

*REVIEW ARTICLE*

# Psychiatric Disturbances: Concept And Coordination

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## ABSTRACT

To overcome various common psychiatric matters from our daily-life, need to understand those definitions clearly. Adequate information on this issue, and to continue dynamic psychology, there is no alternative than reviews that could help a lot to focus our mental illnesses accordingly. Out of 13 psychiatric disorders, there were major 43 kinds with 7 types of chaos. Besides, in anxiety group (phobia) and somatoform (pain) showed numerous types on the basis of different perceptions and diseases or injuries. Most of our mental problems are inter-related, so in a broad sense, perfect ideas on those disorders may help to mitigate from our life.

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## INTRODUCTION

World Health Organization (WHO) defines mental health as a state of well-being in which people realize their potential can cope with normal life stresses can work productively and can contribute to their community. Not only psychological or psychiatric problems but also all of our diseases happen due to biological first then for the environmental matters. In our body, enormous chemicals or some specific hormonal disturbances are associated to such disorders (Table 1 and 2; Figure 1) and some activities of pessimistic persons in our society may affect our mind, so many unwanted psychological issues can persist within our body. Biological or injured pain is a great factor for existing mental illnesses. There are some symptoms of many diseases which are sometimes seem to be mental illnesses. Alzheimer's disease, Parkinson's disease, and epilepsy (seizure) sometimes mentioned with psychiatric symptoms but actually these are not included in this issue. Very minute and keen differences help to diagnose such psychiatric problems in medical science. Nervousness is nothing but a combined form of anxiety and tension. There are many myths and superstitions around us that have ability to cause mental illness [1]. Victims of mental illnesses are most often neglected, subjected to delayed care-seeking, and abused [2]. Socio-cultural factors and physical violence are also found to be associated with antenatal depression in subjected to torture by her husband has the highest probability of suffering from depression [1]. Sometimes a violent person shows normal appearance both physically and mentally, so the knowledge about behavioural psychology is helpful in this case [3]. The objective of this review is to focus on clear concepts on various psychological or psychiatric problems with solutions for human welfare.

### Global Mental Health

Mental disorders constitute a major public health challenges and account for 13% of the global burden of disease [4]. Low- and middle-income countries have higher burden of mental disorders than economically developed countries [5, 6]. A community-based survey found that prevalence of mental disorders among children at 18.4% [7].

### National Mental Health

In Bangladesh, women are more vulnerable to mental illness than the male. A systematic review found that prevalence of mental disorders among children in Bangladesh ranged from 13.40% to 22.9% [8]. Rabbani and Hossain [9] mentioned that 13.4% of children have behavioural disorders (20.4% males, 9.9% females). Prevalence of depression was reported among Bangladeshi medical students (38.9%) [10], and 22.5% in university students [11]. The earliest preliminary study within an urban area of Bangladesh reported that 31% of out-patients showed real psychogenic conditions [12]. There are 15 million people of Bangladesh are suffering from various mental illnesses. Victims of all such forms of violence suffer from severe psychosomatic illnesses [13]. A growing national concern drug and substance abuse by women and children have increased over

the years [1]. Studies on the students of school or college of Bangladesh could get a good result on psychological problems [14]. Due to drug addiction, lots of anti-social incidents may happen by people [15]. Spitting on road or other bad habits are of course our mental problems [16].

## **Mental Health Facilities**

The current mental health expenditure by the Bangladeshi government is only 0.44% of the total budget [17]. Less than 0.11% of the population has access to free essential psychotropic medications [1]. In Bangladesh, limited social insurance schemes do not cover services of drugs for mental disorders [1]. About 60% women in Bangladesh reported having experienced social and/or physical violence largely ignored by the government and the power elites of the society. Bangladesh still does not have a mental health policy to strengthen the entire health system. Almost 10 percent of the population is in need of mental health services. A lack of proper diagnosis, improper laboratory tests, training, inadequate equipment combined with stigma, fear, and shame from accessing mental health care [18]. There is only one dedicated mental hospital in Bangladesh with 500 beds where the average length of staying of patients is 137 days. In this sector, need to provide more nurses, psychologists, social workers, therapists, and health workers. Only 62% professionals in this sector, 26% NGOs or in private practice, while 12% workers are doing their best [1]. An old mental health policy of Bangladesh reflects an outdated perception of mental illness and health [1].

## **Medications and Remedies**

Antipsychotics, anxiolytics, anti-depressants, mood stabilizers and antiepileptic drugs (Table 3) are included in the list of essential medicines in the country [19]. Davidson [20] mentioned many drugs for treating psychiatric illnesses in his renowned book. Pain is a great factor to stimulate many mental illnesses, and is possible to mitigate those ailments through exercises [21].

