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**Abstract:** *The aim of the study is to assess the Prevalence of Psychological Disorders in the district of South Waziristan, Pakistan, across Genders in the general population of the community. Using Stratified Sampling, the cross-sectional study was conducted in Serwakai Tehsil of District South Waziristan, Pakistan. The questionnaires Symptoms Checklist-Revised (SCL-R), Drug Abuse Screening Test (DAST-10), Drug Abuse Screening Tool- 10 Items (DAST-10), and The Young Mania Rating Scale (YMRS) were administered. For the screening of the participants, a Demographic sheet and Patient Health Questionnaire-9 (PHQ-9) were used. The total sample for the study was n= 707. Participants from all of the villages of Sarwekai Tehsil are young adults ranging in age from 18 to 35. The study concluded that depression and Mania are the prevailing disorders in the community of South Waziristan. It is prevalent in the same ratio as in other areas around the world. So, there is a serious need for attention to provide Psychiatric and Psychological services for the community of this area as these services are not provided in any Tehsil of the District.*

**Key Words:** Psychological Disorders, Depression, Mania, Young Adults, Waziristan, Gender Differences

## Introduction

According to general perception, mental illnesses account for 14% of the global burden of disease. Mental diseases account for four out of the ten main causes of disability in developed countries. Furthermore, they are the most incapacitating conditions, especially in low- and middle-income countries (LAMIC), which may be the least equipped to handle such burdens. In every country, mental illnesses are common, though their prevalence varies greatly. In many countries, over 33 percent of people eventually meet the requirements to be diagnosed with a mental illness. Many people suffer from the negative consequences of multiple mental health conditions at the same time (Gustavson et al., 2017).

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Globally, mental health disorders are viewed as serious social problems that require aggressive treatment. Although it is estimated that between 30% and 50% of the population suffers from some form of mental illness (Mackenzie et al., 2006), studies have found that the prevalence of mental disorders varies by country, with estimates of 10.1% in Canada, 18.5% in the US, and 38.2% in Europe (Pearson et al., 2013). Mental problems have also been reported to be more common in Muslim countries. One-fifth of Saudi Arabian primary-care patients (Alamri, 2016). Mental problems were reported to affect 17% of the

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general population in Egypt (Ghanem et al., 2009), the majority of patients in the United Arab Emirates (Aziz et al., 2023). At least 10 million Indians suffer from serious mental diseases, according to studies conducted in the country (Khandelwal et al., 2004). According to Mirza and Jenkins (2004), who cited 20 studies conducted in Pakistan, 33% of Pakistanis suffer from depression, with women more likely than males to suffer from it.

Despite security threats, Pakistan is a non-industrialized country where people are currently dealing with a political, economic, and social crisis. It is evident that social, political, and financial instability, as well as feelings of general uncertainty, cause anguish that has a real impact on an individual's mental health. Print and digital media have raised awareness of psychological problems and psychiatric diseases in the general public over the past 20 years. According to "Pakistan Today," 50 to 60 individuals regularly attend the psychiatric office in medical clinics, indicating that psychological issues are on the rise and that mental illnesses are reaching alarming proportions. Furthermore, according to the Human Rights Commission of Pakistan's (HRCP) study, 34% of the nation's population suffers from some kind of mental sickness (Naveed, et al., 2020). The present study aimed to assess the Prevalence of Psychological Disorders in the district of South Waziristan, Pakistan, across Genders in the general population of the community.

### Objectives of the Study

The following were the objectives of the study.

1. To find out the prevalence rate of Common Mental Disorders in the general population of South Waziristan
2. To find out the Gender Differences in Common Mental Disorders in the general population of South Waziristan

### Significance of the Study

The current study sheds light on the need for counseling services in Waziristan, which are lacking even in the South Waziristan Tribal District (SWTD). The goal is to tell the local administration about the need for counseling services to support and improve the mental health of Waziristan's population by examining these prevalent mental health issues. Just as important as first aid and appropriate treatment following an accident are psychological first aid and counseling following a traumatic event, such as a war or any natural disaster. The value of counseling is widely recognized in Western nations, but in Pakistan, particularly in tribal areas, there hasn't been much awareness of the significance of mental health issues for the populace.

