

MLS PSYCHOLOGY RESEARCH

<https://www.mlsjournals.com/Psychology-Research-Journal>

ISSN: 2605-5295



How to cite this article:

Rivas Huaman, R. G. (2020). Mental Disorders in Patients from Outside Medical Doctor Offices from the Hospital "Jose Agurto Tello". *MLS Psychology Research* 3 (2), 27-42. doi: 10.33000/mlspr.v3i1.516

MENTAL DISORDERS IN PATIENTS FROM OUTSIDE MEDICAL DOCTOR OFFICES FROM THE HOSPITAL "JOSE AGURTO TELLO"

Rolly Guillermo Rivas Huaman

Ministry of Women (Peru)

guillermorivash500@gmail.com · <http://orcid.org/0000-0003-3635-0371>

Abstract. Many people visit the doctor regularly for presenting some difficulty or physical ailment, and almost never visit the psychologist. The objective of this research was to determine the percentage of the population that, in addition to presenting physical ailments, also presents symptoms of mental disorders, and yet does not seek psychological support. A descriptive non-experimental cross-sectional study was designed, with a sample of 220 patients from outpatient medical offices, where only people over 18 years of age were considered. The instrument used was the Self-Reporting Questionnaire (SRQ) designed by the WHO, validated and promoted by the Pan American Health Organization (PAHO) and also applied by the Ministry of Health of Peru (2009). The results found that 30% had anxiety symptoms, 23.9% had depressive symptoms, 17.9% had psychotic symptoms, 5% had seizure experiences and lastly 10.1% had problems with alcoholism. It is evident that women show symptomatic supremacy except in alcoholism disorder, where men obtain a higher percentage of symptoms. It is concluded that many people who present ailments or physical difficulties can also present symptoms of mental disorder, therefore they also require psychological attention.

Key words: Anxiety, depression, psychosis, disorder convulsive, alcoholism

TRASTORNOS MENTALES EN PACIENTES DE CONSULTORIOS EXTERNOS DE MEDICINA DEL HOSPITAL "JOSE AGURTO TELLO"

Resumen. Muchas personas visitan regularmente al médico por presentar alguna dificultad o dolencia física, y casi nunca visitan al psicólogo. La presente investigación tuvo como objetivo conocer el porcentaje de la población que además de presentar dolencias físicas también presentan síntomas de trastornos mentales, y sin embargo, no buscan apoyo psicológico. Se diseñó un estudio descriptivo no experimental transversal, con una muestra de 220 pacientes de consultorios externos de medicina, en donde se consideró solo a personas mayores de 18 años. El

instrumento utilizado fue el Self-Reporting Questionnaire, (SRQ) diseñado por la OMS, validado y fomentado por la Organización Panamericana de la salud OPS y además también aplicado por el Ministerio de salud de Perú (2009). En los resultados se halló que el 30% presentan síntomas de ansiedad, el 23.9% presentó síntomas depresivos, el 17.9% presento síntomas psicóticos, el 5% tuvo experiencias convulsivas y por último el 10.1% presenta problemas con el alcoholismo. Se evidencia que las mujeres presentan supremacía sintomática salvo en el trastorno de alcoholismo, donde los hombres obtienen mayor porcentaje sintomático. Se concluye que muchas personas que presentan dolencias o dificultades físicas, también pueden presentar síntomas de trastorno mental, por lo tanto también requieren de atención psicológica.

Palabras clave: Ansiedad, depresion, psicosis, trastorno convulsivo, alcoholismo.

Introduction

Mental or psychological disorders are becoming more and more a serious problem. According to the Pan American Health Organization (PAHO, 2005), by 1993, mental illness was responsible for 8.1% of the global burden of disease, a percentage that even exceeded tuberculosis, cancer, or heart disease, and this was done in reference to the cost and suffering caused by all diseases together. A very approximate figure of 8% corresponds to Latin America and the Caribbean. The prevention, care and rehabilitation of people affected by mental disorders are becoming a health problem in Latin America, as stated by Kohn et al. (2005) that by 1990 psychiatric care reached 8.8%, by 2002 that amount had more than doubled (22.2%), this indicates that the demand for mental health care is increasing. The World Health Organization, already for the year (2013) stated that only depression represents 4.1% of the global burden of disease. This indicates that, adding the other disorders such as anxiety, psychosis, alcoholism, etc., the percentage would be much higher.

On the other hand, the issue becomes even more complicated if it is considered that many people suffer from mental disorders and yet they do not consider it that way, since they do not know the symptoms of the disorder, or in any case they resist receiving professional psychological help (Díaz - Cruz, Bethencourt and Peñate, 2004). I agree with the reflection of Nizama-Valladolid (2015) who argues that we live in a society with extreme individualism, family anomie, corruption and social violence, which end up affecting the population, thus generating the risk of acquiring alterations in mental health or even worsen the disorders they already have. Nizama-Valladolid continues with his reflection and affirms that the origin of mental disorders can be multifactorial, that is, it ranges from alterations in the genome to social dysfunctions, interacting with each other. Likewise, this situation is badly influenced by the media that promote hedonism, debauchery, and compulsive connectivity.

