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HELP SEEKING BEHAVIOUR IN OBSESSIVE COMPULSIVE DISORDER : FACTORS AFFECTING IT & IS THERE DIFFERENCE BASED ON GENDER ?

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ABSTRACT **Introduction :** Obsessive Compulsive Disorder is a common disorder and is quite impairing. The help seeking and pathways to care is an important aspect in implications of providing of mental health services. The pathways to care in mental health disorders may be affected by factors like gender. There is dearth of studies regarding help seeking behavior and factors like genders afeecting it in Obsessive compulsive disorder. **Materials & Methods :** It was a cross sectional study carried out in tertiary neuropsychiatric centre. 50 patients diagnosed as OCD, based on ICD-10 & their caregivers were included in the study after explaining purpose of the study and taking consent. A semi structured proforma was applied to study the help seeking behavior/ **Results :**. The most common reason for seeking help was 'worsening of symptoms' followed by 'problems in working'. The time taken to seek help was greater than 12 months in most of patients . The most common reason for time lag was negligence followed by stigma about illness. 8(32%) males and 10 (40%) females contacted government psychiatric hospital as first caregiver. 11 patients contacted faith healers as primary caregiver 15(60%) male patients and 11(44%) females cited 'no improvement in condition' as a reason to discontinue help from first caregiver. The duration of current treatment was greater than 6 months in most males (n=19) and females (n=20). 12 males and 12 females were hopeful for improvement while 13 males and 13 females were not sure on whether their condition would improve. However there was no significant difference in any of the above factors based on gender **Conclusion :** Various factors affect help seeking behavior and pathways to care in OCD. These factors highlight the need of awareness & education regarding mental health disorders like OCD among the community and community physicians. Factor like stigma, negligence needs to be addressed. Factor likes gender do not affect the help seeking behavior.

KEYWORDS :

INTRODUCTION :

There are differences in way of thinking, experiencing and response to mental illness among individuals and family members(1). The pathway taken to reach psychiatrist is affected by the help seeking behaviour which is a descriptive term encompassing the manner in which persons monitor their symptoms, take remedial actions and utilize informal and indigenous sources of help as well as informal medical source (1). Various factors affecting the help seeking include sociocultural factors, nature and severity of psychopathology, impairment in role functioning, gender etc.

As mental illnesses are heterogeneous in nature, help seeking differs among them and hence needs to be studied in individual disorders.In terms of help seeking behaviour across gender groups, literature suggests that gender influences the likelihood of help-seeking in psychiatric disorders with males being more reluctant than females to seek help and female having more propensities to seek help in view of distress (2,3). Available evidence indicates that in patients with obsessive compulsive disorder males are reluctant to seek help due to stigma related to obsessions and yielding compulsions (4,5,6)

HELP SEEKING IN OCD

Obsessive compulsive disorder (OCD) can have a profoundly negative effect on people's lives. However, many people delay a considerable time before seeking help.

In context of help seeking in OCD, literature reports that many people with obsessive compulsive disorder avoid or delay seeking help (4), perhaps because of embarrassment about their symptoms (6,7).

According to studies, the main barriers to the help-seeking in obsessive compulsive disorder were the fears of stigma and the meaning of the thought contents; severity of illness also had a significant impact on help seeking. (8,9,10). In one study factors like low income level, being single or divorced, having a history of psychiatric treatment, poor insight for the symptoms, and obsessions of hoarding, history of psychiatric treatment and duration of OCD were found to be significant for delay in treatment in OCD(11).

Some studies point out importance of effect of gender on help seeking behaviour. One study found that gender analysis improves understanding of the epidemiology of mental health problems, decisions and treatment of these problems in under-reported groups, and also increases potential for greater public participation in health (12,13)

A study done to find out gender differences in utilization of mental health services in mood and anxiety disorders found that the difference of utilizing service between men and women was significant with women utilizing service more than men (14). Men have been shown in earlier research to be slower than women at translating nonspecific feelings of distress into conscious recognition that they have emotional problems, perhaps explaining the finding that males sometimes have longer delays and lower rates of treatment contact than women (15, 16).

OBJECTIVES OF THE STUDY :

1) To identify the various pathways to mental health care and factors affecting these pathways in patients with Obsessive Compulsive disorder.

