



## Pathways to mental health care in Nepal

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### ABSTRACT

**Introduction:** The study evaluated the pathways of mental health care of patient with schizophrenia visiting OPD of Devdaha Medical College.

**Methods:** A total 100 patients with schizophrenia were enrolled in the study. A semi-structured Performa containing socio-demographic and pathway of care related information was filled by key caregiver.

**Results:** The patients were predominantly young adults, male with mean age of 30.31±10.63. Faith healers were the most popular portal of mental healthcare. Only 8% of patients seek psychiatrist for the treatment of their illness for the first time. The leading attributed reason for seeking help with different centers and professionals other than Psychiatrist were easy access to treatment (75%), stigma attached to illness (73%), cost effectiveness (71%), and belief illness as non-psychiatric (56%).

**Conclusion:** This pathway to mental health care study in Nepal demonstrated that referral pathway heavily relies on faith healers.

**KEYWORDS :** Help seeking behavior, Faith healers, Pathways of care, Schizophrenia

### Introduction

The pathway of care is understood as the sequence of contacts initiated by the patients or families in their efforts to seek care [1]. Help seeking attitude is a function of the seeker, the way the seeker perceives the problem and seek for the help accordingly [2]. The pathway and the associated help-seeking behaviors of patients and family members help us in identifying the possible sources of delay in presentation [1]. Moreover, an understanding of the way in which people seek help for mental disorders is important for planning mental health services, and coordinating the psychiatric referrals in one hand, and in other hand it helps to enhance the treatment-seeking attitude [3]. Perception of disease, the way the illness is experienced and the coping methods as well as the cultural background affect the patients' way of help seeking [4]. The present study aimed to describe the pathway of care, help-seeking behaviors, and causative beliefs among caregivers of schizophrenia visiting the psychiatry out-patient department(OPD) of Devdaha Medical College, Rupandehi, Nepal.

### Methods

The study was carried out in Devdaha Medical College between March 2016 and February 2017, with schizophrenia-only outpatients, who accepted to participate in the study. The study sample comprised a total of 100 key caregivers of schizophrenia. The patients of all age groups and either gender presenting in our medical college with a symptoms consistent with schizophrenia for the first time were screened by pre-defined criteria. Patients who fulfilled the ICD-10 [5] diagnosis of schizophrenia were included in the study and their key caregivers were selected. The key caregiver was defined as the patient's family member or relative aged 18 years and above, who accompanied the patient to hospital, resided in the same family or near to patient's residence, provide consent legally and was actively involved in patient treatment and care. Exclusion criteria of the study were existence of mental retardation/intellectual disability, organic cause including significant head trauma, substance dependence and non-availability of key caregiver. After obtaining written informed consent from the key caregiver, semi-structured Performa which covered the socio-demographic and pathway of care related questionnaire was provided. Caregiver who could not read and write were assisted to complete the questionnaires. Data were assessed with SPSS 20.0 for windows. In the course of evaluation, mean value and standard deviation were used to demonstrate the relationship between variables. Analyzed data were shown in table.

### Results

Table 1. Socio-demographic profile of study sample

Age	
18-25 yrs	40(40%)
26-35 yrs	30(30%)
36-45yrs	19(19%)
>45yrs	11(11%)
Gender	
Male	57(57%)
Female	43(43%)
Religion	
Hindu	64(64%)
Muslim	27(27%)
Buddhist	6(6%)
Christian	3(3%)
Occupational Status	
Agriculture	13(13%)
Business/Services	33(33%)
Daily wages	15(15%)
Student	22(22%)
Homemaker	17(17%)
Educational Status	
Illiterate	12(12%)
Literate	88(88%)
Family income	
Below NRs 5000	21(11%)
NRs. 5000-10000	53(53%)
More than 10000	26(26%)
Marital Status	
Married	67(67%)
Unmarried	31(15%)
Divorced	2(2%)

The sample consisted of 100 patients, 57 males and 43 females. The mean age of the sample was 30.31±10.63. Table 1 explored the socio-demographic profile of respondents in which majority of them were in age group 18-25 years, Hindu by religion, family income of 5000-10000 per month, literate and married.

Table 2. Distribution of Patients on the basis of past contact of choice

Contact healer	First	Second	Third	Fourth	Fifth	Sixth
Psychiatrist	2(3%)	3(4%)	6(9%)	4(9%)	2(10%)	0(0%)
Physicians	8(8%)	9(11%)	9(13%)	5(11%)	1(5%)	0(0%)
Paramedics	15(15%)	10(12%)	6(9%)	1(2%)	0(0%)	0(0%)
Local Pharmacist	13(13%)	8(9%)	5(7%)	2(4%)	1(5%)	0(0%)

Alternate treatment	12 (12%)	7(8%)	3(4%)	1(2%)	0(0%)	0(0%)
Faith healer	44(44%)	40(47%)	26(37%)	11(23%)	4(20%)	0(0%)
Our hospital	6(6%)	8(9%)	15(21%)	23(49%)	12(60%)	7(100%)
Total	100	85	70	47	20	7

The help-seeking behavior and pathway of care of patients with Schizophrenia is shown in Table 2. Faith-healers were the initial contact persons for a majority of patients (52%) followed by paramedics (15%), local pharmacist (13%) and alternate treatment (12%). Only 8% of patients seek psychiatrist for the treatment of their illness for the first time (including our hospital).