Mental disorders

The World Health Organization (WHO, 2006) affirms that defining a mental disorder is difficult since there is no single diagnosis or clinical picture, but rather a group of disorders with some traits in common. However, we find Taipe, Lajo and Huamani (2012) who affirm that mental disorders are diseases that cause great disability and decrease the quality of life, in addition to reducing the ability to produce economic resources in people who suffer from it. They also ensure that many of these people who suffer from this disease live in low and middle-income countries, therefore they do not receive the necessary attention from the health services. On the other hand, Ortiz de Zarate, Alonso, Ubis and Ruiz de Azúa (2010) state that mental illness is generally characterized by a long course with recurrences and sometimes progressive deterioration. These relapses are the ones that usually cause increasingly long and deteriorating

hospital admissions. The same progressive deterioration contributes to the sociocultural dislocation of the person, social isolation and as a consequence it becomes an added risk factor for the appearance of new crises. The Ministry of Health and Social Policy (2009) refers that mental disorders mean a long time, at the same time that they generate disability and social dysfunction and that they must be cared for by psychiatric and social care resources. To complement the idea, we found Jiménez (2000) who made a bibliographic review on the subject, and mentions that mental disorders can be differentiated by groups, thus having organic mental disorders, sleep disorders, eating disorders, sexual dysfunctions, neurotic disorders and secondary to stressful situations, non-organic psychotic mental disorders, psychotropic substance use disorder (alcohol use) and affective disorders. In the present study, we focus on the last three groups of mental disorders mentioned, whose symptoms are considered in the SRQ instrument used in the present investigation.

Puertas, Ríos and Del Valle (2006) found in a sample of 878 people in Colombia that a 27.2% suffered from a common mental disorder, 11.3% acknowledged having had suicidal thoughts in the last 30 days and 13.6% acknowledged having some problem with alcohol, it was also found that women had higher rates in the presence of pathology compared to men with 31% and 20%, respectively.

Following this same line, for a few decades, various investigations had already been carried out in Lima and its districts, for example Minobe, et al. (1990) in Lima found that 9.7% suffered from major depression, 3.4% dysthymia, 0.6% schizophrenia, 18.6% alcohol dependence and / or abuse, and 32.1% had a history at some point in their life in relation to any mental illness. On the other hand, according to Pérez (2008) the mental health situation in Peru, according to the statistics, were the following: in Metropolitan Lima the prevalence in depression is 18.2%, in the Sierra 16.2%, and in the Jungle 21.4%. We also find Saravia (2010) director of the Gestalt Institute of Lima, who states that eight out of ten cases of suicides could be avoided if they were detected in time. It is evident that the current health system is not yet prepared to face the demand for care regarding the mental area that is increasing every day. In this sense, Flores (2011) states that one in four people suffers from a mental disorder at some stage of their life and approximately 450 million human beings around the world suffer from mental or neurological disorders, although very few receive adequate treatment. This also applies to the national context, so the epidemiological studies of the Honorio Delgado - Hideyo Noguchi Specialized Mental Health Institute (2009) confirm these findings in Peru, finding that up to 37% of the general population is likely to suffer a mental disorder sometime in your life. Such is the case of the depression that has been significantly affecting the country, triggering 75% of the suicides that have occurred in recent years.

Vicente, Rioseco, Saldivia, Kohn and Torres (2005) carried out a research work in Chile to determine the prevalence and risk factors of mental illnesses based on a representative sample of its national population, for this they used the CIDI instrument (diagnostic interview international composite). The results were very similar to the results of other investigations carried out in Latin America, finding that 36% of the population has a psychiatric disorder, that is, one in three individuals suffers from a disorder. Rajmil, Gispert, Roset, Muñoz and Segura (1998) investigated the prevalence of mental disorders in the population of Catalonia, in people over 14 years of age, for which they applied the General Health Questionnaire (GHQ-12) test. The results were that 17.42% presented a probable mental disorder, being 18.66% in women and 15.77% in men. The prevalence was higher in women compared to men, in all age groups.

In Peru, research has been carried out for years in various parts of the country, finding similar results, which indicates that it is evident that a large part of the population has suffered some type of mental disorder at some point in their life.

The National Institute of Mental Health Honorio Delgado - Hideyo Noguchi (2002) studied the prevalence of clinical disorders in the general population of Metropolitan Lima, using the following instruments: Mental Health Questionnaire, Quality of Life Index, EMBU (own memory about parenting, translated from English), Mini Mental State Examination, Family Violence Questionnaire, MINI: International Neuropsychiatry Interview Spanish Version ICD - 10, Questionnaire on Determinants of Access to Health Services in Peru and Inventory of Disorders of Eating Behavior. Women were found to suffer from more psychiatric disorders than men. In addition, more than a third of the population (37.3%) have suffered a psychiatric disorder at some time in their life, about a quarter have suffered them in the last 6 months 26.5%, and 23.5% presented it at the time of the survey. As a group, anxiety disorders are the most prevalent. On the other hand, Chero, Figueroa and Luciano (2004) carried out a research work with victims of various emergencies and disasters in Lima, as part of protocolized interventions of the public sector. The goal was to provide a space for emotional expression in a quick and timely manner. For this, a sample of 45 people who were victims of emergencies was used, and the SRQ questionnaire was applied, the results found a 64% affected population with some mental disorder, such as anxiety and depression.

