



Help seeking pattern among young adults attending tertiary care center

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Abstract

Background: Patients with mental illness seek care with variety of resources, such as the family physicians, psychiatrists, traditional faith-healer setc. Thus, it is very important to understand the help seeking pattern of the patients and also the reason behind their preferred choice of treatment.

Objective: To explore the help seeking behavior of psychiatric patients visiting tertiary care center and the reasons behind their preferred choice of treatment.

Methods: A total of 211 young adults (88 Females and 123 Males) of the age group 15-24 years who attended Psychiatry OPD, SSH, BHU were interviewed consecutively. Semi-structured questionnaire was used for data collection.

Results: Mentally ill patients used wide range of resources from professionals to traditional healers for their treatment preferences as on first contact as per their convenience. Overall, 36% of respondents trusted on traditional healers, 35 % visited psychiatrists at tertiary care centers, 20% rely on Physicians. The reason behind choosing traditional healers is that some of them (36%) found it to be more trustworthy, 18% believed in the supernatural causation of disease and, 14% because of stigma, Of those who visited tertiary care centers 46% gave the reason of low cost treatment at tertiary care, 25% of the total respondents choose physicians for their treatment because of Doctor's good reputation and 20% of respondents felt that tertiary care centers are time consuming, Half of the respondents opted for Ayurveda/homeopath,

Conclusion: In the present study, a wide range of treatment facilities were used by patients with mental illness, they seek help from non – qualified to professionally qualified health personnel. It is observed that 36% of respondents still rely on traditional healers more for their treatment, even some of them also opt for general physicians, self-treatment and Ayurveda/homeopath before visiting tertiary care for their treatment.

Key words: Mental health, Young adults, help seeking pattern

DOI Number: 10.14704/nq.2022.20.8.NQ44344

NeuroQuantology 2022; 20(8): 3140-3148

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Introduction

Mental illness is highly prevalent and cause considerable suffering and disease burden. To compound this public health problem, many individuals with psychiatric disorders remain untreated although effective treatments exist. According to the World Health Organization (WHO), mental health disorders are one of the leading causes of disability worldwide. According to UNICEF (2011) report it is estimated that around 20% of the young adults / adolescents have a mental health or behavior problems. Current prevalence of mental morbidity as per National Mental Health Survey (NMHS) 2015-16 in age group 18-29 years' group is 7.39%. Cross sectional prevalence of psychiatric disorders varies from 19-30%(1). Mental health help-seeking has been defined as "an adaptive coping process that is the attempt to obtain external assistance to deal with a mental health concern" Psychiatric illnesses are often accompanied by social stigma, leading to tendency by the sufferers and their families to hide the problem and avoid psychiatric treatment. Due to lack of awareness or the absence of easily accessible treatment facilities particularly in developing countries, the patient and the care-takers may prefer to approach the alternative service providers(2). Depending on the availability and accessibility, these resources may include a traditional faith healer, family doctor, counselor, psychologist or a physician. Mental health services are not easily available and accessible. There are many factors associated with preferred choice of treatment by the psychiatric patients. This is important to understand how various psychiatric facilities are looked upon by the patients. A multicenter study which examined the pathways to MH care in Italy underlines the necessity of a stronger collaboration of psychiatrists with general practitioners (GPs), hospital doctors and psychologists, because GPs are the main referral points for mental health care and this could improve the access to care (3, 4). It seems

that a negative perception of Mental illness and treatments impedes the access to care (5). Understanding the reasons for seeking help from resources other than the standard medical centers would help in planning cost effective alternate facilities in the community for treatment of mental disorders with better accessibility, and hence better utilization of services. patients are more likely to seek psychiatric help if the family is supportive and a family member had a positive experience with MH services (2, 6). Moreover, there are some beliefs which reduce the likelihood that patients seek psychiatric help such as ineffectiveness of psychiatric treatments (6), fear of being stigmatized because of having a mental illness and believes that one must resolve its own problems (2). It seems that our society still show the old-fashioned ideas and ignorance regarding mental illness and specialized treatment. A multicenter study which examined the pathways to MH care in Italy underlines the necessity of a stronger collaboration of psychiatrists with general practitioners (GPs), hospital doctors and psychologists, because GPs are the main referral points for mental health care and this could improve the access to care (7, 8). It seems that a negative perception of MH problems and treatments impedes the access to care (5). The present work was conducted to assess various treatment services utilized by a group of psychiatric patients visiting a mental hospital.