Table 1. Major psychiatric problems in humans

Disorders	Kinds	Clarifications
Eating (7)	Anorexia nervosa	Fear of weight gain.
	Bulimia nervosa/Orthorexia nervosa	Over concern about health (excessive exercise and dieting or fasting).
	Diabulimia	When a diabetic patient is well concern about food for gaining weight as well as sugar within the blood.
	Pica	Eat everything either edibles or non-edibles.
	Binge	Rapid consumption of large amount of food within a short time.
	Night eating syndrome	Due to late sleep, take extra foods.
	Purging disorder	Act of eliminating foods.
Anxiety (4)	Phobia (fear)	Lasting fear or unpleasant emotion.
	Panic	Acute anxiety, terror, of fright that maybe uncontrollable.
	Obsessive-compulsive	Excessive and uncontrolled anything.
	Skin picking	An abrasion of the skin by injury.
Mood (Affective) (3)	Depression (unipolar, bipolar)	Loss of mood.
	Bipolar I (Mania)	Excessive excitement.
	Bipolar II (Hypomania)	Lower excitement than Bipolar I.
	Language disorder	Inability to deliver correct language.

Neuro-developmental (5)	Intellectual disability (mental retardation)	Poor brain development.
	Stuttering	Speech disorder.
	Autism	Abnormal brilliant.
	Attention deficit hyperactivity disorder (ADHD)	Hyperactive in all activities.
Sleep-wake (5)	Insomnia	Great difficulty in falling asleep.
	Narcolepsy (sleep epilepsy)	Uncontrolled daytime sleepiness.
	Sleep apnea/Nightmare	Temporary loss of respiration during sleep and horror dream.
	Rapid eye movement	Movement of eyes.
	Sleepwalking	Walk with sleepiness.
Substance-related (5)	Gambling	Addiction to gambling.
	Video game addiction	Excessive use of video game.
	Shopping addiction	Much shopping.
	Sexual addiction	Addiction to any sexual content.
	Pedophilia	Sexual act with a child.
Elimination (2)	Enuresis	Bed-wetting at night.
	Encopresis	Elimination of faeces due to fear.
Sexual (2)	Ejaculation (premature, delayed)	Early or late ejaculation.
	Erectile dysfunction	Muscles of copulatory are not active.

Psychotic (4)	Delusion	Inner belief on false ideas.
	Illusion	Outer belief on false ideas.
	Hallucinations	Abnormal perceptions.
	Schizophrenia	Division of mind.
Personality (mostly males) (2)	Paranoid	Multiple symptoms or behaviours.
	Narcissistic	Sexual pleasure by seeing own's naked body.
Trauma- and stress-related (1)	Tension	The state of being stretched tight.
Somatoform (2)	Pain	Unpleasant sensory and emotional experience.
	Hypochondriasis	Belief of suffering diseases.
Others (1)	Locked-in	Only eye lids will be active.

Source: [20, 22, 23]

