Pathways to care for people with mental health problems coming to a tertiary care hospital in Islamabad

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ABSTRACT

Objective: To identify pathways to care for people with mental health problems coming to psychiatry department of a tertiary care hospital

Study Design: Descriptive, cross-sectional Study

Place and Duration: Department of Psychiatry, Al-Nafees Medical College and Hospital, Islamabad from 1st January 2017 to 30th April 2018.

Methodology: All new patients attending the psychiatry Out-patient and Inpatient facilities were administered a questionnaire after obtaining their informed consent. It consisted of questions regarding subject's demographics, pathways to care and modes of treatment.

Results: Among a total of 231 patients more than a quarter (44.8%) had been to faith healers and many had received traditional forms of treatment like homeopathic (12.9%) Ayurvedic (2.6%) and Hakeemi (8.2%). About 5% patients had seen a general physician or a non psychiatric specialist. Around 28% of patients had come directly for a first visit to a psychiatrist. Damdarood (45%) and Taweez 30.7% comprised major forms of interventions. Whereas 38% of patients were prescribed non psychotropic drugs and (29%) were put on sedatives/hypnotics.

Conclusion: People with mental health illness visit multiple health care providers before reporting to a mental health specialist. Majority of patients coming for psychiatric treatment first report to traditional healers or general physicians. This study signifies the need to design an organic and collaborative system of mental health care.

Keywords: Mental illness, Mental health, Clinical pathways, Tertiary healthcare, Helpseeking behaviour

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INTRODUCTION

According to world health report by WHO, one in four people in the world will be affected by mental or neurological disorders at some point in their lives. Mental disorders are a leading cause of disability and ill health worldwide with over 450 million people currently suffering from mental illnesses[1]. There is a massive worldwide shortage of human resource for mental health, particularly in low-income and middle-income countries[2]. In Pakistan, the treatment gap for mental illnesses stands at 75%. This is in spite of the fact that 4 out 6 of the leading causes of disability adjusted life years (DALYs) are mental illnesses (Depression, Schizophrenia, Bipolar Affective disorder and Drug use disorders)[3]. In a study conducted in Agha Khan University Karachi, the economic burden of mental illnesses in Pakistan came out to be Pakistan Rupees (PKR) 250,483 million (USD 4264.27 million). Cost of healthcare and loss of productivity contributed 37% and 58.97% of the financial burden respectively[4]. These are grave figures considering a country faced with restrained health resources and overgrowing burden of manmade and natural disasters.

Few patients seek treatment for mental disorders and that too when the condition becomes severe[5]. People seek treatment from non qualified practitioners and faith healers who subject them to non scientific and non evidence based therapies. It results in delay in treatment and unnecessary harm to the care

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seeker. Beliefs such as possession by "Jins" and Stigma related to mental illness are major barriers to early help seeking[6]. Dearth of trained mental health professionals and social acceptance of treatments are additional factors restricting early contact with health facility[7]. The pathway study is a fast, useful and cost effective method of studying help-seeking behavior of people with mental illness. It is helpful to design and implement policies that are in accordance with cultural and social needs of the community. WHO mhGAP program targeted at decreasing treatment gap for mental disorders is channelized towards incorporating mental health into primary care. It is also aimed at planning the interventions according to cultural context and acceptability of the community[8].

Analysis of routes taken by patients to a mental health professional forms an important step towards designing policies based on evidence. In a country where healthcare is poorly regulated and traditional faith healers and quacks provide a significant chunk of non scientific treatments, it is paramount to gauge the presence and influence of such practices on patient's attitudes towards seeking medical treatment. Pathway studies have been conducted in many countries but to our knowledge limited work has been done in assessing help seeking behaviors of people with mental health problems in Pakistan. This study was set out to evaluate different pathways used by mentally ill patients before attending a tertiary mental health facility to see their health seeking trends. This study provides a baseline from where services can be created to involve and incorporate different healthcare providers to provide an efficient network of mental healthcare. This has proven to result in shortened duration of untreated illness and better prognosis for patients with mental illness.This study was conducted with an objective to identify pathways to care for people with mental health problems coming to psychiatry department of a tertiary care hospital.

