



Original Article

Pathways to Psychiatric Care: A Hospital Based Study

Authors

Narayan R Mutalik¹, Khushboo Dewani², Shriniwas B Choudhari³

¹MD, Assistant Professor, Department of Psychiatry, S.N.Medical College, Bagalkot-587102

²MBBS, Junior Resident, Department of Psychiatry, S.N.Medical College, Bagalkot-587102

Email: khushboo.dewani@yahoo.in, Ph.No: +91-9740215962

³MD, Associate Professor, Department of Psychiatry, S.N.Medical College, Bagalkot-587102

Email: s2choudhari@gmail.com, Ph.No: +91- 9822497171

Corresponding Author

Dr Narayan R Mutalik M.D (NIMHANS)

Assistant Professor, Department of Psychiatry, Staff Quarters. C-35,

S.N.Medical College & HSK Hospital & MRC, Navanagar, Bagalkot-587102

Email: narayanmutalik@gmail.com, Mobile No: +91-9901621771

ABSTRACT

Background: Neuropsychiatric disorders account for about 14 % of the global burden of disease. Many people living with mental disorders delay seeking psychiatric care from formal health facilities. This delay is there because of various factors. A lack of knowledge about psychiatric disorders remain major barrier to mental health care. An understanding of the way people seek care for mental disorders is important for planning mental health services, and referral from other sectors of health and social care. Keeping these in mind, this study was conducted to determine prior care seeking pathways of new patients reporting to psychiatry out-patient department.

Methodology: A descriptive study comprising of 50 subjects attending psychiatry de-addiction clinic in a private medical college in Bagalkot, Karnataka during 1st November 2016 to 31st December 2016 was done after taking institutional ethical committee clearance. A World Health Organization (WHO) pathways to care proforma was used to determine the socio-demographic details of patients. Pathway prior to care taking and treatment were determined. Statistical analysis using appropriate statistical tests were used.

Results: Majority (36%) of patients first contacted medical practitioners, followed by psychiatrists and faith healers. Average delay of 44.14 months was found in reaching psychiatric services.

Conclusion: Creating awareness among general population could address cultural myths and stigma related to mental illnesses and thus help in improving treatment seeking behavior.

Introduction

Worldwide, community-based epidemiological studies report that the lifetime prevalence of psychiatric disorders among adults ranges from

12.2% to 48.6.¹ In India, 2–5% of the population suffers from serious mental illnesses, while another 10% of the population is suffering with minor mental illnesses.² Mental disorders are not

only highly prevalent but are also highly disabling.³ Neuropsychiatric disorders account for about 14 % of the global burden of disease.⁴ Six neuropsychiatry conditions, unipolar depressive disorders, Alzheimer's, and other dementias, alcohol use disorders, schizophrenia, bipolar affective disorder, and migraine are considered in top 20 causes of disability in the world.⁵

Many people living with mental disorders delay seeking psychiatric care from mental health facilities⁶, and most of them utilize the help of unqualified medical practitioners, faith healers, and so on. Also, both socioeconomical and psychosocial factors, such as the financial situation of the family, and social stigma, play an important role.⁷ A lack of knowledge about various psychiatric disorders acts as a major barrier to mental health care. With only 3500 psychiatrists in India, the average national deficit is estimated to be 77%.⁸ The non-availability of mental health services, stigma, and superstitions associated with mental disorders, along with the unwillingness or inability of families to care of their mentally ill relatives, appear to be the main contributory factors.⁹

In order to reduce disability, a bridging of the "treatment gap" must occur.³ A pathway to care is the sequence of contacts during care seeking behavior of patients and their relatives, helping us to identify the possible sources of delay before presentation at psychiatric services.¹⁰ An understanding of the way people seek care for mental disorders is important for planning mental health services, and referral from other sectors of health and social care. Considering these facts and lack of such studies from the tertiary hospital in Bagalkot, the study was carried out to determine the pathways of treatment seeking in psychiatry department.

Aim of study

To determine prior care seeking pathways of new patients reporting to psychiatry out-patient department (OPD).