Tapia (1994) affirms that prevalence could be understood etymologically as the quality of something that prevails or express the degree of something that is frequent. On the other hand, Moreno, López and Corcho (2000) affirm that prevalence is a proportion that indicates the frequency of an event. In general, it is defined as the proportion of the population that suffers from the disease under study at a given time.

The Ministry of Health and Social Policy (2009) defines people who suffer from mental disorders as “a group of heterogeneous people, who suffer from serious psychiatric disorders with long-term mental disorders, which entail a variable degree of disability and dysfunction social, and that they have to be cared for through various socio-sanitary resources of the psychiatric and social care network”.

Definition of terms

Alberdi, Taboada, Castro and Vásquez (2006) affirm that depression is a syndrome or grouping of symptoms, susceptible of assessment and ordering, in rational and operative diagnostic criteria. Pathological sadness, decay, irritability, subjective feeling of discomfort, impotence in the face of life's demands.

According to the AUGE magazine of the Chilean Ministry of Health (2013), depression is a mood and mood disorder, which manifests itself through a series of symptoms, including sudden mood swings, irritability, lack of enthusiasm and a feeling of anguish.

Anxiety can be defined as an anticipation of future harm or misfortune, accompanied by a feeling of dysphoria or unpleasant sensation, or somatic symptoms of tension, as stated by the (Ministry of Health and Consumer Affairs, 2008). Likewise, it refers that it manifests itself as an alert signal that warns of an imminent danger and allows the person to adopt the necessary measures to face a threat.

For Díaz (2013), schizophrenia is a serious mental illness that affects some brain functions such as thinking, perception, emotions and behavior, and in terms of its symptoms it is included within psychotic disorders, those in which the patients lose control of reality, therefore when this disorder occurs in the form of outbreaks it is called schizophrenia, and approximately 1% of the world population suffers from this disease regardless of sex, race and social class.

According to MINSAL (2009), epilepsy or seizure disorder is defined as an alteration that affects the Central Nervous System, specifically the cerebral cortex and that manifests clinically as discontinuous events called "epileptic seizures". It is a chronic neurological condition, of high frequency, of episodic manifestation and of diverse etiology. It is estimated that it affects 50 million people in the world. For the Ministry of Health in Chile MINSAL (2009) the prevalence data are from 17 to 10.8 per thousand inhabitants and the incidence of 114 per 100,000 inhabitants per year. In relation to the cumulative incidence, which is the individual risk of developing epilepsy in a given time, in Chile, as well as in the rest of Latin America, this information is unknown.

According to Guardia, Jiménez, Pascual, Flores and Contel (2007), alcoholism is a multifactorial disease that is probably due to an alteration in the functioning of certain brain circuits that intervene in the self-control of the behavior of drinking alcoholic beverages. If the course of this disease is not stopped, its medical, psychiatric and addictive consequences will appear progressively, which will lead the patient to successive relapses and this disease to become chronic.

On the other hand, Guzmán et al (2007) estimate that approximately 50% of the adult population worldwide consumes alcohol, since the data from the last National Addiction Survey (ENA) of Mexico (2011), reported that 55.6% of the population over 18 years of age have consumed alcohol in the last 12 months, likewise, there are dramatic increases in the rate of alcohol consumption in adolescents; in 1998 27% of male adolescents consumed it and by 2002 35%. Regarding women, the figures were 18% to 25% respectively. Another fact that draws attention is that among male adolescents the consumption increased from 5 to more drinks per drinking occasion, from 6.3% in 1998 to 7.8% in 2002. And a notable increase of 2% of adolescents who reported having manifested, in recent years, at least three of the dependency symptoms of the Diagnostic and Statistical Manual of Mental Disorders.

Method

Design

The present research work is a descriptive study, and has a non-experimental, cross-sectional design.

Participants

The sample consisted of 220 outpatients from the "José Agurto Tello" Hospital outpatients. Non-probabilistic convenience sampling was used, which is characterized by being a sampling technique where the elements are chosen at the discretion of the researcher. Being excluded people under 18 years of age and over 65 years of age, people with disabilities to manifest symptoms were also excluded, and people who attended other hospital services were not considered. Regarding the characteristics of the participants, Table 1 shows the particularities, finding that the female gender is the most representative group with a percentage of 69.3%. Regarding age, those who are between 25 and 34 years old present a high percentage (26.1%) followed by 18 and 24 years (20.2%). Likewise, it can be seen that in the population there are more singles (37.6%) as well as married (32.1%) as opposed to widowers (2.3%). On the other hand, there are more patients with completed high school studies (48.1%) in contrast to illiterates (3.7%). Finally, of the sample studied, housewives represent 39.9% followed by independent workers (25.7%).

