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Pathway To Care In Patients With Severe Mental Illness: A Cross-Sectional Study Of Patients Seeking Mental Health Services At Tertiary Health Care Centre In Puducherry.

[1]Dr. Mathan Kaliaperumal, [2]Dr. Arulmozhi Madhivanan, [3]Dr. Arun Kaliaperumal
[1,2]Assistant Professor, [3]Associate Professor
[1]Department of Psychiatry, Sri Venkateshwaraa Medical College and Research Centre, Ariyur , Pondicherry
[2]Department of community medicine, Sri Manakula Vinayagar Medical College and Hospital, Kalitheerthakuppam, Pondicherry
[3]Department of Orthopedic, Indira Gandhi Medical College and Research Institute, Kathirkamam, Pondicherry

***Corresponding Author:**
Dr. Mathan Kaliaperumal
Assistant Professor, Department of Psychiatry, Sri Venkateshwaraa Medical College and Research Centre, Ariyur , Pondicherry

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Abstract

Background : Mental illnesses are commonly linked with a higher disability and burden of disease, than many physical illnesses. The World Health Organization noted that one in every four people are affected by a mental disorder at some stage of life.Six neuropsychiatry conditions, unipolar depressive disorders, alcohol use disorders, schizophrenia, bipolar affective disorder, Alzheimer's, and other dementias, as also migraine, have figured in the top 20 causes of disability in the world.It is estimated that at any point in time, in India, 2–5% of the population is suffering from serious mental illnesses, while another 10% of the population is suffering with minor mental illnesses.

Aims& Objectives :To understand the pathway of care adopted by psychiatric patients.To understand the factors associating with the delayed mental care. To examine the association between sociodemographic and help seeking pattern.

Methods : All patients(n=100) reporting to psychiatry out patient department for the first time in Sri Venkateshwaraa Medical College Hospital and Research Centre, Ariyur, Pondicherry was recruited in the study.Data collection was based on convenient - sampling method. A written informed consent was taken. All patient was assessed in detail and the diagnosis was made, after complete history and examination, based on the ICD 10 criteria.

Results : The majority of the patients (45%) were suffering from Bipolar affective disorders (45%), followed by schizophrenia (36%). The majority, 203 (68%), were from the rural area, with 94 patients being illiterate. The majority of these (69%) had first contacted faith healers and a qualified psychiatrist was the first contacted person for only 9.2% of the patients.

Conclusion: A large proportion of psychiatric patients do not attend any health facility due to a lack of awareness about treatment services, the distance, and due to the fear of the stigma associated with treatment. The psychiatric patients first seek the help of various sources prior to attending a psychiatric health facility. The pathway adopted by these patients need to be kept in mind at the time of preparation of the mental health program.

Keywords: India, mental illnesses, pathway of care, psychiatry, social psychiatry

Introduction

Mental illnesses are commonly associated with higher disability and burden than many physical illnesses1. It is estimated that at any point in time, in India, 2–5% of the population is suffering from serious mental illnesses, while another 10% of the population is suffering with minor mental illnesses3. In India, there are a very small number of qualified psychiatrists, mostly concentrated in the metropolitan and the urban areas, to deal with this huge problem, further compounding the issue4. Furthermore, it is a general observation in India that a majority of patients with mental disorder never seek professional help; and most of them utilize the help of unqualified medical practitioners, faith healers, and so on.

WHO provided seven reasons for that, which are as follows:

(1) low awareness of available services;

(2) a lack of well-organized primary mental health care;

(3) inadequate links between services;

(4) a lack of knowledge among rural populations about the causes of and treatments for mental disorders, resulting in the underutilization of mental health services;

(5) inadequate mental health training of general practitioners and traditional healers, contributing to low rates of detection, treatment and referral of mental disorders in traditional and primary care settings;

(6) failure of mental health services to actively identify cases in the community, users being required to find and access available pathways.