Materials and Methods

The study was conducted in the Department of Psychiatry at a private medical college in Bagalkot, Karnataka during the period from 1st November 2016 to 31st December 2016. All the subjects fulfilling the inclusion and exclusion criteria during the study period were included in this study.

Inclusion Criteria

All new subjects presenting to the psychiatry OPD of a private medical college were considered for this study and were enrolled if they fulfill the following

Inclusion Criteria

1. Patient who fulfills criteria for a psychiatric disorder, according to ICD-10.
2. Willing to give written informed consent.

Exclusion Criteria

Subjects with any of the following will not be included in the study:

1. Presence of any major illness requiring intensive medical/surgical intervention.
2. Not giving informed consent.

Study Procedure

The design and nature of the clinical study was explained to the patients. Informed consent was obtained. All patients were first examined by consultant Psychiatrist to confirm a psychiatric illness. Socio-demographic details including education, occupation, socio economic status, were obtained. A WHO pathways to care proforma was used to determine various treatment seeking behavior.

Results

A total of 50 patients were included in the study. The mean age of presentation was 33.76 years (SD=16.38). Only sixteen patients (32%) consulted psychiatrist as the first carer, rest 68% of patients consulted other carers before they seek psychiatry services. A mean delay of 23.67 months from the onset of mental illness was found in seeking direct psychiatric help.

Table 1: Socio demographic characteristics of study participants: N-50

SOCIO-DEMOGRAPHIC DATA	N (%)
No. of subjects	50
Mean Age (SD)	33.76(16.38)
Gender	
Male	26(52)
Female	24(48)
Marital Status	
Single	27(54)
Married	16(32)
Separated	2(4)
Widowed	5(10)
Occupation	
Unemployed	19(38)
Farmer/Clerical/Unskilled	8(16)
Semiskilled/Skilled	10(20)
Professional/Business	2(4)
Student	11(22)
Socioeconomic Status	
Above poverty line (APL)	30(60)
Below poverty line (BPL)	20(40)
Address	
Rural	26(52)
Urban	24(48)

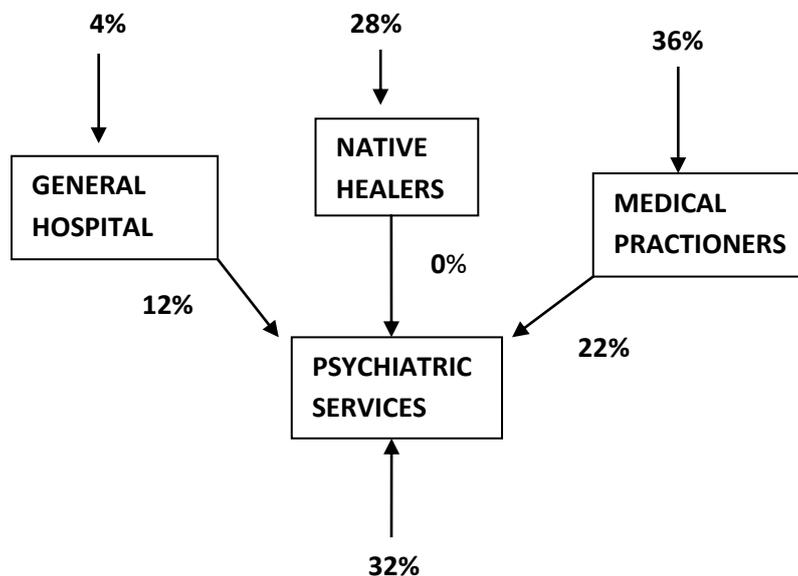
Table 2: Diagnosis and first carer

DIAGNOSIS	NUMBER (%)	INDIRECT N	DIRECT N
MR	2(4)	1	1
Substance Abuse	8(16)	4	4
Schizophrenia	5(10)	4	1
Psychotic disorders	9(18)	8	1
Mood Disorders	9(18)	5	4
OCD	3(6)	2	1
Neurotic Disorders	6(6)	5	1
Others	8(16)	5	3

