
PATHWAYS TO PSYCHIATRIC CARE : A KERALA EXPERIENCE

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Abstract :

The sequential contact that a person makes prior to coming to a psychiatric set up is known as psychiatric help seeking pathway. The aim of the study was to find out whether the families of psychiatric patients in a fully literate state like Kerala resort to various indigenous practices before coming to a psychiatric set up. The study was conducted in a psychiatric hospital in Kerala with a bed strength of over 600. Hundred consecutive cases visiting the OPD were studied using a semi-structured demographic data sheet. 74% of the population first contacted a psychiatrist followed by 12% who visited a general practitioner and only 14% did go to indigenous practitioners. The average period taken for first consultation was around 1.5 Years (mean = 19.2 months, SD = 45.3 months) Majority of the patients reached a definitive psychiatric set-up within two years of the onset of symptoms 9 (mean = 24.4 months; SD = 52.4 months) 46% visited only one care giver followed by 25% who visited two, and 26% who visited three or more care givers. The implications of the findings will be discussed.

Introduction and Methodology:

The sequential contacts that a person makes prior to coming to a psychiatric set up is known as the psychiatric help seeking pathway (Ustun & Vonkorff, 1995). The stigma attached to mental illness is still prevalent in our country. The reasons may be due to various cultural and Social factors. There are many myths and superstitions still associated with mental illness. Hence people resort to various indigenous methods of healing for psychiatric problems (Sethi et al, 1977; Somasundaram, 1973; Sarma and Sathyanarayanan, 1992; Satija et al, 1982). Illiteracy and stigma are the two important barriers in the way to psychological sophistication in our country. Even the educated group do not bring the mental patient to psychiatric set up directly and immediately.

The present study was conducted as a part of a nation-wide study, analyzing pathways to psychiatric care. The aim of the study was to find out whether the families of psychiatric patients in a fully literate state like Kerala resort to indigenous practices before coming to a psychiatric set up. The study was conducted in private psychiatric hospital in Kerala with a bed strength of over 600. Hundred consecutive cases visiting the OPD during the period from 1st January to 31st January 1999 were studied using a semi-structured demographic data sheet. The informations were collected from first degree relatives who had accompanied the patients to the OPD. Diagnosis were made in accordance with DSM IV criteria (APA, 1994).

Results :

Sociodemographic details showed that the mean age of a patient was 35

years. A vast majority were male patients. Single and married patients were equal in number. More than half of the patients were Christians and had higher secondary education. A vast majority were unemployed and were from rural areas. More than half of the patients were from extended joint families, and had a monthly income between Rs. 1000-3000. A little less than half of the patient's relatives were parents, followed by spouses numbering one fourth (Table 1).

Table 2 shows that 38% of the patients sought treatment within one month of the onset of illness. 81% visited a care giver within one year. 46% reached a registered medical practitioner within one month of the onset of illness. 80% reached them within one year. 41% of the patients reached a psychiatric set up within one month and 76% within one year. 33% of the patients travelled below 10 kms to reach the first care giver, and 71% below 50 kms. Among the patients, 39% were schizophrenics, 23% mood disorders and 28% were other psychoses. Neurotic cases numbered only 4%. There was family history of mental illness in almost half of the patients.

Table 3 gives details of the first contact patients made after the onset of illness. 74% of the patients first contacted a psychiatrist, followed by 16% registered medical practitioners and only 10% going to traditional faith healers. 40% of the patients received treatments from the first care giver only upto one month. 37% stayed with the first care giver and only 29% received other forms of treatment (Psycho-Social interventions). 56% of the patients relatives were unsatisfied with the treatment by first care giver. Only 25% had satisfactory response to treatment. In 7% of the cases only

did the first care giver refer the patient to a better treatment centre.

The analysis of number of subsequent care givers showed that 31% went to a second care giver. 26% each went to a third one and more than three care givers. 17% had their first contact in the hospital where the study was undertaken. When we analysed the type of subsequent care givers, 64% went to psychiatrists only, 4% went to RMPs, 6% to traditional healers and 9% going to both indigenous and modern care givers. Only 25% received psychosocial treatments from the subsequent care givers. The relatives of the patients were satisfied with the treatment in only 18% of the cases. 31% were dissatisfied with the treatment in 4% the illness got worsened (Table 4)

Discussion :

This study originated from the interest to know the different help seeking patterns in mental illness, particularly the pathways to psychiatric care. It was hypothesized that people in a fully literate state like Kerala might not resort to indigenous practices for treating the mental patients. An important finding of the study is that a vast majority of the population first contacted a psychiatric centre. Only a small number did go to the indigenous practitioners. This result is not in conformity with the findings of the studies conducted at various places in India, where more than half of the patients contacted faith healers and only a small number first contacted a psychiatrist (Uttarpradesh - Sethi et al, 1997; Tamil nadu - Somasundaram, 1973; Rajasthan - Setija et al, 1982; Andhrapradesh - Sarma and Sathyanarayana, 1992. But this is in agreement with a cross cultural study conducted in many developed countries as well as in

Bangalore where a significant proportion consulted a psychiatrist primarily during sequential contact (Gater et al, 1994).

In the Sociodemographic data analysis, more than half of the patients were found to be Christians. This may be because the hospital is run by Christian management. Half of the patients were married and leading a family life. Parents and spouses constituted the majority group among relatives accompanying the patients to the hospital. This shows the existence of relatively good social support system. In majority of the cases, the families were extended (partially joint families). Regarding income, a majority were from middle socio-economics status. When we explored the care given by relative before first contact, it was found to be negligible in almost all cases. A vast majority of them reached a psychiatric treatment centre within one year of the onset of symptoms. This finding corroborates with the study in Bangalore (Gater et al, 1991). Moreover, a little less than half of them reached a psychiatric centre within one month of the onset illness. This may be because of the high literacy rate and psychological sophistication in the state. A vast majority of the patients were psychotic. Neurotics were only in a meagre number. The reason may be because the hospital is a referral centre with custodial care. Most of the neurotics reach general hospital psychiatry facilities due to the stigma attached to mental illness. Moreover, a good number of them go to traditional and religious healers.

