

Pathways of Care in patients with Psychosis and factors that prolong the Duration of Untreated Psychosis (DUP) - A Cross-Sectional Study

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ABSTRACT

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Background: With this study, the authors hope to identify the common care pathway taken by patients with psychosis and their caretakers along with the factors that lead to delay in treatment.

Aim: To study pathways of care and factors that delay help-seeking in patients in patients with psychosis

Method: A cross-sectional study was undertaken among patients with a clinical diagnosis of psychosis for a duration of 6 months. The study was conducted after obtaining ethical clearance from the Institutional Ethics Committee. Consent was taken from both the patient and a reliable informant. A semi structured Socio-demographic profile, Pathway to care assessment questionnaire and illness awareness and attitude questionnaire was administered. The results obtained were tabulated.

Result: It was found that none of the patients or their caretakers believed in faith healing or alternative medicine. All patients were fully compliant with their current treatment and believed it would help them get better. However, most patients and their families were still hesitant to disclose the nature of their illness to others fearing the stigma they would face.

Conclusion: Although there is an increasing decline in the use of faith healers and alternative medicine systems and rise in seeking treatment from mental health professionals, mental illness is still heavily stigmatized as evident from the percentage of patients who are divorced, unmarried, facing marital discord and unemployed. Efforts need to be made to de-stigmatize mental illness and ensure better treatment to patients with psychosis in order to provide them a healthy, happy and illness-free life.

Keywords: Pathways of care, Health seeking behavior, Stigma

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INTRODUCTION

The word psychosis is used to describe conditions that affect the mind, where there has been some loss of contact with reality.¹ According to the 2016 National Mental Health Survey of India, the prevalence rate for schizophrenia and other psychotic disorders was 0.4%. The survey also reported a high treatment gap (75.5%) and consequent disability proportion rate (53-59%) among those suffering from psychotic disorders.²

The pathway a person with psychiatric problem adopts to reach appropriate treatment/care is termed as 'pathway to care'.³ Psychiatrists, psychologists, other doctors, faith-healers and religious healers cater to the

needs of mentally ill patients and form an integral part of the care pathway.

Descriptive research studies have demonstrated that people with psychiatric problems follow a variety of pathways before they reach mental health professionals.⁴ Studying these pathways is a quick and feasible method of studying help-seeking behaviours of people with mental illnesses and their families.⁵

Certain factors play a major role in either facilitating or delaying the help-seeking behaviours of patients and their caretakers.

Although there are studies in this area, there only very few Indian studies conducted in rural areas especially

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in the recent past. Since the study will assess various factors delaying the treatment along with the pathway towards getting proper psychiatric care, such a study is of utmost importance for early detection and reduction of delay in treatment of psychosis.

AIMS AND OBJECTIVES

1. To study pathways of care in patients with psychosis.
2. To study the factors that delay help-seeking in patients with psychosis and prolong the duration of untreated psychosis.

MATERIALS AND METHODS

Type of Study: Cross-sectional

Duration: 6 months

Population: Patients admitted with clinical diagnosis of psychosis; both male and female

Total Number: 30

Inclusion Criteria:

- Patients with a clinical diagnosis of psychosis; irrespective of the duration of illness
- Patients who have no other major medical or psychiatric illness or mental retardation
- Patients who have a reliable informant; preferably their close relative or local guardian

Ethical clearance was obtained from the Institutional Ethics Committee before the conduct of the study.

Consent was taken from both patient and informant before being interviewed.

Tools: A semi structured Socio-demographic profile, Pathway to care assessment questionnaire and illness awareness and attitude questionnaire.

Data analysis was done in Microsoft Excel and tables and diagrams formulated for representation.

RESULTS

The majority of patients in this study were females in the age group 26-50 years from a lower middle socio-economic status, with average level of literacy and a rural background (**Table 1**).