(7) difficulty in accessing specialist services, partly associated with the need for professional referral to specialist program8

There is a need for further research to delineate psychiatric pathways of care and their determinant in the developing countries. Definitely, this information is most likely to assist service providers and policy makers to purposefully plan for culturally appropriate and accessible psychiatric services providing easy, cost-effective and favourable pathway of care for psychiatric patients as per the community needs. Also, there is a need to increase the awareness about psychiatric disorders and services for better help seeking behaviour and favourable pathway of care

Methodology:

All patients(n=100) reporting to psychiatry out patient department for the first time in Sri Venkateshwaraa Medical College Hospital and Research Centre, Ariyur, Pondicherry was recruited in the study.Data collection was based on convenient - sampling method. A written informed consent was taken. All patient was assessed in detail and the diagnosis was made, after complete history and examination, based on the ICD 10 criteria. The diagnosis was reviewed by senior Psychiatrist in the department. The information was obtained in a semi structured interviewer-administered questionnaire. It was developed for this study based on the pathway encounter form developed for the WHO collaborative study. The tool was used to collect data on the number of patients with mental disorders that sought services in psychiatry OPD. Study was conducted over a period of 1 year and 6 months (Oct-2019 to Apr-2020).

Inclusion Criteria:

1. All participants who are reporting for the first time in psychiatry out-patient department.
2. All participants gave reliable and adequate data for analysis.
3. The participants with psychotic disorder were less likely to give correct information, and therefore, information from the caregivers will be used.
4. Caregiver such a family members, relatives or friends should be 18 years or older.

Exclusion Criteria:

1. Participants who refuse to give consent and did not give complete data.
2. Participants who had attended the psychiatry outpatient previously or had attended any other specialty psychiatric health facility.
3. Participants whose caregiver is less than 18 years.

A semi-structured questionnaire was used for data collection. This included identification data, socio-demographic information such as age, sex, SES, occupation, education status, marital status, Total duration of illness (in episodic illness, this referred to the onset of first episode), presenting symptoms and their duration, diagnosis as per ICD-10.Pathway to care proforma contains five questions, namely who was first seen, how long ago, who initiated first

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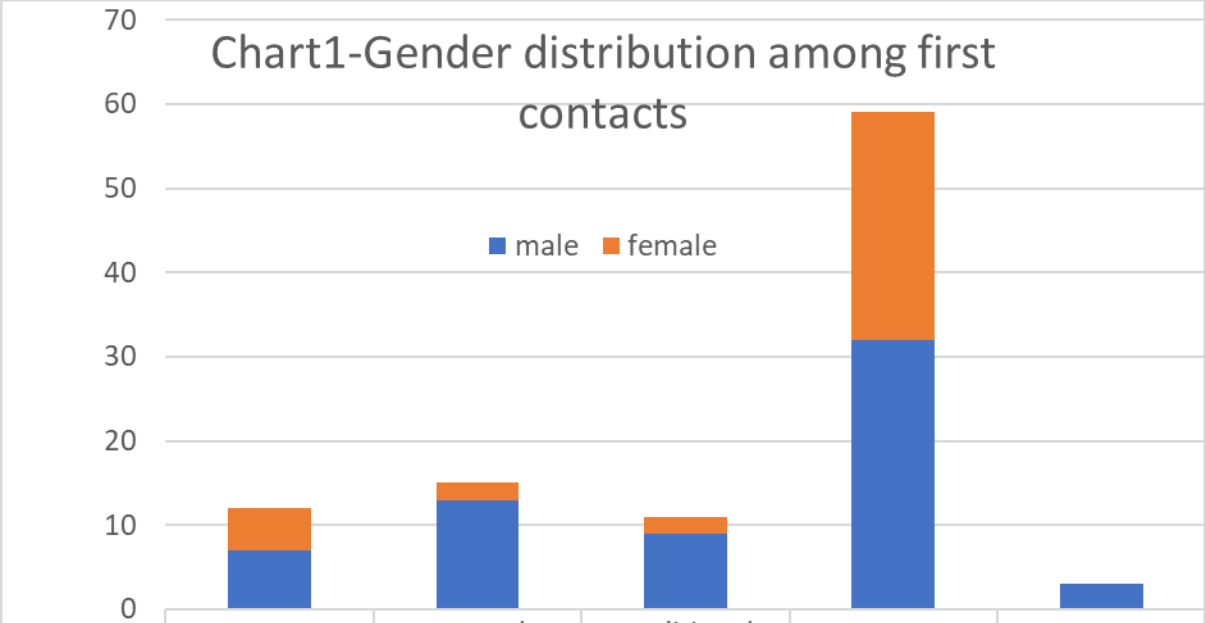
contact, what symptoms caused the decision to seek help, what treatment was offered. For which patients opted from multiple options given in the proforma. Statistical analysis of the data was done by SPSS (IBM SPSS Statistics for Mac, Version 25.0, Armonk, NY: IBM Corp. Released 2017). Frequencies with percentages was calculated for categorical variables and mean and standard deviation would be calculated for continuous variables. The data was compared using chi-square (x2) test for categorical variables. Pearson Correlation coefficient was done to find the linear relationship between continuous variables. Univariable and multivariable binary logistic regression analysis was performed to assess the relative influence of socio-demographic characteristics on the first place patient sought psychiatric care. p-value of <0.05 was considered statistically significant.