METHODOLOGY

This descriptive, cross – sectional study was conducted at the Department of Psychiatry, Al-Nafees Medical College and Hospital, Islamabad from 1st January 2017 to 30th April 2018 after approval from Institutional Review Board. All new patients attending the psychiatry Out-patient and Inpatient facilities were enrolled in the study. There were no exclusions from the study. Patients and their attendants were explained purpose of the study and those willing to participate were included by taking informed written consent. In case of children and patients with psychotic disorders, consent was obtained from the accompanying relative, who acted as an additional informant. Subjects were administered a questionnaire, which was derived and modified from translated version of WHO pathway encounter form. The questionnaire comprised of two sections. Section 1 consisted of 9 items regarding subject's demographic information. Section 2 consisted of 11 questions about pathways to care and modes of treatment. The questionnaire was administered in either Urdu or English language by psychiatrists and psychologists working at the department. It explored pathways such as going to faith healers, homeopathic and hakeemi care providers, general physicians and non psychiatric specialist doctors. Modes of interventions explored areas such as damdarood, taweez, black magic, prescription of non psychotropic drugs and sedatives/hypnotics.

Data Analysis: The obtained data was compiled and analysed using SPSS version 20. Frequencies and Percentages of variables like age groups, gender, Occupation of patient/head of family, socioeconomic status and pathways to care were calculated.

RESULTS

A total of 231 participants took part in the study among which females comprised 68.8% (n=159) while males were 31.2% (n=72) of the study group as shown in Table-I. According to this, 88% (n=205) of the subjects were adults, 10% (n=23) were adolescents while only 1.3% (n=3) were children. There was nearly equal distribution of urban and rural population i.e. 55.4% and 44.6% respectively. Majority of them were formally employed 48.1% (n=111) whereas informal labour and trading constituted 37.7% (n=87) and 9.5% (n=22) respectively. More than half of the study subjects 52.4% (n=121) were from low socioeconomic status. 39% (n=90) of the participants were from middle and only 8.6% (n=20) belonged to high income group.

Table-I: Frequency of age, gender, head of family's occupation and socioeconomic status (N=231)

Age	**Frequency(Percentage)**
Children	3(1.3%)
Adolescents	23(10%)
Adults	205(88.7%)
Gender	**Frequency(Percentage)**
Male	72(31.2%)
Female	159(68.8%)
Occupation of patient/ head of family	**Frequency(Percentage)**
Laborer	87(37.7%)
Farmer	11(4.7%)
Trader	22(9.5%)
Job	111(48.1%)
Socioeconomic Status	**Frequency(Percentage)**
Low	121(52.4%)
Middle	90(39.0%)
High	20(8.6%)

Table-II presents the frequency and percentage of pathways opted by patients for seeking help related to mental health problems. It shows 44.8% (n=104) of patients been to a faith healer before coming to a psychiatrist. Therefore making it the highest percentage achieved with regards to help seeking behavior. Other forms of traditional treatments like homeopathic, Ayurvedic and Hakeemi constituted 12.9% (n=30), 2.6% (n=6) and 8.2% (n=19) respectively. A significant proportion of patients had visited a medical doctor before consulting a psychiatrist, be it a general physician or a non psychiatric

specialist i.e. 25.9% (n=60) and 25% (n=58) respectively. Only 28% (n=65) of patients had received no form of spiritual, traditional or allopathic treatment before seeing a mental health specialist.

Table-II: Frequency of various pathways to care for people with mental health problems (N=231)

Pathways to care	Frequency(Percentage)
Faith healer	104(44.8%)
Homeopathic care	30(12.9%)
Ayurvedic	6(2.6%)
Hakimi	19(8.2%)
Allopathic treatment from a non-specialist	60(25.9%)
Allopathic treatment from specialist doctor other than psychiatrist	58(25%)
Others	1(0.4%)
No Intervention	65(28%)

Table-III shows that Damdarood and Taweez comprised major forms of intervention with percentages of 45% (n=104) and 30.7% (n=71) respectively. 38% (n=88) of patients were prescribed non psychotropic drugs and 29% (n=67) were put on sedatives/hypnotics. Only 10 % (n=183) of patients were prescribed antidepressants and antipsychotics.