Table 3. Reason for seeking help from different healers other than Psychiatrist

Reasons	Percentage
Easy access	75
Belief in system	32
Super natural causation of illness	28
Belief as non-psychiatric illness	56
Recommendation by friends and/or relatives	44
Less expensive	71
Good reputation of healer	53
Less side effect	49
Stigma attached to illness	73

\*Respondent could choose multiple options if applicable

When the answers given by the respondents regarding the reason for seeking help with different centers and professionals other than Psychiatrist, it appeared to be prominent that the leading attributed cause was easy access to treatment(75%). Other leading reasons reported were stigma attached to illness (73%), less expensive treatment (71%), and belief illness as non-psychiatric (56%). Other reasons for seeking helps from other than psychiatrist are shown in table 3.

**Discussion**

Schizophrenia is a severe psychiatric chronic and disabling illness [6] and affects young age group [7]. It has serious physical, social and economic consequences due to delay in seeking help from mental health specialist [7]. This is probably the first study from Nepal to systematically assess the pathways to care among patients with Schizophrenia. There are numerous factors that determine the way of help seeking behavior of patient with Schizophrenia, important being education, ethnic group, perception of disease, way experiencing illness, cultural background, and coping methods [4]. It also depends upon the attitudes of patients that may vary with function of time and geographical region [8].

Demographic findings of the study show that majority (40%) respondent were age group of 18 to 25 years and of them majorities were males (57%). As Schizophrenia is more prevalent among young age group [9, 10], this is the reason why majority patients belong to this age groups in our study. The other possible reason for most of the young subjects were brought for treatment because this is the economically productive age group and priority for treatment and right care was given to this age groups [11]. In addition, help seeking behavior is found predominant in male that might be attributed to the prevailing gender bias in Nepalese in society, where serious concern is given to male members than female. Moreover, Schizophrenia is more prevalent in male than females [12] and the reason for seeking help by male could be related with it.

This study revealed that most of respondents (64%) were Hindu and 27% were Muslim. This might be because of presence of large population of these religion people in this locality. Other reason being more Hindu participants in this study might be because of relatively more aware of mental health and doctor seeking behavior among Hindu than people with other religion. The majority of patients in our study belong to low socioeconomic status with low income and low level of literacy, so they did not seek help from

psychiatrist probably due to perceived stigma attached to mental illness including Schizophrenia in the context of Nepal [13]. Approximately three fourth (74%) of respondent had family income of less than 10000 per month which is insufficient even for a nuclear family. Schizophrenic patient have to take medication for longer duration and in Nepal most patients belongs to poor family and could not afford to see the Psychiatrist. This may be the reason for seeking help from other healers than Psychiatrist.

Approximately half of respondents seek treatment for the first time from faith healer in our study. Similarly, approximately more than half of respondents (56%) belief that Schizophrenia is a non-psychiatric type of illness. The findings of the present study provide statistical evidence of the belief of Nepalese people on Schizophrenia as the non-psychiatric illness and are thus treated by traditional faith healers. Moreover, the first point of contact for many Nepalese patients is the local faith healer rather than other healers [14]. A study in similar setting reported that around one- third of patient visit faith healer as the first source of psychiatric treatment despite the wide access of treatment [15]. Our study finding is in accordance with past studies from developing countries (15-18).

Past studies from India revealed that only small number of patients seeks treatment directly from psychiatrist in the initial phase [11, 19]. The current study found out that only 8% patients seek help from Psychiatrist (including Psychiatrist in our hospital) for the first time which is consistent to past studies. This may be due to wide prevalent of misconception, misperceptions and stigma regarding mental illness in the Nepalese community [20]. Majority of patients seek treatment from paramedics, physician and local pharmacy apart from faith healer in the initial phase. As these healers are widely available in the door step of patients, they became the initial destination of majorities of patients with Schizophrenia. After initiation of treatment from healers other than Psychiatrist (including our hospital), many of them seek the help from Psychiatrist later probably due to lack of improvement of symptoms.

The most common reason for seeking help with different centers and professionals other than Psychiatrist was easy access to treatment (75%). As community mental health services are limited to specific place in Nepal [21], people need to travel long distance to get the specialist service. At present there are only 115 Psychiatrist in Nepal and approximately 90% of them are providing service in major cities. Due to lack of access to treatment, patient with Schizophrenia are bound to seek treatment from available resources. Similarly other important reasons reported were stigma attached to illness, inexpensive treatment, and belief illness as non-psychiatric. Stigma related to mental illness is deep rooted in the Nepalese culture [20, 21] which prevents patients and their family to seek appropriate treatment from mental health specialist. Most Nepalese people have lack of awareness about mental health and illness [21]. Thus, these people belief Schizophrenia as non-psychiatric type of illness and seek help from healers other than Psychiatrist. Mental well-being is also seen and linked by many people in Nepal as the relationship with the concept of God [22].

As tertiary mental health facility is limited and expensive in Nepal, many people could not afford to seek care with specialist. Ghimire and his colleagues (2015) emphasized the need of community mental health care service that facilitates the empowerment of people with mental disorders [21]. Moreover, availability of a wide range of culturally acceptable and cost effective mental health service in the locality is emphasized in his recent review. The hierarchy of resort for treatment of mental illness dependent on a range of issues apart from traditional religious beliefs, class, caste, ethnicity, educational status, and economic status [23].

**Conclusion**

Patient with schizophrenia seek mental health care from various healers, and faith healer being the commonest one. It is important to sensitize the healers with identification, management and timely referral to psychiatrists.

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