2) To compare help seeking behaviour in patients with obsessive compulsive disorder across gender groups

MATERIALS & METHODS :

It was a cross sectional study conducted in the Out Patient Department (OPD), of tertiary care institute. Patients and their key caregivers were approached for the study. 100 subjects (50 patients with OCD and 50 caregivers - one for each patient) attending the Out Patient Department were included in the study. The sample size was estimated by checking the trend of patients visiting the hospital in past one year. First two patients of OCD who had undergone detailed evaluation in OPD along with their caregivers were approached for the study. Adequate measures were taken to have equal representation of both gender groups. The sample was collected as per fulfillment of inclusion and exclusion criteria. In families with more than one caregiver, the person with the maximum information about patient and his illness was considered as the key caregiver and was included in the study.

Inclusion Criteria for the Patients

Patients who met the following criteria were included in this study:

1. Patients who fulfill the diagnostic criteria of Obsessive-compulsive disorder as per ICD-10 DCR.
2. Patients in the age range of 18 – 60 years
3. Having working knowledge of Hindi and/or English.
4. Presence of a key caregiver having adequate knowledge about patient's illness.

5. Patients willing to give consent for the study.

Exclusion criteria for the Patients

Patients who met any of the following criteria were not included in the study:

1. Patients with acute mania or psychosis, mental retardation, suicidal risk
2. Patients with depression of severe nature. (MADRS > 48).
3. Patients with disabling medical conditions interfering with the assessment process.
4. Patients having co-existing alcohol/substance abuse disorder (except nicotine).
5. Patients who are staying in residential/attending day care facilities.

Inclusion criteria for the key caregiver

1. Staying with the patient for at least two years.
2. Age group of 18 -60 years.
3. Having working knowledge of Hindi and/or English.
4. Caregiver willing to give consent for the study.

Exclusion Criteria for the key caregiver

1. Caregiver suffering from mental retardation, psychosis, mania or any psychiatric illness that interferes with the assessment process.
2. Caregiver suffering from any chronic or disabling medical illness that interferes with the assessment process.
3. Caregiver having Substance Use disorder (except nicotine).

Tools for the study:

Tools used on patient

1. Semi structured proforma was used for collecting the socio-demographic details and relevant clinical details of the patients.
2. International Statistical Classification of Diseases and related health problems, 10th revision, version Diagnostic Criteria for Research (ICD-10,DCR)was used for diagnosing Obsessive-compulsive disorder (17).
3. Semi structured proforma was used for eliciting various help seeking pathways. Proforma was derived from one used in previous Indian study (Chadda et al. 2001)(18).
4. International Statistical Classification of Diseases and related health problems, 10th revision, version Diagnostic Criteria for Research (ICD-10, DCR)was used for diagnosing psychiatric co-morbidities like mania, psychosis, mental retardation, severe depression (17).
5. Montgomery-Asberg Depression Rating Scale (MADRS) was to assess the severity of co-morbid depression. Montgomery-Asberg Depression Rating Scale comprises 10 items and is a observer rating scale (19).

Tools used on caregivers

6. General Health Questionnaire12 (GHQ12). The scale was used as a screening instrument to detect psychological distress and psychiatric morbidity among the caregivers. The General Health Questionnaire 12 item version (20) is rated on a 4 point scale. It rates severity of symptoms of psychological distress over the past week. The scale has adequate psychometric properties and has been used in diverse cultural settings. Though it is a brief version of GHQ28, research has shown that it does not impair its sensitivity or specificity. The Hindi version of the GHQ12 standardized in India was employed in this study. The English version has a Cronbach's alpha of 0.90. The Cronbach's alpha and the split half reliability for the Hindi version were 0.88 and 0.91 respectively (95).

7. International Statistical Classification of Diseases and related health problems, 10th revision, version Diagnostic Criteria for Research (ICD-10 DCR). The caregivers scoring 2 or more on GHQ12 were assessed for any syndromal psychiatric illness as per ICD-10 DCR based clinical interview (17).

METHODOLOGY

Patients of obsessive compulsive disorder satisfying the ICD-10-DCR criteria undergone detailed evaluation in follow up along with their key caregivers attending the Psychiatry OPD were approached for the study. After applying inclusion and exclusion criteria, and explaining the purpose of study, those who gave consent were included.

Assessment was done in the following steps:

Assessment of patients

1. Assessment for socio-demographic details of patients using semi structured proforma.
2. Assessment of help seeking pathway using semi-structured proforma.
3. Assessment of patients for psychiatric co-morbidity (mania, psychosis, severe depression, mental retardation) by using ICD-10 DCR and if found having any of these mental illness they were excluded from the study.
4. Assessment for severity of co-morbid depression using MADRS and if found having severe depression (MADRS> 48), had been excluded from study.