Result:



	psychiatrist	general physician	traditional practitioner	faith healer	others
female	5	2	2	27	0
male	7	13	9	32	3

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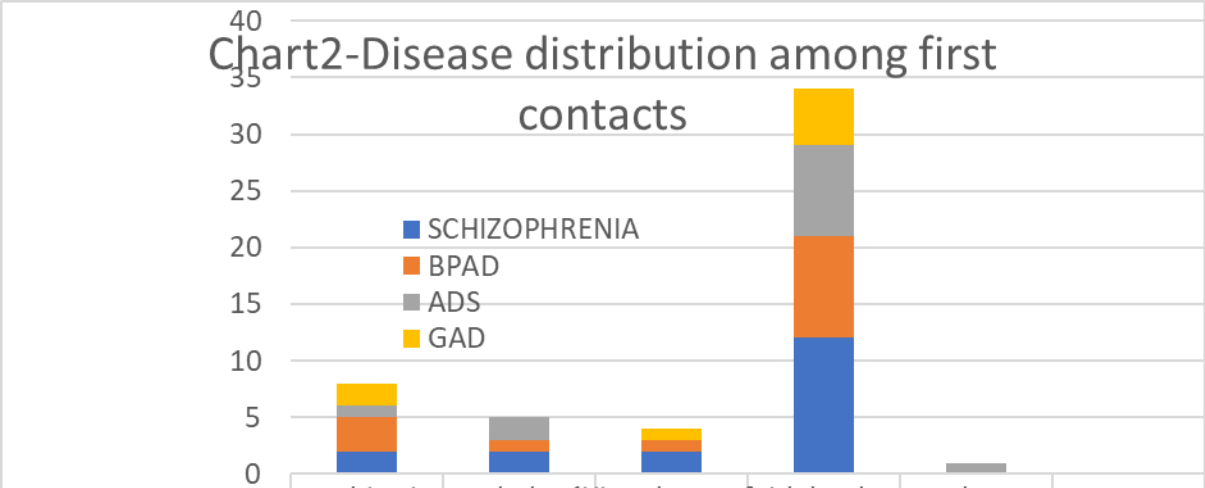

	psychiatrist	general physician	traditional practitioner	faith healers	others
GAD	2	0	1	5	0
ADS	1	2	0	8	1
BPAD	3	1	1	9	0
SCHIZOPHRENIA	2	2	2	12	0

1. A total of 100 patients (64% males), among which most of them are un-married (49%), graduates (62%), skilled workers (54%) with low SES (62%). Majority of patients suffer from psychotic disorder (Schizophrenia 18% and Bipolar-disorder 14%).
2. Most of the neurotic disorders n=20 (Alcohol dependent syndrome 12% and generalized anxiety disorder 8%).
3. Among the sample collected, majority of these (59%, male=32, female=27) had first contacted faith healers and qualified psychiatrists were first contacted by only (12%) of these patients.
4. Faith healers were the most favourite agency for the first contact (chart-1).
5. Among males (64%), female (36%), 32% and 27% patients first contacted faith healers respectively (chart1).
6. The first helping agency for psychiatric patients as per the socio-demographic characteristics (Quantitative) age group, gender, diagnosis, educational status, marital status, occupational status per capita income, were the factors found to be statistically and significantly related to the first help sought.
7. Females (75%) are found to be approaching faith healers as their first contact than males (50%).
8. Majority of these patients with age group of 41-60(41%), married (54%), illiterates (73%), unskilled workers (70%) from low socioeconomic status (70%) are contacting faith healers as their first contact compared to others.
9. Among distribution of diseases in our data, majority of psychotic illnesses (Schizophrenia 54%{n=?} and BPAD 47%{n=?}) has approached faith healers as their first contact (chart-2).
10. Traditional healers, who were consulted by 11% as first contact, but later patients started consulting traditional healers after contacting faith healers, hence contacts increased to 23%.
11. Allopathic practitioners who were initially contacted by 15%, in the course of time had 42% more patients seeking their help after contacting faith healers.
12. Psychiatrists were contacted as the first helping agency by only 12% patients. During subsequent contacts, the number of cases seeking the help of psychiatrists increased to 33%.
13. The present study also found (data not in the tables) that 42% of these patients delayed health seeking due to the fear of stigma.
14. 23% were not aware of the place of appropriate treatment thought that the symptom would resolve by itself.