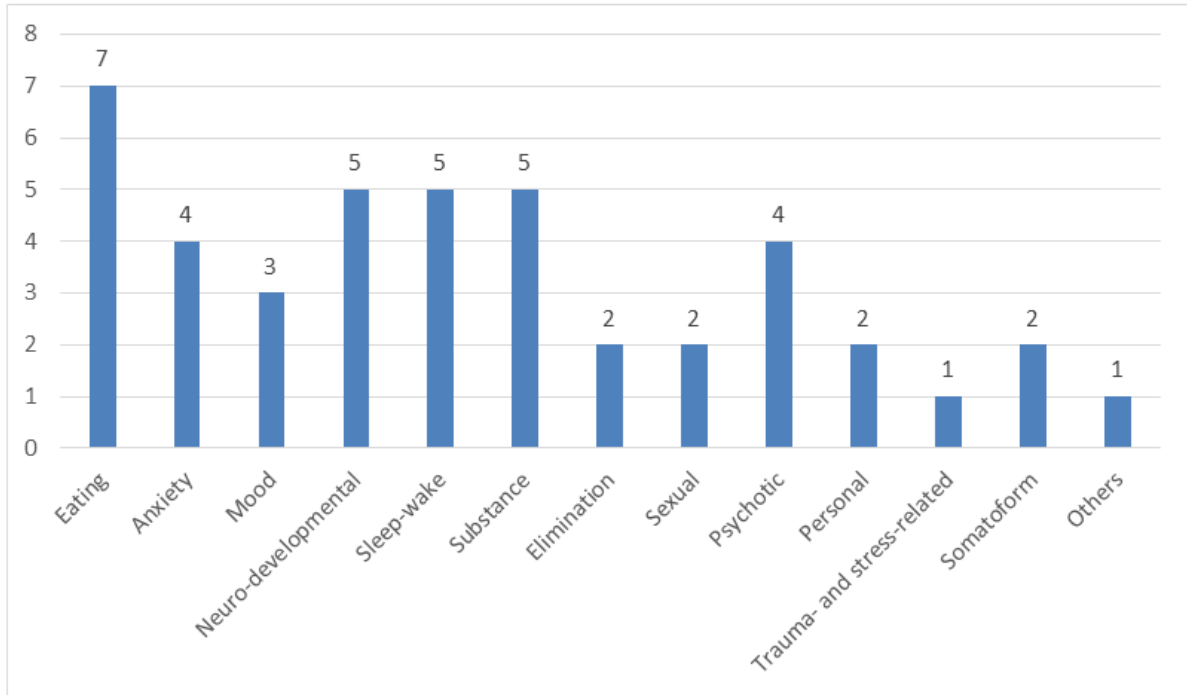


Figure 1. Reviewed psychiatric problems of humans

Table 2. Types of major mental illnesses

Mental Issues	Type(s)	Clarifications
Pain	Injured pain, false pain, gastric pain, localized pain, etc.	Displeasing sensory and emotional experience.
Phobia	Entomophobia, hydrophobia, pyrophobia, serpentophobia, etc.	Just an unpleasant emotion everywhere.
Mania	Kleptomania	Tendency to thieving.
Bulimia	Bulimia nervosa	Immoderate exercise, dieting or fasting.
	Diabulimia	A diabetic patient is well concern about food for excess sugar within the body.
Schizophrenia	Paranoid	Grandiosity enhances them persecution.
	Catatonic	Inability to talk or move; extreme negativism; exhibit peculiar posture.
	Residual	Show odd behaviour and hide evidences against it.
Bipolar	Bipolar I	To show excessive excitement.
	Bipolar II	Lower excitement exists.
Hallucination	Optical	False image.
	Auditory	False sound.
	Olfactory	False scent.



Ejaculation	Premature	Early ejaculate.
	Delayed	Late ejaculate.

Table 3. Some features on our psychiatric problems

Features	Examples	References
Global mental health	Mental health is a global concern to mitigate.	Mathers <i>et al.</i> , 2008; Gausia <i>et al.</i> , 2009; Bass <i>et al.</i> , 2012; Hock <i>et al.</i> , 2012
National mental health	Mental health status of Bangladesh is needed to improve.	Chowdhury <i>et al.</i> , 1975; Rabbani and Hossain, 1999; Hosman <i>et al.</i> , 2004; Hossain <i>et al.</i> , 2013; Hossain <i>et al.</i> , 2014; Islam and Biswas, 2015; Kabir and Rashid, 2016; Kabir, 2018a; Kabir, 2018b; Hossain <i>et al.</i> , 2019; Hasan <i>et al.</i> , 2020
Mental health facilities	Need to focus more for human welfare.	Lopez <i>et al.</i> , 2008; Islam and Biswas, 2015; Alam <i>et al.</i> , 2020
Types of mental illnesses	There are many psychiatric illnesses but some are mandatory to know.	Hall and Guyton, 2015; Davidson, 2016; Venes, 2004
Medications and remedies	Psychosomatic drugs are available worldwide.	Baumann <i>et al.</i> , 2004; Davidson, 2016; Kabir, 2022

## CONCLUSION

Knowledge on various psychological issues will help us to know our specific problems. Government and private organizations could work jointly to develop this sector for the mankind. In all medical or health-related organizations could focus the mental issues, and trainings, seminars, conferences, workshops are effective to motivate us to fulfill gaps in this sector. With the physical health, sufficient research funds for the improvement of mental health need to be encouraged to all stakeholders, experts, and researchers. In addition, many yogic postures with stretching exercises are excellent remedies to resolve psychological issues from our body.