Instrument

For the present study, the Self-Reporting Questionnaire of Psychiatric Symptoms for adults (SRQ) was used, validated by the Pan American Health Organization and applied by the Ministry of Health (2005). The Self-Reporting Questionnaire-SRQ has been designed by the World Health Organization as part of a collaborative study on strategies to extend mental health services (WHO Collaborative Study to Extend Mental Health Services, Harding T. et al. 1980; Climent, C. and Col, 1981). The questionnaire has several parts: the first 18 questions refer to disorders of mild or moderate intensity, such as depressives, anxiety and others. Eleven or more positive responses in this group determine that the interviewee has a high probability of suffering from mental illness, and therefore is considered a case. Questions 19-22 are indicative of a psychotic disorder; a single positive answer among these four also determines a case. A positive answer to question 23 indicates a high probability of suffering from a seizure disorder. Questions 24 to 28 indicate problems related to alcohol; a positive response to only one of them determines that the patient is at high risk of alcoholism. Any one of these possibilities, or a combination of the three, indicates that it is indeed a “case”.

Process

The administration of the SRQ questionnaire was carried out in person and individually. For two and a half months, every morning, the instrument was applied through the corridors of the medical offices of the “José Agurto Tello” hospital. At the beginning, each person was told what the questionnaire consisted of. The vast majority of outpatients agreed, except in some exceptions where they showed their refusal to answer the questionnaire. The time taken by each person to respond to the survey was approximately 15 minutes. I was close to each participant to make sure they understood each item well and could give a real answer to their symptoms. Once the information was collected with the instrument, the data were processed in SPSS for Windows version 22.0, and previously it had the support of the Microsoft Excel 2010 program.

Results

As a first result, it was found that the most prevalent disorder of the investigated sample is anxiety with 30.7%, followed by depressive disorder that is equivalent to 23.9%. This indicates that the most common and prevalent disorders in outpatients are anxiety and depression, respectively.

Table 1
SRQ items according to dimensions

SRQ	Absence of disease		Presumable presence of disease	
	n	%	n	%
Anxiety	151	69%	67	30.7%

Depression	166	76%	52	23.9%
Psychosis	179	82%	39	17.9%
Convulsive disorder	207	95%	11	5.0%
Alcoholism	196	89%	22	10.1%

As a second result, it can be observed that women (37.1%) have a greater inclination to present anxiety than men (16.7%). In relation to depression, 28.5% of women presume this disease and 83.3% of men indicate absence of depressive symptoms. The 22.5% of women are prone to psychosis, while men (7.6%). Likewise, the female sex had greater experience in seizure disorder (6%) compared to the males (3%); in contrast to alcoholism, where men (22.7%) present higher indicators than women (4.6%)

Table 2.
SRQ indicators by gender

SRQ	Mujer		Hombre	
	n	%	n	%
Ansiedad				
Ausencia de enfermedad	95	62.9%	55	83.3%
Presumible enfermedad	56	37.1%	11	16.7%
Depresión				
Ausencia de enfermedad	108	71.5%	57	86.4%
Presumible enfermedad	43	28.5%	9	13.6%
Psicosis				
Ausencia de enfermedad	117	77.5%	61	92.4%
Presumible enfermedad	34	22.5%	5	7.6%
Trastorno Convulsivo				
Ausencia de enfermedad	142	94%	64	97%
Presumible enfermedad	9	6%	2	3%
Alcoholismo				
Ausencia de enfermedad	144	95.4%	51	77.3%
Presumible enfermedad	7	4.6%	15	22.7%

As a third result, it is extracted that people with an age range between 35 and 44 years are those who present higher percentages in the dimension: anxiety (36.8%), the group 55 years and over were those who present greater depressive symptoms (32.4%). However, it was the group of 35 and 44 years who presented the greatest symptoms for psychosis (23.7%). On the other hand, the age group that presented greater symptoms of seizure disorder was the group 25 and 34 years (8.8%), this same group has higher rates of alcohol consumption, compared to the other groups.

Table 3

SRQ indicators according to age range

SRQ	18-24		25-34		35-44		45-54		55-más	
	n	%	n	%	n	%	n	%	n	%
Ansiedad										
Ausencia de enfermedad	31	70.5%	40	70.2%	24	63.2%	28	70%	23	67.6%
Presumible enfermedad	13	29.5%	17	29.8%	14	36.8%	12	30%	11	32.4%
Depresión										
Ausencia de enfermedad	32	72.7%	41	71.9%	31	81.6%	34	85%	23	67.6%
Presumible enfermedad	12	27.3%	16	28.1%	7	18.4%	6	15%	11	32.4%
Psicosis										
Ausencia de enfermedad	36	81.8%	45	78.9%	29	76.3%	35	87.5%	29	85.3%
Presumible enfermedad	8	18.2%	12	21.1%	9	23.7%	5	12.5%	5	14.7%
Trastorno Convulsivo										
Ausencia de enfermedad	44	100%	52	91.2%	35	92.1%	39	97.5%	32	94.1%
Presumible enfermedad	0	0%	5	8.8%	3	7.9%	1	2.5%	2	5.9%
Alcoholismo										
Ausencia de enfermedad	42	95.5%	49	86%	36	94.7%	35	87.5%	31	91.2%
Presumible de enfermedad	2	4.5%	8	14%	2	5.3%	5	12.5%	3	8.8%