The symptoms that prompted treatment were reported

Table 1. Socio-economic factors

Date	T3 ng/dl N=(62-179)	Tt (mcg)
Sex	Male	23.33
	Female	76.66
Age (years)	<18	6.66
	18-25	26.66
	26-50	56.66
	>51	10
	Illiterate	23.33
Education	Literate	66.66
	Graduate	10
	Unmarried	40
Marital status	Married	46.66
	Divorced	13.33
Occupation	Student	6.66
	Unemployed	73.33
	Employed	20
Religion	Hindu	46.66
	Buddhist	20
	Christian	33.33
Socio economic status	Upper	10
	Upper middle	30
	Lower middle	40
Domicile settings	Lower	20
	Rural	80
	Urban	20

to be mostly hallucinations, smiling and muttering to oneself, suspicious nature, irritable mood, outbursts of anger etc.

The decision to initiate treatment was made mostly by family members, patient themselves, relatives and neighbors (**Figure 2**).

It was noted that patients belonging to families from the urban, literate, and higher socio-economic status, preferred to take treatment from private practitioners or from distant centers. This could be due to the perceived stigma associated with mental illnesses and with that of psychiatric departments.

70% of patients seen were referred to the facility from various other private practitioners, family doctors, government hospitals etc. This may have contributed to the recurrence of symptoms in many patients due to the irregularity in receiving proper treatment (**Figure 1 & 3**).

Majority of the patients believed they would get better with their current treatment. However, they did not disclose the nature of their illness to others due to the stigma surrounding mental illness.

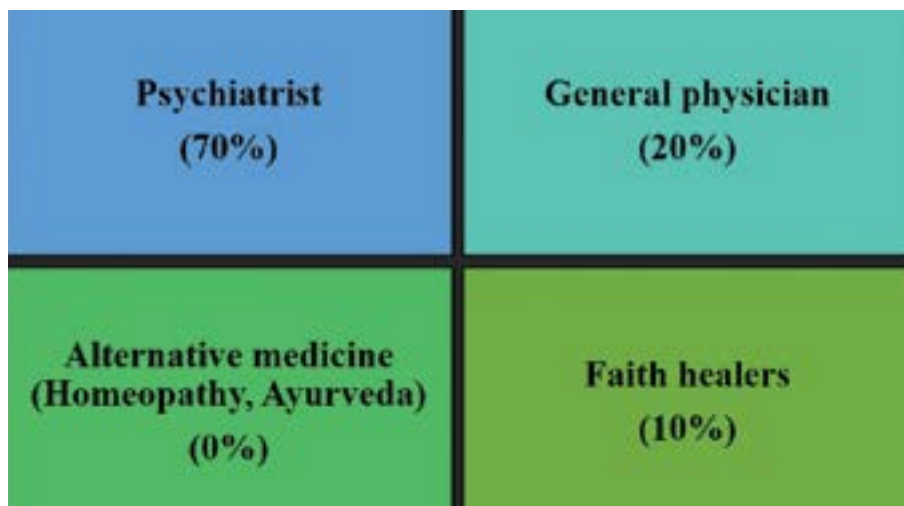


Figure 1. First contact in care pathway

most studies showing positive associations between increasing age and help-seeking intentions⁷ although a few reported negatives⁸ or no association.⁹ Among the study population of the present study, the majority of the people were of the age group 26-50 years who had been admitted after multiple referrals and treatments spanning many years.

Differences based on religion were not found to be significant in our study.

Despite a family history of mental illness in 16.66% of patients, this stigma is still prevalent. This is also evident in the marital and employment status of patients. 53.33% of patients were either unmarried or divorced while among the married patients, most presented with undergoing marital discord due to their illness. Similarly, 73.33% of patients were currently unemployed (Table 1).

Although many patients had been to religious healers either on their own or due to suggestions from others, none of them believed in faith healing or alternative medicine systems such as Homeopathy, Ayurveda etc. This is a tremendous improvement from previous studies¹⁰ which had highlighted the prevalence of treatment seeking from faith healers and other non-professionals.