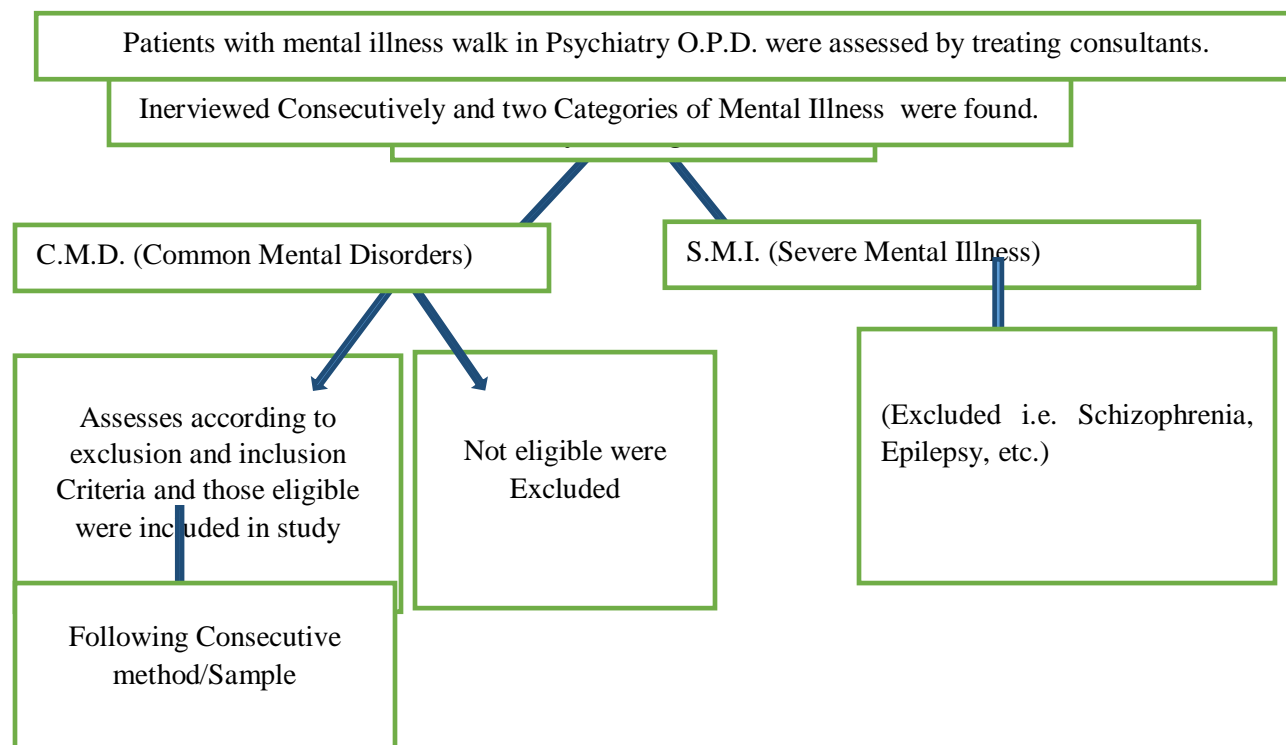
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Material and Methods

The present study is a cross-sectional study, conducted in Psychiatry, OPD, Sir Sunderlal Hospital, BHU, Varanasi from May 2019 to May 2020. A total of 211 young adults (88 Females and 123 Males) of the age group 15-24 years were interviewed consecutively with the help of both Semi structure Questionnaire and scales. illness were 1st assessed by treating Physicians (and then sent for analysis) Patients with mental illness walk in Psychiatry O.P.D. were assessed by treating consultants



Figure 1. Patients suffering from mental illness were assessed by treating physicians



Sample Size Calculation

Sample size: based on prevalence of NMHS on mental health morbidities in age group 18-29 years is taken as 7.39%. The sample size is calculated as :

$$n = \frac{Z^2 * P * (1-P)}{e^2}$$

$$n = (3.84 * .074 * .926) / .037 * .037$$

$$n = 192$$

The sample is further increased by 10% to account for contingencies such as non response recording error

$$n' + 10\% = 192 * 1.1 = 211.2$$

So the final sample size will be based on 211 where *n* = Required sample size for young adults

Z = 1.96 (Z value at 5% level of significance)
P = proportion of adults suffering with any mental disorder, Here is 7.39% in the age group 10-19 years
e = amount of admissible error
 Study subjects
 Inclusion criteria:



- All the eligible young adults between age group 15-24 years suffering from CMD'S
 - All those Willing to participate in the study.
- Exclusion criteria:**
 All seriously ill and debilitating young adults

Tools for data collection

A semi-structured questionnaire and scales were used for data collection. This included identification data, socio-demographic

Results

information, symptoms and total duration of their illness, diagnosis as per ICD-10, duration of treatment, different treatment facilities used, and reasons for choosing the particular help seeking pattern. Information regarding help seeking behaviors and reasons for choosing the various treatment facilities were collected.

