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To Study the Pattern of Delay in Referral of Patients with Psychiatric Disorders

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ABSTRACT: *Objectives: To determine the various methods of seeking treatment by patients with mental illness that cause time delay in seeking health care in a tertiary care hospital and time delay caused by such practices among the patients. Methodology: This descriptive study was conducted in patients attending psychiatry OPD of SKIMS Medical College, Bemina Srinagar. For current study the data was collected by using a semi structured questionnaire on basic of demographic information, the duration of illness and the various methods of seeking treatment for the illness. A detailed history was elicited from relatives also to ensure completion of data. Patients will be diagnosed using ICD-10 (International Classification of Disease, 10th edition) classification of mental and behavioral disorder. Results: In our study majority of the patients were in the age group of 21-34 years (46.4%) females (62%), belonging to rural area (76.8%) married (67.5%). As far as duration of the illness is concerned 50.2% patients had duration of illness 1-5 years followed by 29.5% 6-10 years, 20.3% >10 years. Physicians were the first contact of the majority of the patients (33%) followed by faith healers (18.2%), neurologists (16%), psychiatrist (11.4%), gastroenterologist (4.7%) and dermatologist (3.4%). In our study time lapse for the patients in consulting psychiatrist was 41.3% less than 1 year followed by 35.9 % 1-5 years, 16.5% 6-10 years, 6.3% More than 10 years. 81.8% of the patients believed that symptoms were due to medical illness and 18.2% had believed that symptoms as spiritual illness. Conclusion: The results of the study showed a significant delay in seeking psychiatric treatment. First contact was with non-psychiatric clinicians or physicians followed by faith healers. To avoid delay in psychiatric treatment of the patients which has negative consequences for the patients themselves, physicians or non-psychiatric clinicians should review their referral practice and refer patients with mental problems to the psychiatrists much more often and much earlier.*

KEYWORDS: *Mental health; Faith healers; Behavioral disorder; Anxiety Disorder.*

INTRODUCTION

Mental health is indispensable for the growth and optimal experience of life in every society. Among the non-communicable diseases, this category puts such a degree of disease overload that it seems all overwhelming to deal with such situation (World Health Organization, 2001). Statistics reveal that over 13 % of this global burden of diseases is because of the significant presence of mental illnesses (World Health Organization, 2008). Globally 80% of all

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mental illnesses can be found in the low- and middle-income countries which implies that these countries contribute almost 10% of the totality of this disease burden with which the world is struggling (Jacob, 2014). At the level of primary and secondary health care the inadequacies can be easily seen both in terms of fundamental structure and the organized services.The diversity of the Indian population in terms of various communities, culture, religion etc often determine the varied perceptions of people regarding mental health and its associated issues like seeking help which is such a crucial step.

People struggle a lot in terms of the journey which they have to traverse, beginning from initiating the help seeking behavior, whether by the patient themselves or by their family members and eventually getting the appropriate help. In other words, psychiatric care is defined as the sequence of contacts with individuals and organizations, initiated by the distressed person efforts and those of his significant others to seek appropriate help, as well as the help that is supplied in response to such efforts (Rogler, 1993). The manner and the direction in which the pathway of psychiatric care gets stimulated often depends on the level / intensity of the psychological pain by which the patient is suffering. In spite of the unbearable psychiatric pain with which a patient might be suffering, there are factors which exert so much pressure on the patient's decision-making abilities that they might stop a person from initiating the process of approaching the psychiatric care. A large number of patients with mental illness often approach spiritual faith healers to find the answers to those questions which are debilitating for them (Mueller, 2001). In India this practice of approaching spiritual faith healers is very common, since a long time. The role of religion in mental illnesses is very crucial. The guidance / direction which a patient with mental illness receives from faith healers depend extensively perceptive of the faith healers and the core belief of patients themselves. The psychological equipment of an individual which plays a significant role in dealing with mental illnesses is often enhanced by religious guidance. It enhances the pliability, tolerance, and self-acceptance in an individual (Moreira-Almeida, 2006). In developing countries one of the main reason for the faith healers to outnumber psychiatrist is that a huge population still strongly believes that mental illness is the state of being possessed by some unknown forces of the universe (Carson, 1979). In Practicality the hurdles in this pathway results in the failure of culminating the accessibility between the patients and the care providers. For providing the best mental health care facilities, the patients should accept as well as be aware of the psychiatric care facilities. The study determines the various methods of seeking treatment by patients with mental illness that cause time delay in seeking health care in a tertiary care hospital.