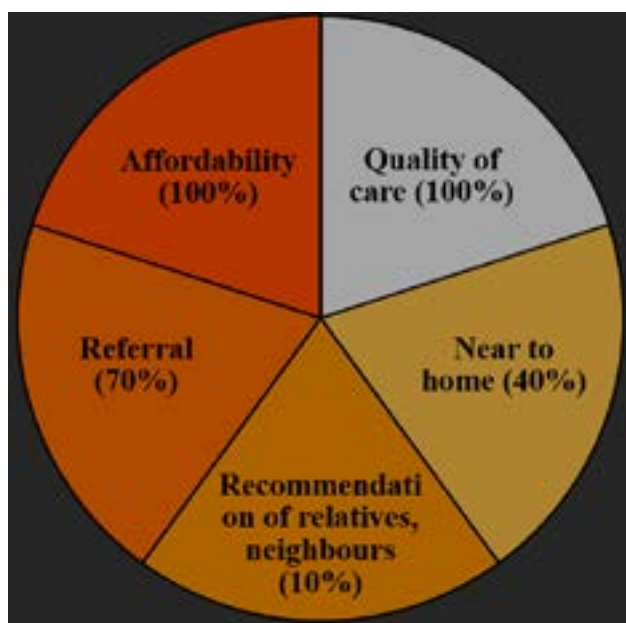


Figure 2. Factors that decided choice of facility

IMPLICATIONS

Psychotic disorders can have a severe duration and long-term impact. Although timely access to treatment is associated with improved outcomes there is often considerable delay between onset of psychotic symptoms and treatment initiation.

Despite growing awareness about mental illness among the general population, there is a need for de-stigmatizing the concept of mental illness, especially among care givers and relatives of those suffering from mental illness. There is also a need to dispel the various myths and magico-religious beliefs surrounding psychotic disorders. Improved understanding of these influences could better efforts to mitigate stigma and myth related barriers to help-seeking and service use in early stages of psychotic disorders which would lead to better treatment and prognosis and lesser chances of relapse (Figure 4).

DISCUSSION

Research has established that females of all age groups are more likely to seek professional mental health services.⁶ This study had only a few male patients, which doesn't give much evidence to support this statement.

Evidence for the association between age and help-seeking behaviour, however, is conflicting, with

Though psychiatric services are limited in many parts of the world, especially in developing countries like India, even at places where they are available and among those who could have easier access to avail benefits early from psychiatric services, significant proportion of patients find psychiatric services as the last resort after having many consultations from different

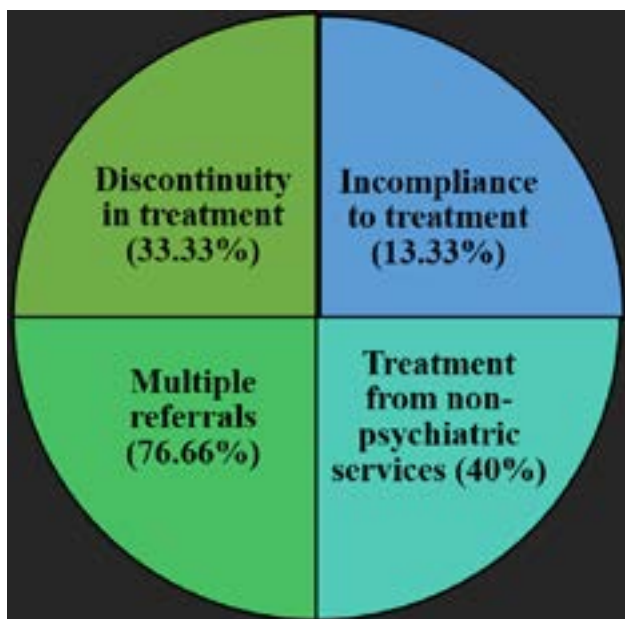


Figure 3. Factors that delayed treatment

types of non-psychiatric care providers, including faith healers. In this, a lot of crucial time is lost, which could have relevance to better prognosis, as early recognition and management are of the utmost importance in psychiatry.

END NOTE

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Figure 4. Perception about occurrence of mental illness

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