The results indicate in Table 4 that the most representative marital status in the anxiety dimension is the group of cohabitants with 37.2%. However, it is the single who present the greatest depressive symptoms (26.8%). With regard to psychosis, it is the widowers who present the greatest psychotic symptoms with 40%, on the other hand, it is the separated ones who have the greatest experience in seizure disorder with 6.2%, and it is this same group who presents the greatest dependence on alcoholic beverages (12.5 %).

Table 4
SRQ indicators according to marital status

SRQ	Single		Married		Cohabiting		Separated		Widower	
	n	%	n	%	n	%	n	%	n	%
Anxiety										
Absence of disease	57	69.5%	48	68.6%	27	62.8%	8	93.8%	3	60%
Presumed illness	25	30.5%	22	31.4%	16	37.2%	1	6.2%	2	40%
Depression										
Absence of disease	60	73.2%	54	77.1%	33	76.7%	7	87.5%	4	80%
Presumed illness	22	26.8%	16	22.9%	10	23.3%	2	12.5%	1	20%
Psychosis										
Absence of disease	68	82.9%	62	88.6%	30	69.8%	8	93.8%	3	60%
Presumed illness	14	17.1%	8	11.4%	13	30.2%	1	6.2%	2	40%
Convulsive disorder										
Absence of disease	78	95.1%	67	95.7%	40	93%	8	93.8%	5	100%
Presumed illness	4	4.9%	3	4.3%	3	7%	1	6.2%	0	0%
Alcoholism										
Absence of disease	73	89%	66	94.3%	38	88.4%	7	87.5%	5	100%
Presumable illness	9	11%	4	5.7%	5	11.6%	2	12.5%	0	0%

In the last result found, it is estimated that 31.9% of the complete elementary school group experience greater anxiety, compared to the other groups, it can also be observed that this same group presents greater depressive symptoms (50.7%). Likewise, this group of complete elementary school presents high psychosis indicators 25.4%. However, it can be seen that it was the group of higher education who presented the greatest symptoms of seizure disorder with 8.9%. Finally, the complete primary group was the one who presented the greatest dependence on alcohol with 13.4%.

Table 5
SRQ indicators according to level of education

SRQ	Incomplete primary		Complete primary		Completed secondary		Complete superior	
	n	%	N	%	n	%	n	%
Anxiety								
Absence of disease	6	71.4%	24	68.1%	75	70.3%	40	71.4%
Presumed illness	2	28.6%	19	31.9%	30	29.7%	16	28.6%
Depression								
Absence of disease	6	71.4%	21	49.3%	86	79.1%	47	83.9%
Presumed illness	2	28.6%	22	50.7%	19	20.9%	9	16.1%
Psychosis								

<i>Absence of disease</i>	7	92.8%	32	74.6%	93	83%	42	75%
<i>Presumed illness</i>	1	7.2%	11	25.4%	12	17%	14	25%
<hr/>								
Convulsive disorder								
<i>Absence of disease</i>	8	100%	38	92.8%	104	99.5%	51	91.1%
<i>Presumed illness</i>	0	0%	5	7.2%	1	0.5%	5	8.9%
<hr/>								
Alcoholism								
<i>Absence of disease</i>	8	100%	37	86.6%	96	89.8%	51	91.1%
<i>Presumable illness</i>	0	0%	6	13.4%	9	10.2%	5	8.9%

Discussion

In response to the general objective set at the beginning of the research, it was found that the most prevalent mental disorder was anxiety, followed by depressive disorder. This can be corroborated in a research work carried out by Grau, Suñer, Abolí and Comas (2003) where they found that anxiety was the most prevalent disorder, followed by depression; However, with a variation, but at the same time very similar, Balanza, Morales and Guerrero (2009) found that depression was the most prevalent disorder followed by anxiety.

According to the results found, regarding the anxiety dimension, it was found that the female gender, characterized in its majority by being housewives, present their own anxiety indicators, which are expressed by feelings of tension, boredom and nervousness. Further, this is corroborated with the research carried out by Valdez and Salgado (2004), where it was found that women are the ones who have the highest index of nervousness, tension, anguish or anxiety. Additionally, those adults between the ages of 35 and 44 who completed elementary school, characterized by being cohabiting, are located in this descriptive category of anxiety. It can also be seen that the complete superior group has frequent headaches, sleeps poorly and is easily scared, the same as that found by Martínez and Sánchez (1992) in a university population, where it was found that 91.9% of students was experiencing headaches.