Ethical Approval

Ethical Approval of study was taken from Institutes Ethical Committee.

Table 1: Socio-demographic profile of the Respondents

Variables	N	%
Age in years		
15 – 19	80	37.9
20 – 24	131	62.1
Gender		
Female	123	58.3
Male	88	41.7
Place		
Urban	109	52.0
Rural	102	48.0
Marital status		
Unmarried	88	42.0
Married	102	48.3
Others (Divorced/separated/widow/widower)	21	10.0
Religion		
Hindu	184	87.2
Muslim	27	13.0
Caste		
General	32	15.2
Other Backward Caste	43	20.4
Schedule caste/ Schedule tribes	136	64.4
Type of family		
Nuclear	135	64.0
Joint	76	36.0
Educational Status		
Primary	6	3.0
Up to High School	70	33.0
Intermediate and above	135	64.0
Occupational Status of Respondents		
Working	173	82.3
Non-Working	38	18.0



Economic Status of households*		
- Upper Middle Class-3099-6260		17
- Middle Class-1835-3098	35	23
Lower Middle Class-949-1834	49	
	127	60
Total	211	100.0

Table 1 Shows that Sample consisted of 211 patients, more than half of the respondents were females (58%) and belongs to the age group of 20-24-years (55%). The percentage of married respondents was 48%. 87% belongs to Hindu religion; about 82% of them were working. 64% were from nuclear families. About 60% were from lowermiddle-class socioeconomic groups.

Table 2: Distribution of respondents according to their first preference of treatment

Socioeconomic demographic variables		and	Self-treatment /self-consultation	General Physicians	(Tertiary care centers)	Ayurveda /Homeopathy	Traditional Healers
			10(4.73%)	40(18.95%)	74(35.07%)	10(4.73%)	77(36.49%)
Age (In yrs.)	15-19		4(40)	19(48)	30(41)	4(40)	23 (30)
	20-24		6(60)	21(53)	44(59)	6(60)	54(70)
Gender	Female		4(40)	20(50)	45(61)	6(60)	48(62)
	Male		6(60)	20(50)	29(39)	4(40)	29(38)
Caste	General		2(20)	3(8)	11(15)	2(20)	14(18)
	OBC		1(10)	8(20)	20(27)	1(10)	13(17)
	SC/ST		7(70)	29(72)	43(58)	7 (70)	50(65)
Religion	Hindu		10(100)	34(85)	64(86)	9(90)	67(87)
	Muslim		0(0)	6 (15)	10(14)	1(10)	10(13)
Place	Urban		3(30)	14(35)	47(63)	5(50)	40(52)
	Rural		7(70)	26(65)	27(36)	5(50)	37(48)
Marital Status	Married		3(30)	16(40)	27(37)	6(60)	36(47)
	Unmarried		6(60)	18(45)	38(51)	4(40)	36(47)



	Others	1(10)	6(15)	9(12)	0(0)	5(6)
Family Type	Joint	5(50)	17(42)	27(36)	1(10)	26(34)
	Nuclear	5(50)	23(58)	47(64)	9(90)	51(66)
Educational Status	Up to primary	0(0)	0(0)	3(4)	0(0)	3(4)
	Up to High school	2(20)	13(33)	25(34)	4(40)	26(34)
	Intermediate and above	8(80)	27(67)	46(62)	6(60)	48(62)
Occupational Status of the Respondents.	Non-working	4(40)	13(33)	14(19)	2(20)	5(6)
	working	6(60)	27(67)	60(81)	8(80)	72(94)
Socio Economic Status of the Households	Upper Middle Class					
		1(10)	5(13)	9(12)	3(30)	17(22)
	Middle Class					
		1(10)	9(22)	14(19)	1(10)	24(31)
	Lower Middle Class					
		8(80)	26(65)	51(69)	6(60)	36(47)

Table 2 Shows the Distribution of young adult patients according to their first choice for treatment. It was observed that about 36% of total respondents rely on traditional healers for their treatment, among young adults who rely on non professional care, (traditional healers), more than half (70%) were from age group (20-24), and 62% were females. more than half were from urban, 47% were married and more than half (66%) were from nuclear family and also 47% of lower middle class went to traditional healers for their treatment .Further the result shows that 35% of total respondent

visit tertiary care centers for their treatment. Among them 59% were of age group (20-24), more than half (61%) were females and from urban area. More than half (51%) were unmarried and from lower middle class (69%). Result shows that of among those respondents who went to general physicians (19%), more than half (67%) were working and from nuclear family (58%). It was observed that among those 10% who opted for self-treatment and Ayurveda / Homeopathy more than half were of were from age group 20-24