### Literature Review

#### Depression

Mental health conditions such as depression, stress, and anxiety are factors that affect seniors' financial well-being, self-destruction, and a host of other real problems. Considering the importance of the problem and the growing number of elderly people in this country, researchers decided to investigate the levels of stress, anxiety, and depression in the ancient welfare habitats of Khoy, Iran. Methods: This cross-sectional study was conducted on 383 elderly people who were mentioned in Khoy County's wellness initiatives. This analysis used a random cluster sampling technique, in which each medical service is viewed as a cluster (Zahidie & Jamali, 2013). Stress, depression, and anxiety disorders are more common in elderly people. Additionally, certain characteristics such as training, housing, illness, and marital status have an impact on stress, anxiety disorders, and depression. In this sense, these angles need more attention. Additionally, appropriate measures should be implemented to improve elderly people's emotional well-being (Babzadeh et al., 2016).

#### Bipolar Mania

Bipolar disorder is a severe mental illness that frequently manifests as psychotic symptoms in addition to manic and depressed episodes. Bipolar disorder is a mental illness that results in periods of intense mood swings, including highs and lows (Nivilo et al., 2012). Being unemployed, separated or alone, and being younger were all essentially linked to a higher prevalence of bipolar disorders (BPD). The lifetime



comorbidity rates for BSD and at least one other mental illness or condition of being were 51% and 45%, respectively. The two mental health conditions that BSD most frequently co-occurred with were chronic agony and obsessive-compulsive disorder. Individuals who test positive for a neurological condition and have homogeneous cerebrum damage differ slightly from those who test negative. According to Carta et al. (2020), the results are consistent with the idea that energy includes a bipolar range of clinical and general well-being interests, including sub-edge bipolar instances that do not meet the analytic criterion for BD (Subramaniam et al., 2020).

### Drug Use Disorder

A treatable mental illness, substance use disorder (SUD), or Drug use Disorder impairs a person's brain and behavior, making it difficult for them to control their use of drugs, alcohol, or prescription pharmaceuticals, whether legal or illicit. Sherman et al. (2005) found that Among Lahore's road kids, drug use is a major coping mechanism that is linked to a variety of behaviors. It is anticipated that designated programs would fulfill their requirements.

### Research Methodology

Positivism research Philosophy was used. Therefore, researchers adopted the quantitative method because the result was interpreted in numeral form. As per the Pakistan Bureau of Statistics (2017), there are 675,215 residents in SWTD, Khyber Pakhtunkhwa. A sample of 707 individuals between the ages of 18 and 35 years was taken using a stratified sampling technique. Patient Health Questionnaire-9 (Kroenke et al., 2001) was used to assess the major depressive disorder and detection of severity of major depressive disorder. The Symptoms Checklist-Revised (Rehman et al., 2009) was used, which comprised six scales, including Depression, Somatoform, Anxiety, Obsessive Compulsive Disorder, Schizophrenia, and Level of Frustration Tolerance (LFT). To find out the drug abuse disorder, the researcher employed the Drug Abuse Screening Tool (DAST) (Skinner, 1982). The validation of the tool was completed through experts, whereas the Cronbach Alpha (reliability) of PHQ-9, DEP-24, YMRS-11, and DAST-10 was estimated at .73, .84, .71, and .68, respectively. Prior to data collection, participants' informed consent was acquired. Participants received assurances of the privacy of the information and data.