Table-III: Frequency of various interventions administered before reaching a psychiatrist (N=231)

Intervention	Frequency/Percentage
Damdarood	104(45%)
Taweez	71(30.7%)
Black magic	22(9.5%)
Non psychotropic drugs	88(38.1%)
Sedatives/hypnotics	67(29%)
Antipsychotics	6(2.6%)
Antidepressants	17(7.4%)

DISCUSSION

Our study found that patients took varied routes before seeking psychiatric help which majorly included looking for help from a traditional faith healer and alternative medicine practitioners. The results derived are much alike a study on mental health patients' help seeking behavior in India; in which the participants also opted for routes like faith healers, alternative medicine providers and general physicians[9]. Similar results can be seen in other under developing countries also. A study from Africa suggests that nearly 50% of individuals seeking care for mental disorders go to traditional and religious healers as first point of contact[10].

In Ghana people sought care from informal non psychiatric care providers before reporting to a mental facility[11]. Moreover native healers and paramedics played an essential role in providing mental health care to patients in Malawi[12]. This provides evidence of patients primarily coming in contact with native faith healers for longer periods and getting exposed to different kinds of non-scientific methods of treatment. Therefore a collaborative partnership with native faith healers to help patients with mental disorders was suggested in the above mentioned researches.

There are some contrasting studies as well which indicate different aspects of care seeking pathways. A study conducted in Agha Khan University Karachi to track the duration of untreated psychosis, depicted that due to inefficient and under resourced primary care setup in the country, majority of patients with psychosis first contacted a psychiatrist for treatment. However a significant amount of precious time was lost and prognosis of the disease was negatively affected as a result[13]. Another study conducted in Bangladesh shows that a direct pathway and referral from primary physicians acted as main routes for patients with psychiatric illness[14]. However all results from the studies show that primary routes opted for seeking care in mental health were from paractioners other than mental health professionals and there was an unnecessary delay which affected the prognosis.

There are some studies that investigate the reasons for such different health care seeking trends of general population. Lack of awareness, stigma and inaccessibility are cited as the reasons for not seeking help earlier[15, 16]. For instance family members play a decisive role in deciding when and where to take the patient for psychiatric treatment. This results in great number of psychiatric patients failing to seek necessary healthcare in time. In Bangladesh, only 27.5% of patients consulted a mental health specialist and in 75% of cases family decided where to seek help causing a delay of one year in reaching a psychiatrist[17].

In addition to above mentioned barriers, patients with mental illness usually do not report to a psychiatrist directly even when services are distinctly mapped out. A study from China revealed that majority of patients sought indirect pathways to care than directly go to a mental health professional. It could be due to stigma and poor knowledge[18].

Quite evidently there is a wide diversity among countries when it comes to help seeking behaviours of patients with mental health problems. In this situation it is difficult to suggest and implement uniform standard of care in mental health. There have been strong suggestions to design and implement programs for mental health in innovative and organic basis. A model that fosters collaboration between mental health professionals and community based service providers needs to be architectured[12]. This will help in identifying individuals at an early stage of illness and their prompt integration into mainstream psychiatric services. It will save people critical time which can help in improving the prognosis of illness.

Major limitation of our study is that it fails to explore the reasons for people opting for health care providers other than mental health specialists. It could be lack of awareness, stigma attached to mental health problems or inaccessibility to specialist care. A qualitative follow up study would help in addressing these questions. Secondly, this study looks into help seeking attitudes of people from a small cohort visiting a tertiary care facility in Islamabad. It doesn't depict help seeking trends in a country as

diverse as Pakistan. Another shortcoming is that present study doesn't take into account the number of visits done for traditional or allopathic forms of treatment and also the duration and expenditure on previous treatments.

CONCLUSION

Our study concluded that people with mental health illness visit multiple health care providers before reporting to a mental health specialist. Majority of patients coming for psychiatric treatment first report to traditional healers or general physicians. This study signifies the need to design an organic and collaborative system of mental health care.

CONTRIBUTION OF AUTHORS

Khan FR: Conceived idea, Designed methodology, Data collection, Literature search, Manuscript writing
Mazhar M: Data collection, Literature search, Manuscript writing
Ali M: Data collection, Literature search, Statistical analysis
Bashir F: Designed methodology

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