Regarding the dimension of depression, it was found that the female gender felt sadder and had more tendency to cry frequently, compared to the male gender; We can see that Hall (2003) also found that women had twice the sadness compared to men, it can also be seen that the 35-44 age group are the ones who had the greatest difficulties in their daily life, in addition to feeling sad and having difficulty making decisions, while the single group has a high percentage, compared to the other marital status groups, of feeling sad. Likewise, singles are the ones with the highest percentage in wanting to end their life, this indicates that in difficult situations the group of singles would be willing to end their life, while married people would not reach this decision. We can corroborate this in the research work carried out by the National Institute of Statistics and Geography INEGI (2011) in Mexico, finding that the group of singles is the highest with respect to suicides. Likewise, Muños, Vega, Mendoza and Muños (2005) found that the single group is the one that presents the greatest suicide attempts.

Regarding the dimension of psychosis, women, mostly housewives, tend to feel more important than what others think, in addition to having noticed interference in their thinking, with respect to men, as confirmed by Rajmil, Gispert, Roset, Muñoz and Segura (1998) who

found greater symptoms of this disorder in women, however, in contrast the MINSAL of Chile found that men are more likely to present some mental disorder; in the same way, Paz et al. (1999) say that it is men who are more likely to have a mental disorder. On the other hand, it is observed that the age group of 35-44 years is located in this characteristic. Another important detail regarding marital status is that widowers are the ones who, in a greater percentage, hear voices without knowing where they come from, and those who have completed primary school feel that someone has tried to hurt them in some way.

Regarding the seizure disorder dimension, it was found that women are the ones with the highest percentage of having had seizures at some point in their life, however, De la Cruz, Zapata, Delgado and Mija (2014) found that it is men who have a higher incidence, to experience convulsive situations. Furthermore, it is the group of cohabitants that has the highest incidence.

Regarding the dimension of alcoholism, it is men between 25 and 34 years of age who present the greatest difficulty with respect to this dimension, in the same way the Ministry of Health of Argentina (2011) found that it is men who have the greatest trend towards alcoholic beverages. On the other hand, the National Survey of Addictions ENA in Mexico (2011) corroborated these data, since it found that young adolescents are the ones who present the highest alcohol consumption, considering that in that country the consumption in minors is still a lot more serious than in our country, hence the difference in statistics with respect to age ranges.

Conclusions

The hope is that the results obtained in the present investigation will increase awareness about the need to complement medical care with psychological care. The relationship between these two disciplines could be supported by two factors: first, that a mental disorder could generate a physical illness or disease, and second, that a certain physical illness could generate a mental disorder. In the present empirical study and also in the various research works it can be corroborated that almost a third of the population, at the national level, and coincidentally also at the international level, suffers from some type of mental disorder, which is alarming. Second, that in light of the research carried out, it is necessary to implement in health institutions the psychological screening evaluation, in a systematic way, in the various sectors of the population, so that people with results of presumed mental illness, are undergo a second personalized psychological evaluation, to achieve a more accurate diagnosis, and in this way start a process of psychological therapy for their recovery. A final conclusion that arouses our interest for further research is that, adding the groups of married, cohabitating, separated and widowed, we find that 18% present symptoms of mental disorder and are also parents, which indicates that they also parents in general should be screened for mental disorders, and given appropriate treatment if necessary, to safeguard the mental and emotional health of children.

References

- Alberdi, J., Taboada, O., Castro, C., y Vásquez, C. (2006) Depresión. Guías clínicas. Retrieved from <http://www.scamfyc.org/documentos/Depresion%20Fisterra.pdf>
- Balanza, S., Morales, I. y Guerrero, J. (2009). Prevalencia de ansiedad y depresión en una población de estudiantes universitarios: factores académicos y socio familiares