### Results and Discussion

**Table 1**

*Frequency (f) and percentage (%) of the Prevalence of Common Mental Disorders*

Physical Illnesses in Family	Frequency	Percentage
Yes	125	23.8
No	400	76.2
<b>Types of Physical Illness running in the family</b>		
Heart Disease	15	12.0
Blood Pressure	16	12.8
Physical Disability	17	12.6
Arthritis	9	7.2
Diabetes	26	20.8
Others	42	33.6
<b>Psychological Illness in Family</b>		
Yes	92	17.5
No	433	82.5
<b>Type of Psychological Illness Running in Family</b>		
Intellectual Disability	16	17.39
Depression	33	35.87
Schizophrenia	16	17.39
OCD	8	8.69
Others	19	20.65

General Home Environment		
Healthy	206	39.2
Satisfactory	266	50.7
Unsatisfactory	30	5.7
Distressing	23	4.4

The majority of these participants, 433 (82.5%), have no family history of psychological disorders. However, 92, or 17.5%, did report having some kind of psychological disorder. Of the participants, 16 (17.39%) reported that they had family members with intellectual disabilities, 33 (35.87%) reported that they had family members with depression, 16 (17.39%) reported that they had family members with schizophrenia, 8 (8.69%) reported that they had family members with OCD, and 19 (20.65%) reported other psychological disorders. A healthy home environment is present in the majority of individuals. Of these, 206 individuals (30.2%) reported a healthy home environment, 266 participants (50.7%) reported a tolerable home environment, 30 participants (5.7%) reported an unsatisfactory home environment and 23 participants (4.4%) reported a disturbing home environment.

**Table 2**

Frequency (f), Percentage (%) of Demographics of the Participant of Depression

Physical Illnesses in Family	Frequency	Percentage
Yes	42	27.5
No	111	72.5
Types of Physical Illness running in the family		
Heart Disease	5	11.90
Blood Pressure	5	11.90
Physical Disability	9	21.42
Kidney Issues	3	7.14
Diabetes	10	23.80
Asthma	4	9.52
Others	37	88.09
Psychological Illness in Family		
Yes	43	28.1
No	110	71.9
Type of Psychological Illness Running in Family		
Bipolar	4	9.31
Depression	15	34.88
Schizophrenia	8	18.61
Others	16	37.20
General Home Environment		
Healthy	50	32.7
Satisfactory	70	45.8
Unsatisfactory	18	11.8
Distressing	15	9.8

Although the majority of these sad participants did not identify any family members having physical ailments, 42 (27.5%) did report some kind of physical sickness. Five (11.90%) of the participants reported that they had family members with heart disease, five (11.90%) reported that they had family members with blood pressure, nine (21.42%) reported that they had physical disabilities, three (7.14%) reported kidney diseases, ten (23.8%) reported diabetes, four (9.52%) reported heart disease and 37 (88.09%) reported other physical illnesses. Although the majority of these sad participants did not report having a family history of psychological disorders, 43 (28.1%) did report having some kind of psychological disorder. Participants stated that four (9.31%) had a family member with bipolar disorder, fifteen (34.88%) had a family member with depression, eight (18.61%) had a family member with schizophrenia, and sixteen



(37.20%) had a family member with another psychological disorder. The home environments of the majority of individuals are healthy. Fifty individuals (32.7%) reported a healthy home environment, 70 participants (45.7%) reported a tolerable home environment, 18 participants (11.8%) reported an unsatisfactory home environment, and 15 participants (9.8%) reported a disturbing home environment.

**Table 3**

*Frequency (f), Percentage (%) of Demographics of the Participant of Mania*

Characteristics	Frequency	Percentage
<b>Type of illness of the participant</b>		
Total	302	
Yes	81	26.8
No	221	73.2
Depression	21	25.92
Stomach Issues	6	7.42
Typhoid	3	3.70
Hepatitis	3	3.70
Blood Pressure	4	4.94
OCD	2	2.47
Others	42	51.85

The majority of these manic participants, 221 (73.2%), have not reported any medical or mental health issues, while 81 (26.7%) have. Twenty-one (24.92%) participants reported depression, six (7.42%) reported stomach issues, three (3.70%) reported typhoid, three (3.70%) reported hepatitis, four (4.94%) reported blood pressure, two (2.74%) reported obsessive-compulsive disorder, and forty-two (51.85%) reported other physical and mental illnesses.

