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Short Paper

The first epidemiological study of mental disorders of Tibetans

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Abstract. *The study was carried out to investigate the prevalence of mental disorders, and the requirement of mental health services in Tibet Autonomous Region of China. There was lower industrialization, different culture, and different customs in Tibet. The study revealed that, excluding mental retardation, the prevalence of other mental disorders was significantly higher than in other areas and other minority nationalities in China. The prevalence of mood disorder was significantly higher than other surveyed areas in China. Many patients became disabled due to lack of mental health services, and there is an urgent need to develop mental health services in Tibet.*

Key words: epidemiology, survey, mental disorders, minority, ethnicity, mental health service, Tibet, China

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INTRODUCTION AND METHODS The purpose of this study was to investigate the prevalence of mental disorders, and the requirement of mental health services in Tibet. The point time of survey was 00 o' clock 1st July 2003. Four representative areas of Tibet were selected to be the frame of sampling (including Lhasa, Ricaze, Naqu, and Linzhi). Mental retardation was screened out from a population age of ≥7, and other mental disorder diseases were screened out from a population age of ≥15. Among the population age ≥15, a randomized 20% of the samples were chosen for screening out neuroses and alcohol-related disorders. The method of this survey was taken from a national psychiatric epidemiological survey in China 1982 and 1993 (Writing committee of survey handbook, 1985; Cooperation study group of epidemiological survey of mental disorders in 12 regions, 1986a; 1986b; 1986c; Yang *et al.*, 1989; Cooperation study group of alcohol dependence and alcohol related problems, 1993; Luo *et al.*, 1998; Wang *et al.*, 1998; Zhang *et al.*, 1998;).

A stratified cluster randomized ratio sampling method was used. First, doubtful cases were screened out with a series of screening schedules as used in the 1982 and 1993 survey. Then, these cases were interviewed face-to-face with SCID-I (Micheal *et al.*, 1996). 10% of the negative cases were randomly sampled and interviewed with SCID-I as well. The positive cases were diagnosed according to DSM-IV (APA, 1994). The pathway of the patients or their family as they sought medical help was recorded. Investigators included 8 professionals from Sichuan University and 7 Tibetan doctors as translators from local hospitals and the CDC. Chinese and Tibetan were used during whole investigation process. A χ^2 test was used for data analysis, $\alpha \leq 0.05$.

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RESULTS The total Tibetan samples of investigation numbered 6,203 in age ≥7, and 5,145 in age ≥15. There were 2,596 women and 2,549 men; 3,760 country dwellers and 1,385 city dwellers among samples age ≥15.

Excluding neuroses and alcohol-related disorders, the lifetime prevalence of mental disorders was 13.42%, and the point prevalence was 12.27‰. These results were similar with the results in 1982 and 1993 (P>0.05).

Alcohol use disorder was the most serious problem in Tibet with a point prevalence of 41.89‰ and a lifetime prevalence of 43.68‰. Neuroses (26.72‰) were the second serious problem in Tibet. Mood disorder (5.44‰) was also a serious problem. The prevalence of alcohol use disorder and mood disorder was significantly higher than that in 1982 and 1993 (p=0.000). The prevalence of neuroses was higher than that in 1993 (p<0.01). Among neuroses, the prevalence of anxiety disorders was 20.19‰, somatoform disorders was 6.53‰, and there were no OCD patients discovered. The prevalence of schizophrenia (3.69‰) and mental retardation (2.86‰) in Tibet were not significantly different from those in the survey in 1982 and 1993.

Significant differences between males and females could only be seen in the prevalence of alcohol use disorder, neuroses, depression and dysthymia (p=0.000 to p<0.05). There were no significantly differences between city and rural areas in the prevalence of mental disorders.

The mental disorder patients had rarely seen doctors or received treatment in Tibet. Most of the patients had sought help from Lama first. None of the patients with schizophrenia and mood disorders ever had treatment. Most patients became chronic and disabled. (Only 1 of the schizophrenia patients had no mental disability in this survey). Psychiatric doctors and psychiatric facilities are urgently needed in Tibet. Today, only 2 hospitals have offered outpatient services. Only 1 full-time doctor and 3 part-time doctors are available in Lhasa, and there are no inpatient services in the city.

CONCLUSIONS These results reflect that there was lower industrialization, and that there were different cultures and customs in Tibet. Excluding mental retardation, the prevalence of other mental disorders was significantly higher than other areas and other minority nations in China. The prevalence of mood disorder was significantly higher than in other surveyed areas in China. This might be the result of the different assessment tools that were used in this study. Many patients became disabled due to lack of mental health services in Tibet, and so there is an urgent need to develop mental health services in Tibet. There should be an emphasis on the prevention and cure of alcohol use disorder, neuroses, mood disorders and schizophrenia in Tibet.

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