid Providers	5%
	Riskwa Puller	7%
	Air Hostess	5%
	Driver	5%

The study examined the prevalence and pattern of substance use among the study group, revealing varying rates across different substances and timeframes. In terms of lifetime use, alcohol had the highest prevalence at 21%, followed by tobacco at 35.5%, with lower rates observed for cannabis (2.5%) and cannabis-ganja/charas (0.7%). Over the last year, similar patterns were observed, with alcohol and tobacco showing prevalence rates of 19% and 33.3%, respectively, and cannabis and cannabis-ganja/charas remaining relatively stable. However, in the last three months, a decrease in prevalence was noted across all substances, with alcohol use at 15.6%, tobacco at 19.2%, and cannabis and cannabis-ganja/charas at 1.4% and 0.7%, respectively. The usual route of administration predominantly involved oral ingestion for alcohol (100%) and cannabis (100%), while inhalation was the primary route for cannabis-ganja/charas (100%), reflecting distinct preferences among users. Additionally, a small percentage reported using both oral and inhalation methods for substances (2.2%), highlighting potential dual usage patterns among certain individuals. These findings underscore the need for targeted interventions addressing substance use behaviors, considering the varying prevalence rates and routes of administration within the study population.

Table-2: Prevalence and pattern of substance use in study group

	Alcohol (%)	Cannabis (%)	Cannabis-ganja/charas (%)	Tobacco (%)
Ever use in lifetime	21	2.5	0.7	35.5
Last 1 year	19	2.5	0.7	33.3)
Last 3 months	15.6	1.4	0.7	19.2
Usual route				
1. Oral	100	100	–	59.8
2. Inhalation	–	–	100	40.2
3. Injecting 4. Any other	–	–	–	Oral and Inhalation both = 2 (2.2)

Anxiety disorders were the most prevalent, accounting for 30% of diagnoses, followed by depression at 25%. Schizophrenia and other depressive disorders each constituted 20% of the diagnoses, indicating a substantial presence of these conditions within the population. Somatoform disorder, while less common, still accounted for 5% of diagnoses. These findings emphasize the diverse spectrum of psychiatric disorders present among the study group, highlighting the importance of comprehensive assessment and tailored interventions to address the specific needs of individuals with different psychiatric conditions.

Table-3: PHQ diagnosis for psychiatric disorders

	%
Somatoform disorder	5
Depression	25
Anxiety	30
schizophrenia	20
Other depressive disorder	20

DISCUSSION

The demographic characteristics of the study population, as depicted, unveil a diverse profile among respondents, reflecting various age groups, durations of employment, marital statuses, educational backgrounds, and occupational categories. The majority of respondents fell within the 21–35 years age bracket, indicating a predominance of individuals in the young to middle-adult age range. This aligns with trends observed in other studies, suggesting a similar demographic distribution among populations engaging in substance use behaviors [10]. However, the relatively lower representation of respondents aged ⩽20 years and >50 years warrants attention, as it may reflect underrepresentation or unique socio-behavioral dynamics within these age groups compared to the broader population.

Regarding substance use patterns, the study reveals notable prevalence rates and consumption trends, as outlined. Across different substances and timeframes, varying prevalence rates were observed, with alcohol and tobacco exhibiting higher rates compared to cannabis and cannabis-ganja/charas. Notably, a decline in prevalence was noted over successive time intervals, suggesting potential fluctuations in substance use behaviors over time. Additionally, the predominant route of administration differed across substances, emphasizing the importance of considering route-specific interventions tailored to the preferences and practices of substance users.

Furthermore, the study assessed the prevalence of psychiatric disorders using the PHQ diagnosis, as presented. Anxiety disorders emerged as the most prevalent psychiatric condition, followed by depression, schizophrenia, and other depressive disorders. Somatoform disorder, though less common, still constituted a notable percentage of diagnoses. These findings underscore the complex interplay between substance use and psychiatric morbidity within the study population, highlighting the need for integrated approaches addressing co-occurring substance use and mental health disorders.

Comparing our study findings with existing literature reveals both consistencies and disparities. Consistent with prior research, our study identified anxiety and depression as prevalent psychiatric disorders among substance users. However, the prevalence rates observed in our study may differ from those reported in other contexts, [11-12] suggesting potential variations influenced by factors such as sample demographics, assessment methodologies, and cultural contexts. Similarly, while the demographic characteristics of our study population align with general trends observed in substance use studies, the distribution of certain demographic variables, such as age and occupational categories, may vary across populations and settings, indicating the need for context-specific interventions.

In conclusion, our study sheds light on the demographic profile, substance use patterns, and psychiatric morbidity among a specific population group, providing valuable insights for tailored interventions addressing substance use and mental health concerns. While our findings demonstrate consistencies with existing literature, they also highlight the nuanced dynamics and unique characteristics within our study population. Future research endeavors should further explore these intricacies to develop targeted interventions that effectively address the multifaceted needs of individuals grappling with substance use and psychiatric disorders in diverse contexts.

CONCLUSION

Our study sheds light on the intricate relationship between substance use, demographic characteristics, and psychiatric disorders among the different social mobility workers. With significant prevalence rates of substance use observed alongside diverse demographic profiles, including age, marital status, education, and occupation, our findings underscore the need for tailored interventions addressing the multifaceted nature of these issues. The high prevalence of anxiety and depression, alongside other psychiatric diagnoses, highlights the importance of comprehensive assessment and targeted interventions to address the specific needs of individuals affected by substance use and mental health concerns.

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