AIMS AND OBJECTIVES

- To determine the various methods of seeking treatment by patients with mental illness that cause time delay in seeking health care in a tertiary care hospital
- To study the time delay caused by such practices among the patients

METHODS

This descriptive study was conducted in patients attending psychiatry OPD of SKIMS Medical College, Bemina Srinagar. For current study the data was collected by using a semi structured questionnaire on basic of demographic information, the duration of illness and the various methods of seeking treatment for the illness. A detailed history was elicited from relatives also to ensure completion of data. Patients will be diagnosed using ICD-10 (International Classification of Disease, 10th edition) classification of mental and behavioral disorder (World Health Organization, 1993).

INCLUSION CRITERIA:

- Patients and care givers who gave consent were included in the study.
- Age of the patients more than 18 years.

EXCLUSION CRITERIA:

- Patients and care givers who did not want to participate in the study.
- Patients age less than 18 years

INSTRUMENTS / SCALES TO BE USED:

- Semi structured questionnaire on basic of demographic information, the duration of illness and the various methods of seeking treatment for the illness.
- ICD-10 (International Classification of Disease, 10th edition) classification of mental and behavioral disorder.

STATISTICAL ANALYSIS: All data thus collected was tabulated and analysed statistically using SSPS software version 20.0 under guidance of a statistician and conclusions were drawn.

RESULTS

In our study majority of the patients were in the age group of 21-34 years (46.4%) followed by 35-49 years (33.8%), <20 years (10.50%), and >50 (9.3%). As far as gender is concerned majority of the patients were females (62%). Most of the patients were belonging to rural area (76.8%). Majority of the patients were married (67.5%) Table 1.

As far as duration of the illness is concerned 50.2% patients had duration of illness 1-5 years followed by 29.5% 6-10

years, 20.3% >10 years. Physicians were the first contact of the majority of the patients (33%) followed by faith healers (18.2%), neurologists (16%), psychiatrist (11.4%), gastroenterologist (4.7%) and dermatologist (3.4%) Table 2.

In our study time lapse for the patients in consulting psychiatrist was 41.3% less than 1 year followed by 35.9 % 1-5 years, 16.5% 6-10 years, 6.3% More than 10 years. Majority of the patients 81.8% belief that symptoms were due to medical illness and 18.2% had believed that symptoms as Spiritual illness (Tables 3–8) .

Table 1.

Age distribution.

Age (years)	No.	%age
<20	25	10.50%
21-34	110	46.40%
35-49	80	33.80%
>50	22	9.30%
Total	237	100%

Table 2.

Showing gender, residence and marital status and education of patients.

Characteristic		No.	%age
Gender	Male	90	38%
	Female	147	62%
Residence	Rural	182	76.80%
	Urban	55	23.20%
Marital Status	Married	160	67.50%
	Unmarried	77	32.50%
Education	No Formal Education	65	27.40%
	Primary	84	35.40%
	Secondary	52	22%
	Graduate	21	8.90%
	Post Graduate	15	6.30%

Table 3.

Duration of illness

1-5 years	119	50.20%
6-10years	70	29.50%
>10 years	48	20.30%
Total	237	100%

Table 4.

Patients contacted when illness started

Physician	78	33%
Faith healer	43	18.20%
Neurologist	38	16%
Cardiologist	32	13.50%
Psychiatrist	27	11.40%
Gastroenterologist	11	4.70%
Dermatologist	8	3.40%
Total	237	100%

Table 5.