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15. 12% had shared their thoughts about the illness with their spouse.
16. It was interesting to note that 23% of these patients had attended the clinic without the knowledge of family members.

Discussion:

The possible reasons for most of the subjects in this study being 16 to 45 years may be because this is the economically productive age group; therefore, these patients have been brought for the right care1. Nevertheless, the presentation of psychotic disorders more in the relatively younger age group (<40 years) has also been reported by authors in the past. This distribution in this study is highly skewed toward males (64), which might be attributed to the prevailing gender bias in Indian society, where the illness of a male member is taken more seriously than that of a female patient. The findings in the present study also support the fact that psychiatric hospital services are utilized more by male patients than by female patients. Other studies from India have made similar observations. The researchers have observed that these females are more likely to be illiterate, married, and from a lower income group and the findings of our study corroborates the earlier reports2.

The majority of patients in our study belonged to the lower socio-economic status, graduates, unmarried, skilled workers. The study also noted that patients belonging to families from illiterate, and higher socio-economic status, preferred to take treatment from private practitioners or general hospital psychiatric setups. This could be due to the perceived stigma associated with mental illnesses and with that of psychiatric hospitals. Predominance of psychotic illnesses (Schizophrenia, Bipolar affective disorder), neurotic illnesses (GAD, ADS) among these patients may indicate that patients with minor and more common mental illnesses do not seek treatment from a specialty psychiatric hospital, as there is a common myth that psychiatric hospitals are for mentally ill persons, (Patients having psychotic disorders) rather than for patients with any other psychiatric illness. Similar findings have been reported by other authors in India, and provide important lessons for the practitioners of psychiatric medicine in India. 3,4

In the present study, for psychiatric illness, most cases contacted faith healers as the primary helping agency. However subsequently, after not getting any relief, they sought the help of other agencies, such as, allopathic practitioners, traditional healers, and so on. A study on the treatment of psychiatric disorders in India observed that in view of the paucity of facilities, 80% of the population had to depend on indigenous treatments consisting of Ayurvedic and Unani systems of medicine, religious treatments consisting of prayers, fasting, and so on, as also various witchcrafts and magical rituals. 5

The situation is more or less the same even today, and not surprisingly 59% of the cases in our study contacted faith healers as the primary helping agency. Although, the ancient wisdom may have some role in the treatment of mental disorders, there is a need for generating awareness in the psychiatric patients in India to get professional help. The traditional healers, while dealing with psychiatric patients, often hide their inability to understand and treat these disorders and attribute them to supernatural causes, further enhancing the misbeliefs of these patients.6,7

A study on the Indian indigenous healers observed that relatively more healers than doctors revealed their diagnoses to the patient; and that the healers, when they did diagnose, did so in terms of ‘tick’, and ‘evil’ and treatment was largely with ashes, mullets, and holy water. Psychiatric patients used to go through different traditional and faith healers, including indigenous methods of exorcism, before arriving to proper care. This caused a delay in presentation, which was largely attributable to the stigma associated with such illnesses, which in turn, led to suffering, and affected the outcome. An established fact that in a majority of psychiatric illnesses, (including schizophrenia, affective disorders) early diagnosis and treatment can significantly improve the outcome and prognosis, have noted that there is a longer delay on pathways involving native healers.8,9,10

Conclusion:

The study found that the majority of patients attending the mental hospital suffered from severe mental illnesses and belonged to the female gender, lower socio-economic class, and was with a low educational status. Faith healers were the most commonly sought primary helping agency among the study subjects. Pathway involving faith healers and traditional healers took a longer time to reach the

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right psychiatric help. The need for incorporating an efficient and effective referral mechanism, the role of various service providers in the pathway of care, and availability of services should be kept in mind when preparing any mental health program in India

Limitations:

1. Less sample size.
2. No structured questionnaire used for diagnosis.
3. Study did not correlate with severity of illness.
4. Included all the psychiatric illnesses, sample for individual disease is very less. Data can't be generalised.

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