Another important finding in the study is

that patients do not stick on to the first care giver. They keep on changing care givers because of their dissatisfaction with treatment. The patients do not improve because of the noncompliance with medicines. When we analysed whether the care givers had adopted psychological therapies along with pharmacotherapy, it was found to be negligible in vast majority of the cases. This was true with all care givers. The main reason for not showing improvement and change of care givers is the lack of psychosocial interventions like psycho education, psycho therapies, and family interventions programmes. Though a majority of the patients do reach a definitive psychiatric set up, there is a trend of resorting to indigenous practices later due to the dissatisfactions with psychiatric treatment. It was noted that when the relatives kept on changing the care givers, their level of satisfaction with treatment came down. Hence a blend of bio-psycho-social strategies and a multidisciplinary team approach will help in a major way for an effective treatment.

Conclusion :

A vast majority of the psychiatric patients in Kerala do reach a psychiatric treatment facilities directly, through not immediately. Most of them keep changing the care givers due to their dissatisfaction with treatment. Non compliance with medicines is a major issue. Psychosocial treatment methods along with pharmacotherapy are not used in most of the cases. Hence the results of the study call for psychosocial intervention programme along with drug treatment.

TABLE -1**Sosio Demographic Data**

| Variable | Category | Distribution Total N = 100 |
|----------------------------|--------------------|-------------------------------|
| Age (in years) | Mean | 35.2 |
| | SD | 13.4 |
| Sex | Male | 76 |
| | Female | 24 |
| Marital status | Unmarried | 49 |
| | Married | 51 |
| Religion | Hindu | 30 |
| | Christian | 58 |
| | Muslim | 12 |
| Education | Illiterate | 4 |
| | Primary | 28 |
| | Higher Secondary | 53 |
| | Graduation & Above | 15 |
| Occupation | Skilled | 7 |
| | Unskilled | 17 |
| | Unemployed | 76 |
| Habitat | Rural | 74 |
| | Urban | 8 |
| | Mixed | 18 |
| Type of family | Nuclear | 37 |
| | Joint family | 4 |
| | Partially joint | 59 |
| Monthly income (in Rs.) | Below 1000 | 25 |
| | 1001 - 3000 | 55 |
| | 3001 - 5000 | 11 |
| | Above 5000 | 9 |
| Relationship with patient | Parent | 44 |
| | Sibling | 20 |
| | Children | 10 |
| | Spouse | 24 |
| | Others | 2 |

TABLE - 2**Patients Clinical Details**

| Variable | Category | Distribution Total N = 100 |
|--|----------------------|-------------------------------|
| Period taken for first consultation | Within 1 month | 38 |
| | Within 1 year | 81 |
| | More than 1 year | 19 |
| Time taken to reach RMP | Within 1 month | 46 |
| | Within 1 year | 80 |
| | More than 1 year | 20 |
| Time taken to reach a psychiatrist | Within 1 month | 41 |
| | Within 1 year | 76 |
| | More than 1 year | 24 |
| Distance covered to reach first care giver (in kms) | Below 10 | 33 |
| | Below 50 | 71 |
| | Above 50 | 29 |
| First symptom of illness | Somatic | 2 |
| | Psychic | 98 |
| Diagnosis (ICD-10) | Schizophrenia | 39 |
| | Mood disorder | 23 |
| | Substance dependence | 6 |
| | Other disorders | 28 |
| | Neuroses | 4 |
| Duration of illness (Years) | Mean | 6.8 |
| | SD | 6.2 |
| Duration of treatment (Years) | Mean | 4.3 |
| | SD | 8.2 |
| Family history of mental illness | Yes | 49 |
| | No | 51 |

TABLE - 3**Details of first contact**

| Variable | Category | Distribution Total N = 100 |
|--|--------------------|-------------------------------|
| First care giver | Psychiatrist | 74 |
| | MBBS | 12 |
| | Ayurvedic | 3 |
| | Homeopath | 1 |
| | Faith healer | 10 |
| Duration of treatment by first care giver (in years) | Upto one month | 40 |
| | upto one year | 37 |
| | More than one year | 23 |
| Whether drugs given by first care giver | Yes | 78 |
| | No | 22 |
| Whether advice given by first care giver | Yes | 29 |
| | No | 71 |
| Relative's response to treatment | Satisfactory | 25 |
| | Unsatisfactory | 56 |
| | Worsened | 2 |
| | N.A | 17 |
| Referral made by first care giver | Yes | 7 |
| | No | 93 |

TABLE - 4
Details of subsequent care givers

| Variable | Category | Distribution Total N = 100 |
|---|----------------|-------------------------------|
| Number of subsequent care givers | Nil | 17 |
| | One | 31 |
| | Two | 26 |
| | Three or more | 26 |
| Type of subsequent care givers | Psychiatrist | 64 |
| | RMPs | 4 |
| | Traditional | 6 |
| | Mixed | 9 |
| | N.A | 17 |
| Period of treatment by subsequent care givers (years) | Mean | 29 |
| | SD | 71 |
| Whether drugs given by subsequent care givers | Yes | 50 |
| | No | 50 |
| Whether advises given by subsequent care givers | Yes | 7 |
| | No | 93 |
| Relative's response to treatment | Satisfactory | 48 |
| | unsatisfactory | 31 |
| | worsened | 4 |
| | N.A | 17 |

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