Table 3. Reasons for the first preference of the treatment facilities before visiting Tertiary Care Center

Reasons	Traditional Healers n=77 (36%)	General Physicians n=40 (18%)	Ayurveda /Homeopathy n=10 (5%)	Self-treatment n=10 (5%)
Easily accessible	10(13%)			
Trustworthy	28(36%)	10(25%)	5(50%)	
Belief in supernatural causation of mental illness	14 (18%)			
Less expensive	4 (5%)			
Doctor's good reputation		10(25%)		
Hospitals are time consuming		8 (20%)		
Friends/relatives recommendations	8(11%)			
Stigmatizing to visit tertiary care	11(14%)			5(50%)
Failure of other treatment	2(3%)	7(18%)		
Lesser side effects of medicine		5(12%)	5(50%)	5(50%)

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Table 3 explains the various reasons for choosing treatment facilities as their first preference other than tertiary care centers. It was observed that 36% of total respondents choose traditional healers as their 1st choice of preference for treatment, as 36% of them found it to be more trust worthy as compared to other system of treatment, 18% believed in the super natural causation of mental illness. some of them (14%) gave the reason of stigma in visiting other places and 11% were recommended by others, about 13% of them found it to be easily accessible. Apart from traditional healers, some

of them (19%) also visited general physicians for their treatment the reason being that among them about 1/4th found it to be more trustworthy and also because of Doctor's good reputation. 20% of respondents found tertiary care centers more time consuming and 12% said they had lesser side effects of medicines. 5% of total respondents opted for self-treatment, the reason behind this was that half said they had lesser side effects of medicines and half of them due to stigma did not go to other places. Some of them (5%) opted for



Ayurveda/Homeopathy as half of them found it more trustworthy.

Table 4: Reasons to visit Tertiary Care Centre as their first choice for treatment.

Reasons	Tertiary care center n=74(35%)
Recommended by others	11 (15%)
Lack of response to other systems of medicines	1 (1%)
Availability of low-cost treatment	34 (46%)
Trustworthy	18 (24%)
Previous contact with the hospital	5(7%)
Easily accessibility and accessibility of services	5(7%)

Table 4 explains the reasons behind choosing tertiary care center as the first choice for treatment. Maximum (46%) number of respondents (46%) gave the reason of availability of low-cost treatment. Some (24%) of them found it to be trustworthy, 15% were recommended by others, and some (7%) had previous contact with the hospital and also 7% found it to be easily accessible and available.

Discussion

In the present study about 36% of patients preferred to go to traditional healers for their treatment before going to tertiary care centers. This finding is in contrast to findings of some studies where more than half (58%) of patients directly visited tertiary care centers for treatment. Reasons for this difference may be still the people not much aware about the causes of mental illness (9) and about the right choices /sources for treatment, one of the major reasons for going to traditional healers is stigma in visiting tertiary care (14%) This finding is in contrast to previous study from a private psychiatric hospital in North India(10). This difference may be because of lack awareness on appropriate referral practices among care providers(2). Also, this finding is similar to some of the studies (5, 7, 8, 11) in which the majority of the patients with mental illness were taken to magical or religious specialists before help was sought from medical practitioners like physicians or psychiatrists(12). Various reasons

exist behind the preferred choices which patients seek for treatments. The main reason behind it is that about 36% found traditional healers more trustworthy. This finding is similar to some studies(6, 13) This finding was in contrast of some studies (6, 12) where the majority of patients(43%) directly visited tertiary care and the major reason behind visiting the tertiary care was that they were recommended by others (96%) or lack of response of other medicines (41%). This dissimilarity in choice of preferences and reasons behind it may be because of still people are not aware about changing structure of mental health services, and the caregivers need to be more concerned about the patients illness and should be more equipped with the knowledge of effective treatment and understanding its importance.



Conclusion

The study shows that the patients with mental illness utilized wide range of services varying from tertiary care centers to, traditional healers, it was observed that 35% of respondents visited tertiary care centers because most of them (46%) found it to be of low-cost treatment as compared to other services. About 36% of respondents visited traditional healers for their treatment, the reason being as most of them found it more trustworthy (36%) and some (18%) believed in supernatural causation of mental illness, some of them also visit general physicians while some opt for Ayurveda/homeopath or self-treatment. The Study highlights that there is need of high level of awareness generation programs for increasing knowledge to choose proper treatment facilities and remove stigma among people in visiting tertiary care centers.

Conflict of Interest: None

Acknowledgements: None

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