Time lapse for consulting the psychiatrist

Less than 1 year	98	41.30%
1-5 years	85	35.90%
6-10 years	39	16.50%
More than 10 years	15	6.30%

Table 6.

Personal belief of Patients regarding illness

Belief symptoms as Medical illness	194	81.80%
Belief symptoms as Spiritual illness	43	18.20%

Table 7.

Currently following Faith healer

Yes	18	7.60%
No	219	92.40%

Table 8.

Diagnosis

Depressive disorder	70	29.50%
Panic disorder	42	18%
Generalized anxiety disorder	33	14%
Somatic symptom disorder	24	10.10%
FNSD	30	12.70%
BPAD	19	8%
Psychotic disorder	17	7.20%
Sexual disorder	8	3.40%
Skin picking disorder	4	1.70%

DISCUSSION

Psychiatric morbidity is a one of the major public health issues in the world. It is very unfortunate that majority of the patients with mental illness are treated in the community by faith healer and other non-psychiatric specialists. In our study it was found that out of 237 patients 90 (38%) were males and 147(62%) were females that correlates with the similar study conducted by Tepper et al.In this study, it was found that more patients are from rural area 76% that correlates with the study conducted by Kandasamy S et al. (Tepper, et al. 2001; Kandasamy, et al. 2019). In our study out of 237 patients, 119 (50.2%) had 1-5 years duration of illness, 70 (29.5%) had 6-10years and 48(20.3%) had >10years of illness. Out of them 78(33%) patients visited first to general physician for treatment, 43(18.2%) from the faith healer, 38(16%) from Neurologist, 32(13.5%) from the Cardiologist, 27(11.4%) visited directly to Psychiatrist and continued treatment, 11(4.7%) from the Gastroenterologist and 8(3.4%) from Dermatologist. The above findings reveal that most of people with mental disorders had initially visited the non-psychiatric treatment centers and faith healers as their first point of contact prior to visiting the mental health center. The above results are consistent with the other studies (Azeem, et al. 2014; Ngoma, et al. 2003). Out of 237 patients 70 (29.5%) had depression, 42(18%) had panic disorder, 33(14%) had Generalized Anxiety Disorder, 24(10.1) had somatoform disorder, 30 (12.7%) had conversion (dissociative) disorder, 19(8%) had Bipolar affective disorder, 17(7.2%) had psychotic disorder, 8 (3.4%) had sexual dysfunction, 4 (1.7%) had skin picking disorder.

Out of 237 patient 194(81.8%) had belief symptoms as medical illness and 43(18.2%) had belief it as a spiritual illness. In our study it was found that out of 273 patients time lapse of <1year was in 98(41.3%) patients, 1-5year lapse was in 85(35.9%), 6-10year lapse was in 39 (16.5%) and >10year was in 15 (6.3%) patients. The above finding was almost similar to other studies (Nuri, et al. 2018).

Our results suggestive of maximum delay in approaching for proper psychiatric care may be that majority of the patients in our study believed that symptoms were due to some medical illness that was the reason majority they visited general physicians and other non-psychiatric clinicians. Patients were investigated initially and treated which lead to delay in the assessment of psychiatric disorders/symptoms by the non-psychiatric clinicians and referring them to the proper psychiatric care. Another reason could be that 42(18%) patients believed that their symptoms are spiritual in nature that is why these patients approached faith healers. Another important factor Stigma associated with psychiatric disorder may also result delay in patients approaching psychiatric care services. This delay resulted in the worsening of psychiatric symptoms which also lead to delay in recovery process of the patients.

CONCLUSION

The results of the study showed a significant delay in seeking psychiatric treatment. First contact was with non-psychiatric clinicians or physicians followed by faith healers. Majority of the patients had belief that the symptoms are due to some physical illness and due to some supernatural causes. If we want to avoid delay in psychiatric treatment of the patients which has negative consequences for the patients themselves, physicians or non-psychiatric clinicians should review their referral practice and refer patients with mental problems to the psychiatrists much more often and much earlier.

DECLARATIONS

The author declare no potential conflicts of interest with respect to the research, authorship and/or publication of this article.

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