**Table 4**

*Frequency (f), Percentage (%) of Demographics of the Participant of Drug Use*

Characteristics	Frequency	Percentage
<b>Type of Illness of the Participant</b>		
Total	6	
Yes	5	83.3
No	1	16.7
Depression	2	40.00
Hemorrhoids	1	20.00
Intellectually Disabled	2	40.00

Table 4 indicates that there are five patients who have physical illnesses, which 2 participants were found to be depressed, 1 participant was found to have Hemorrhoids, and 2 participants were found intellectually disabled due to drug use.

**Table 5**

*Prevalence of Psychological Disorders among South Waziristan Population Across Gender Lines*

Variables	Male		Female		T	p	95%CI		Cohen's d
	M	SD	M	SD			LL	UL	
PHQ-9	9.97	4.15	10.20	4.14	.60	.54	-.99	.52	-.23
DEP	36.11	6.52	35.94	7.29	.14	.88	-2.04	-2.37	.16
YMRS	24.28	4.00	24.55	4.16	.52	.59	-1.28	.73	-.27
DAST-10	6.20	1.64	6.00	0.00	.11	.90	-4.80	5.20	.20

Males and females do not differ in the prevalence of common mental disorders, according to the Independent Sample t-test, which revealed non-significant test results. 352 (67.04%) of the identified cases were men with M=9.97 and SD=4.15, while 173 (32.95%) were women with M=10.20 and SD=4.14.

Depression test results were shown to be non-significant by the Independent Sample t-test, indicating the prevalence of depression does not differ between males and females. Of the identified instances of depression, 83 (54.25%) were male ( $M=36.11$  and  $SD=6.52$ ), while 70 (45.75%) were female ( $M=35.94$  and  $SD=7.29$ ). The prevalence of Mania does not significantly differ between males and females, according to the Independent Sample t-test, which also revealed non-significant test findings for Mania. Additionally, 213 (70.53%) of the identified cases of depression were men with  $M=24.28$  and  $SD=4.00$ , whereas 89 (29.47%) were women with  $M=24.55$  and  $SD=4.16$ . There is no significant difference in the prevalence of drug use between males and females, according to the Independent Sample t-test, which also revealed non-significant test findings for drug use. Additionally, 5 (83.33%) of the diagnosed drug abusers were men with  $M=6.20$  and  $SD=1.64$ , while 1 (16.67%) were women with  $M=6.00$  and  $SD=0.00$ .

## Discussion

The findings of the study revealed that the most common disorders in the South Waziristan community are mania and depression. It is as common as it is in other parts of the world. Given that no Tehsil in the District offers psychiatric or psychological care, there is an urgent need to provide these services to the local population. Hussain (2018) found similar results. He found that the prevalence of mental disorders in Pakistan. A sample of 3,500 individuals was judiciously selected from several important Pakistani cities, including Islamabad, Rawalpindi, Peshawar, Abbottabad, and Lahore. Of the members, 38% had a propensity for a major burdensome disorder. According to current research, a larger percentage of understudies were unemployed and had a place with center financial status, indicating that low financial status or monetary requirements contribute to the development of serious, burdensome disorders in Pakistani society. Furthermore, characteristics that are strongly associated with Pakistani culture may be explained by political constraints or the threat of violence.

## Conclusion and Recommendation

The study concluded that the majority of individuals (18 to 35 years) suffer from depression, which is fairly common, and over 42% of them experience manic symptoms. The provision of psychological and psychiatric care is critically needed to address these issues in the community. The study recommended that Counseling and rehabilitation programs be started by the government and non-government organizations about coping strategies for depression and other psychological disorders.

## Implications

The present study has some practical implications. The need for more sustainable and easily available mental health care may be indicated by a high incidence of mental disorders. While drug use problems tend to be more common in men, mood and anxiety disorders are more common in women. Genetics, family history, life events, and biological variables, including brain chemical imbalances, can all raise the risk of mental illness.

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