## REFERENCES

1. Islam, A. and Biswas, T. 2015. Mental health and the health system in Bangladesh: situation analysis of a neglected domain. *American Journal of Psychiatry Neuroscience* 3(4): 57-62.
2. Adams, A., Ahmed, T., El Arifeen, S., Evans, T., Huda, T., Reichenbach, L. 2013. The Lancet Bangladesh team innovation for universal health coverage in Bangladesh: a call to action. *Lancet* 2013: 62150-62159.
3. Kabir, A. 2023. A rapid review on violence of man and animals in history. *Manipal Alumni Science and Health Journal* 8(2): 134-136.
4. Mathers, C., Fat, D. M., Boerma, J. 2008. The global burden of disease: 2004 update: World Health Organization.
5. Bass, J. K., Bornemann, T. H., Burkey, M., Chehil, S., Chen, L., Copeland, J. R., Eaton, W. W., Ganju, V., Hayward, E., Hock, R. S. 2012. A United Nations General Assembly Special Session for mental, neurological, and substance use disorders: the time has come. *PLoS medicine* 9(1): e1001159.
6. Hock, R. S. or F., Kolappa, K., Burkey, M. D., Surkan, P. J., Eaton, W. W. 2012. A new resolution for global mental health. *The Lancet* 379(9824): 1367-1368.
7. Gausia, K., Fisher, C., Ali, M., Oosthuizen, J. 2009. Antenatal depression and suicidal ideation among rural Bangladeshi women: a community-based study. *Archives of women's mental health* 12(5): 351-358.
8. Hossain, M. D., Ahmed, H. U., Chowdhury, W. A., Niessen, L. W., Alam, D. S. 2014. Mental disorders in Bangladesh: a systematic review. *BMC psychiatry* 14(1): 216.
9. Rabbani, M. and Hossain, M. 1999. Behavior disorders in urban primary school children in Dhaka, Bangladesh. *Public health* 113(5): 233-236.
10. Hasan, M. T., Hossain, S., Gupta, R. D., Podder, V., Afroz Mowri, N., Ghosh, A., et al. 2020. Depression, sleeping pattern, and suicidal ideation among medical students in Bangladesh: a cross-sectional pilot study. *Journal of Public Health*. <https://doi.org/10.1007/s10389-020-01304-0>.
11. Hossain, S., Anjum, A., Uddin, M. E., Rahman, M. A., Hossain, M. F. 2019. Impacts of socio-cultural environment and lifestyle factors on the psychological health of university students in Bangladesh: a longitudinal study. *Journal of Affective Disorders* 256: 393-403.
12. Chowdhury, A. K., Salim, M., Sakeb, N. 1975. Some aspects of psychiatric morbidity in the out-patient population of a general hospital. *Bangladesh Medical Research Council Bulletin* 1: 51-59.
13. Hossain, K. T., Sumon, M., Rashid, S. 2013. Violence against women: nature, causes and dimensions in contemporary Bangladesh. *Bangladesh e-journal of Sociology* 10(1).
14. Kabir, M. A. 2018b. A study on common psychological problems in intermediate college students in the perspective of Bangladesh. *Health Research* 1: 16-24.
15. Kabir, M. A. and Rashid, M. H. 2016. Drug addiction—its causes, symptoms and remedies. *Journal of Research in Humanities and Social Sciences* 1(1): 1-4.
16. Kabir, A. 2018a. Bad habits in our daily life and its solution. *CPQ Medicine* 1(6): 1-3.

17. Alam, F., Hossain, R., Ahmed, H., Alam, M., Sarkar, M., Halbreich, U. 2020. Stressors and mental health in Bangladesh: current situation and future hopes. *BJPsych International* 2020: 1-4.
18. Lopez, M., Coleman-Beattie, B., Jahnke, L., Sanchez, K. 2008. Connecting body and mind: a resource guide to integrated health care in Texas and the United States. Retrieved from Hogg Foundation for Mental Health: Services, Research, and Policy & Education.
19. Baumann, P., Hiemke, C., Ulrich, S., Eckermann, G., Gaertner, I., Gerlach, M., Kuss, H., Laux, G., Muller-Oerlinghausen, B., Rao, M. 2004. The AGNP-TDM expert group consensus guidelines: therapeutic drug monitoring in psychiatry. *Pharmacopsychiatry* 37(6): 243-265.
20. Davidson, S. 2016. *Davidson's Principles & Practice* (22nd edn.). Reed Elsevier India Private Limited. 1372 pp.
21. Kabir, A. 2022. A mini review on pain: definition, interesting facts, types, and management. *Journal of Steroids & Hormonal Science* 13(4): 1-3.
22. Venes, D. 2004. *Taber's Cyclopedic Medical Dictionary* (vol. 1 and 2). F. A. Davis Company, Philadelphia.
23. Hall, J. E. and Guyton, A. C. 2015. *Textbook of Medical Physiology: A South Asian Edition*. Reed Elsevier India Private Limited. 907 pp.