- asociados, *Madrid*. 20(2). Retrieved from http://scielo.isciii.es/scielo.php?pid=S1130-52742009000200006&script=sci_arttext&tlng=pt.
- Chero, E., Figueroa, D. y Luciano, R. (2004). Emergencias y desastres en el cono este de Lima: experiencias de intervención en salud mental. *Revista de Psiquiatría y Salud Mental Hermilio Valdizan*, 5(1), 57- 67.
- De la Cruz, W., Zapata, W., Delgado, J. y Mija, L. (2014). Estado epiléptico convulsivo en adultos atendidos en el Instituto Nacional de Ciencias Neurológicas de Lima, 2011-2013. *Revista Psiquiátrica*, 77(4), 236-241. Retrieved from http://www.scielo.org.pe/scielo.php?pid=S003485972014000400006&script=sci_abstract
- Díaz-Cruz, Francisco, & Bethencourt Pérez, Juan M., & Peñate Castro, Wenceslao (2004). Prevalencia de los trastornos mentales en la isla de Tenerife. *Revista de la Asociación Española de Neuropsiquiatría*, (90),21-39. Retrieved from <https://www.redalyc.org/articulo.oa?id=2650/265019660003>
- Díaz, M. (2013). *Afrontando la esquizofrenia. Guía para pacientes y familiares*. Hospital clínico San Carlos. Madrid: Universidad Complutense de Madrid.
- Encuestas Nacional de Adicciones ENA (2011) Metodología y consideraciones sobre el análisis de tendencias. México. Retrieved from https://encuestas.insp.mx/ena/ena2011/ENA_Metodologia_04Nov2012.pdf
- Flores, M. (2011). Los trastornos mentales relacionados a la edad reproductiva de la mujer: una nueva propuesta en el campo de la salud mental. *Artículo de revisión Instituto nacional de peritonología Isidro Espinoza de los Reyes*, 147, 33-37. Retrieved from <http://www.medigraphic.com/pdfs/gaceta/gm-2011/gm111e.pdf>
- Guardia, J., Jiménez, M., Pascual, P., Flores, G. y Contel, M. (2007). *Guía clínica basada en la evidencia científica SOCIDROGALCOHOL*. Segunda edición. España. Retrieved from <http://www.descentralizadrogas.gov.co/wp-content/uploads/2015/02/Alcoholismo-Guias-clinicas-basadas-en-evidencia.pdf>
- Guzmán, F., Pedrao, L., Rodriguez, L. Lopez, K. y Esparza, S. (2007). Trastornos por consumo de alcohol en adolescentes y jóvenes marginales de bandas juveniles en México, *Revista de enfermería*, 11(4), 611-618. Retrieved from http://www.scielo.br/scielo.php?pid=S1414-81452007000400009&script=sci_arttext
- Grau, A., Suñer, R., Abuli, P. y Comas, P. (2003). Niveles de ansiedad y depresión en enfermos hospitalizados y su relación con la gravedad de la enfermedad. *120*(10), 370-375. Retrieved from <http://www.sciencedirect.com/science/article/pii/S0025775303737075>.
- Hall, V. (2003). *Depresión: Fisiopatología y tratamiento*. Costa Rica: Centro nacional de información de medicamentos. Retrieved from <http://sibdi.ucr.ac.cr/boletinespdf/cimed7.pdf>
- Instituto Especializado de Salud Mental "Honorio Delgado - Hideyo Noguchi" (2002). *Estudio epidemiológico metropolitano de salud mental, informe general*. Anales de Salud Mental XVIII, (1 y 2), Perú. Retrieved from <http://www.insm.gob.pe/investigacion/archivos/estudios/2002-ASM-EESM-M/files/res/downloads/book.pdf>
- Instituto Especializado de Salud Mental "Honorio Delgado – Hideyo Noguchi (2009) Estudio epidemiológico de la salud mental en la selva rural. *Anales de Salud Mental XXVIII*,

- suplemento 2. Retrieved from <http://www.insm.gob.pe/investigacion/archivos/estudios/2009-ASM-EESM-SR.pdf>
- Instituto Nacional de Estadística y Geografía, INEGI. (2011). *Estadísticas de suicidios de los Estados Unidos Mexicanos 2011*. Retrieved from http://www.inegi.org.mx/prod_serv/contenidos/espanol/bvinegi/productos/continuas/sociales/suicidio/2011/702825047436.pdf
- Jiménez Herrero, F. (2000) Bibliografía Geriátrica. *Revista Española de Geriatria y Gerontología*, 35(1), 59 – 60. Retrieved from <https://www.elsevier.es/es-revista-revista-espanola-geriatria-gerontologia-124-articulo-bibliografia-geriatrica-13006146>
- Kohn, R., Levav, I., Caldas de Almeida J, Vicente, B., Andrade, L., Caraveo-Anduaga, J., Saxena, S. y Saraceno, B. (2005). Los trastornos mentales en América Latina y el Caribe: asunto prioritario para la salud pública. *Rev Panam Salud Publica*, 18(4/5), 229–40. Retrieved from http://www.scielosp.org/scielo.php?script=sci_arttext&pid=S1020-49892005000900002
- Martínez, F. y Sánchez, A. (1992). Prevalencia de cefaleas en una población universitaria. *Rev San Hig Pub*, 66(5-6), España. Retrieved from http://www.msssi.gob.es/biblioPublic/publicaciones/recursos_propios/resp/revista_cdr om/VOL66/66_5_313.pdf
- Ministerio de Sanidad y Consumo. (2008). *Guía práctica para el manejo de pacientes con trastornos de ansiedad en atención primaria*. Madrid. Retrieved from http://www.guiasalud.es/GPC/GPC_430_Ansiedad_Lain_Entr_resum.pdf
- Ministerio de sanidad y Política Social. (2009). Guía de intervención clínica de intervenciones psicosociales en el trastorno mental grave. Retrieved from http://www.guiasalud.es/GPC/GPC_453_TMIG_ICS_compl.pdf
- Ministerio de Salud. (2011). Algunos datos sobre el consumo de alcohol en Argentina. Sistema de vigilancia epidemiológica en Salud mental y adicciones 4. Retrieved from <http://www.msar.gov.ar/saludmental/images/stories/info-equipos/pdf/4-algunos-datos-sobre-el-consumo-de-alcohol.pdf>
- Ministerio de Salud. MINSAL (2009). Guía clínica epilepsia en el adulto. Series guías clínicas. Chile.
- Ministerio de Salud. MINSAL. (2013). Guía clínica AUGÉ. Depresión en personas de quince años y más. Serie de guías clínicas, Chile. Retrieved from <http://web.minsal.cl/portal/url/item/7222754637c08646e04001011f014e64.pdf>
- Minobe K., Perales A., Sogi C., Warthon D., Llanos R., Sato T. (1990) Prevalencia de vida de trastornos mentales en Independencia (Lima, Perú). *Anales de Salud Mental*, 6(1-2), pp 9–20. Retrieved from <http://bases.bireme.br/cgi-bin/wxislind.exe/iah/online/?IsisScript=iah/iah.xis&nextAction=lnk&base=LILACS&exprSearch=666413&indexSearch=ID&lang=p>
- Moreno, A., López, S. y Corcho, A. (2000). Principales medidas en epidemiología. Universidad Autónoma de México. *Salud pública de México*, 42(4). Retrieved from <http://www.facmed.unam.mx/deptos/salud/bibliotecav/epibasica%20spm.pdf>
- Muños, J., Vega, J., Mendoza, C., Muños, H. (2005). Suicidio e intento de suicidio por salto desde la altura en el puente Villena. *Rev. de Neuro-Psiquiat*, 68, 3-4, Retrieved from http://sisbib.unmsm.edu.pe/bvrevistas/neuro_psiquiatria/v68_n3-4/pdf/a03.pdf