Table 3: Durations to the psychiatric services by diagnostic groups

DIAGNOSIS	Mean Time from Onset to first care seeking (Months)	Mean Time from First care seeking to Psychiatry Services (Months)	Time From onset to Psychiatry Services (Months)
MR	36	48	84
Substance Abuse	4.83	1.13	5.95
Schizophrenia	1.20	42.06	43.26
Psychotic disorders	0.24	21.04	21.28
Mood Disorders	11.25	16.03	27.28
OCD	4.00	128.00	132.00
Neurotic Disorders	8.08	25.00	33.08
Others	4.47	1.79	6.26

Figure 1: Various treatment seeking pathways



Discussion

The average age of presentation in this study was 33.76 years, which was in accordance to previous studies showing that most patients belonged to 16 years to 45 years,¹¹ further strengthening the fact that the economically positive age group would seek mental health care more. There was equal representation by males and females, which refutes the gender bias in Indian society, and shows that equal importance has been given to males and females in seeking psychiatric care. Most of the individuals were single (54%), unemployed (38%) and belonged to above poverty line (60%). A study by Lahariya et al¹¹ found

more number of males (69%) were from lower socio economic status, illiterate and rural background. There was a predominance of psychotic illnesses in presentation (28%) followed by mood disorders (18%) which was in accordance to previous studies.¹¹

A study by Mishra et.al., found that the psychiatrists were the first service providers¹², followed by primary care providers, which was replicated in another study done earlier in North India where 58% of patients directly consulted a psychiatrist.¹³In our study, we found that a psychiatrist was consulted first by 32% of patients. The first carer for 36% patients in our

study were general practitioners, 66–78% patients in Canada and Netherlands and 36% patients in USA seek care from the general medical sector for their mental health problems.¹⁴

Twenty eight percent of patients went to faith healers and native healers in our study. A study by Lahariya et al¹¹ found 68.5% of individuals seeking faith healers help as the first source, this could be due to poor understanding of mental disorders and the stigma associated with them.

Twenty eight percent of patients presented with psychotic disorders, out of which 85.7% seek faith healers help at first. Earlier studies in North India reported high reliance on faith healers, 56% in New Delhi, 64% in Bilaspur and 68% in Gwalior for seeking help in patients of schizophrenia and other psychotic disorders.^{10,11} This shows a large number of psychiatric patients relying on traditional and faith healers leading to a delay in presentation to mental health care providers. It stresses the importance of sociocultural background of the patient and his relatives while providing mental health care.

The delay in presentation to psychiatric services was found to be as high as 30 years in a patient of obsessive compulsive disorder to as low as 7 days in a psychotic patient. The least delay (5.95 months) in seeking psychiatric help was seen in substance use disorders. Previous studies have shown a significant delay up to 10 years with a mean delay of 10.5 months.¹¹ In a study by Mishra et al, some patients reached the tertiary care center as early as 2 days of illness, although the median duration was found to be 1 year for the center and 6 months for reaching a psychiatrist.¹²

The factors causing delay may depend on sociocultural profile, education, attitude towards mental disorders, stigma, beliefs and availability of psychiatrist. Creating awareness among general population could address cultural myths and stigma related to mental illnesses and thus help in improving treatment seeking behavior. Since, the patients with mental disorders visit general health practitioners and physicians, it is important to educate them regarding early detection and proper

referral. This would further help in reducing the treatment delay.

Limitations

There are several limitations of the study, first being a small sample size. It is a hospital based study and evaluates only those seeking help from the hospital thus the findings cannot be generalized. There is a high possibility of recall bias as the information given have to be recollected for past many years, from the starting of illness.

Conclusions

We want to conclude by saying that the patients with psychiatric problems seek treatment from a wide range of services, including mental health professionals, physicians, traditional faith healers, and other medicine practitioners like Ayurveda, Homeopathy. Nowadays, patients with even common psychiatric disorders are seeking treatment with the psychiatrists. It is important to educate and sensitize all the practitioners of all the medical fields about early identification and first aid management of psychiatric disorders so that they are able to manage the patients appropriately and also seek timely referral to psychiatrists. In a similar way, it is the need of the hour for conducting various community awareness programs on mental health so as to address cultural myths and stigma related to mental illnesses and thus help in reducing the delays in seeking psychiatric treatment.

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