- Nizama-Valladolid, M. (2015) Sociedad enferma. *Revista IIPSI*. 18(1). <https://revistasinvestigacion.unmsm.edu.pe/index.php/psico/article/view/11785/10541>
- Organización Mundial de la Salud OMS (2006) Manual de recursos de la OMS sobre salud mental, derechos humanos y legislación. El contenido de la legislación de salud mental, cap 2. Suiza
- Organización Mundial de la Salud OMS (2013) Plan de acción sobre salud mental 2013 – 2020. https://apps.who.int/iris/bitstream/handle/10665/97488/9789243506029_spa.pdf;jsessionid=721BCAE4C1EC80C4938112317050C6CF?sequence=1
- Organización Panamericana de la Salud. OPS (2005). Atención comunitaria a personas con trastornos psicóticos. *Publicación Científica y técnica*, 601. Washington.
- Ortiz de Zarate, A., Alonso, I., Ubis, A. y Ruiz de Asua, A. (2010). Trastorno mental grave de larga evolución. Guías de cuidados de enfermería en salud mental, 2, p5. España.
- Paz, A., Moneada, L., Sosa, C., Romero, G., Murcia, H. y Reyes, A. (1999). Prevalencia de trastornos mentales en la comunidad de villa nueva, región metropolitana. *Universidad nacional autónoma de Honduras. rev med post unah*, 4(1), 74 – 85.
- Pérez, C. (2008). Situación actual de la salud mental en el Perú, estadísticas. Salud mental en Latinoamérica. Universidad Santo Tomas, Chile.
- Puertas, G., Ríos, C., & del Valle, H. (2006). Prevalencia de trastornos mentales comunes en barrios marginales urbanos con población desplazada en Colombia. *Revista Panamericana de Salud Pública*, 20(5), 324-330. Retrieved from https://www.scielosp.org/article/ssm/content/raw/?resource_ssm_path=/media/assets/revista/v20n5/05.pdf
- Rajmil, L., Gispe, R., Roset, M., Muñoz, P. y Segura, A. (1998). Prevalencia de trastornos mentales en la población general de Catalunya. *Gaceta Sanitaria*, 12, 153 – 159.
- Saravia, M. (2010). *Depresión y suicidio en escolares de Lima metropolitana*. Lima: Instituto Gestalt.
- Tapia, J. (1994). Medidas de prevalencia y relación incidencia- prevalencia. Washington: Organización Panamericana de la Salud. OPS. Programa de publicaciones, p216. Retrieved from <http://www.salud.sanluis.gov.ar/saludweb/Contenido/Pagina284/File/Tapia%20-%20Medidas%20de%20prevalencia.pdf>
- Taype, A., Lajo, Y. y Huamani, Ch. (2012). Producción científica peruana sobre trastornos mentales. *SciELO – Peru*, 23 (3). Retrieved from http://www.scielo.org.pe/scielo.php?pid=S1018130X2012000300005&script=sci_artext
- Valdez, R. Salgado, N. (2004). ESP, una escala breve para identificar malestar emocional en la práctica médica de primer nivel: características psicométricas. *Salud Mental*, 27(4), pp. 55-62. Retrieved from <http://dialnet.unirioja.es/servlet/articulo?codigo=997502>
- Vicente, B., Rioseco, P., Saldivia, S., Kohn, R. y Torres, S. (2005). América Latina y la investigación en salud Mental. Departamento de psiquiatría y salud mental, facultad de medicina de la universidad de Concepción, Chile. *Revista Gaceta Universitaria*, 1, 75 – 79.

Submission date: 07/27/2020
Revision Date: 09/29/2020
Acceptance date: 11/15/2020