Assessment of caregiver

1. Assessment of caregivers to screen for psychiatric morbidity using GHQ12. Those scoring 2 or more were assessed using ICD-10 DCR for any psychiatric illness and if found having any mental illness were excluded from the study.

RESULTS :

Table 1: Pattern Of Help Seeking Across Gender:

Variable	Subgroups	Gender of patient				X2*	df	p value
		Male (n=25)		Female (n=25)				
		n	%	N	%			
Problem discussed	Yes	17	68	20	80	0.93	1	0.33
	No	8	32	5	20			
	Total	25	100	25	100			
Problem discussed with whom	Member of nuclear family	14	56	20	80	4.75	5	0.19
	Member of extended family	1	4	0	0			
	Friends	2	8	0	0			
	Colleagues	0	0	0	0			
	Others	0	0	0	0			
	Not applicable	8	32	5	20			
	Total	25	100	25	100			
Reason to seek help	Worsening condition	20	80	21	84	3.69	4	0.29
	Family problems	1	4	0	0			
	Work concerns	4	16	2	8			
	Suggestion from family/friends	0	0	2	8			
	Others	0	0	0	0			
	Total	25	100	25	100			
Time taken to seek help	6 - 12 months	6	24	4	16	0.50	2	0.48
	> 12 months	19	7	21	84			
	Can't recall	0	0	0	0			
	Total	25	100	25	100			
Reason for time lag	Lack of information about service availability	4	16	5	20	3.80	7	0.70
	Lack of social support	2	8	1	4			
	Transport/distance problems	1	4	0	0			
	Financial reasons	1	4	0	0			
	Negligence	11	44	14	56			
	Stigma	5	20	5	20			
	No specific reason	1	4	0	0			
	Others	0	0	0	0			
	Total	25	100	25	100			

*Pearson chi-square test

Table 2: Pattern Of Help Seeking Across Gender:

Variable	Subgroups	Gender of patient				X2*	df	p value
		Male (n=25)		Female (n=25)				
		n	%	n	%			
First caregiver	Government psychiatric hospital	8	32	10	40	6.64	7	0.24
	Private psychiatric clinic	5	20	1	4			
	General hospital psychiatric unit	0	0	3	12			
	Non psychiatric allopathic service	4	16	2	8			
	Alternative system of medicine	3	12	3	12			
	Faith healers / other religious persons	5	20	6	24			
	NGOs offering mental health services	0	0	0	0			
	Others	0	0	0	0			
	Total	25	100	25	100			
Source of information for first service provider	Service users (patients)	18	72	20	80	0.50	6	0.77
	General practitioners	6	24	4	16			
	Friends / relatives	1	4	1	4			
	NGOs	0	0	0	0			
	Faith healers / other religious persons	0	0	0	0	-	-	-
	Mass media	0	0	0	0			
	Others	0	0	0	0			
	Total	25	100	25	100			
Reason for going to first caregiver	Belief in caregiver	25	100	25	100			
	Finances / Logistic reasons	0	0	0	0			
	Conveniently located	0	0	0	0			
	Total	25	100	25	100			
Experience of first contact	Good	0	0	2	8	2.342		0.30
	Satisfactory	8	32	9	36			
	Unsatisfactory	17	68	14	56			
	Total	25	100	25	100			

*Pearson chi-square test

Table 3: Pattern Of Help Seeking Across Gender:

Variable	Subgroups	Gender of patient				X2*	df	p value
		Male (n=25)		Female (n=25)				
		n	%	N	%			
Reason for discontinuing help from first caregiver	No improvement / worsening condition	15	60	11	44	4.17	8	0.52
	No improvement / worsening condition ; Side effects	0	0	1	4			
	Side effects	1	4	2	8			
	Unable to afford	1	4	0	0			
	Was referred to another service	0	0	1	4			
	Transport difficulties	0	0	0	0			
	Difficulties at service center	0	0	0	0			
	Others	0	0	0	0			
	Not applicable	8	32	10	40			
	Total	25	100	25	100			
Reason for choosing current caregiver	Recommendation	24	96	23	92	3.02	3	0.22
	Accessibility	0	0	2	8			
	Affordability	1	4	0	0			
	Others	0	0	0	0			
	Total	25	100	25	100			

*Pearson chi-square test

TABLE 4: PATTERN OF HELP SEEKING ACROSS GENDER:

Variable	Subgroups	Gender of patient				X2*	df	p value
		Male (n=25)		Female (n=25)				
		n	%	n	%			
Duration of current treatment	1 week – 1 month	3	12	0	0	3.22	2	0.20
	1 – 6 months	3	12	3	12			
	> 6 months	19	76	22	88			
	Total	25	100	25	100			
Belief towards present treatment (will u get well)	Yes / definitely	12	48	12	48	0.00	1	1.00
	May be / can't comment	13	52	13	52			
	Total	25	100	25	100			

*Pearson chi-square test

Majority (n=37) of patients discussed their problem with someone. 17 males (68%) while 20 female patients (80%) discussed their problem. Majority of male patients (n=14) and female patients (n=20) shared their problem with member of nuclear family. The most common reason for seeking help in both males (n=20, 80%) and females (n=21, 84%); total 41 patients was 'worsening of symptoms' followed by 'problems in working'. The time taken to seek help was greater than 12 months in most of patients (n=40). 19 male patients (76%) and 21 (84%) female patients took more than 12 months to seek help.

The most common reason for time lag in both males (n=11, 44%) and females (n=14, 56%) was negligence followed by stigma about illness (males, n=5; females, n=5). 8(32%) males and 10 (40%) females contacted government psychiatric hospital as first caregiver. 11 patients contacted faith healers as primary caregiver (males, n=5; females, n=6). 18(72%) male patients and 20(80%) female patients obtained information regarding first caregiver from the service users/patients. Rest 12 obtained from general practitioners and friends. The reason to go to this particular caregiver as first contact was 'belief in caregiver' in all the patients. Most of males (n=17, 68%) and females (n=14, 56%) were dissatisfied from services at first caregiver contact. 15(60%) male patients and 11(44%) females cited 'no improvement in condition' as a reason to discontinue help from first caregiver. 8 (32%) males and 10 (40%) females chose this tertiary neuropsychiatric institute as first caregiver and were continuing treatment from the same institute. The most common reason for choosing current treatment was 'recommendation' by 23 (92%) male patients and 24 (96%) female patients. The duration of current treatment was greater than 6 months in most males (n=19) and females (n=20). 12 males and 12 females were hopeful for improvement while 13 males and 13 females were not sure on whether their condition would improve.

However there was no significant difference in any of the above factors based on gender.

DISCUSSION :

A better understanding of the way in which people understand and seek help for mental health disorders is necessary for planning mental health services, for the training of various health resource personnels (21). Considering this, it is important to understand help-seeking behavior and pathways to care of patients with severe mental disorder, like OCD, which is highly prevalent, associated with high rate of impairment, disability and caregiver burden.(22)

One study reported that the average delay from the onset of symptoms of OCD to first seeking treatment ranged from 3.28 years (23). Another

study reported the mean delay to be 7 years (24).In our study , the time taken to seek help was greater than 12 months in most of patients (n=40). 19 male patients (76%) and 21 (84%) female patients took more than 12 months to seek help. However the difference in time taken to seek help across gender groups was not significant (p=0.48). This shows that generally patients contact professional help a long time after onset of symptoms.

Various factors have been reported as reasons for delay in consultation. Factors like lack of awareness about illness and accessible services (25), stigma (26), feeling that the problem was temporary, feeling that they could control the problem, believing that their behaviours / thoughts were not serious, feeling ashamed of the thought contents (2)were found to be reason for delay in consultation. Our study also supports similar findings. As per this study the most common reason for time lag in both males (n=11) and females (n=14) was negligence followed by stigma about illness (males, n=5; females, n=5). The difference in reason for time lag was not significant across gender groups (p=0.70).

Unfortunately most patients contacted professional for first time when the illness became severe and unmanageable according to some studies(8,24). This study also showed similar finding. The most common reason for seeking help in both males (n=20) and females (n=21) patients was worsening of symptoms followed by problems in working. However the difference in reasons to seek help across gender groups was not significant (p=0.29).

Our studies support finding of other studies about the government hospital psychiatrist being the first contact for the patient (18,27). The second most contact were the faith healers. This highlights the impact of cultural beliefs still prevalent in our society.

Our study did not find any differences in help seeking behavior based on gender.

Some studies done on treatment seeking pattern in patients of OCD in terms of time taken for first help and reason to seek help, type of help and compliance to treatment , found that there was no difference in help seeking pattern across sociodemographic characteristics including gender of patients (4,28). Our study also shows a similar finding. Belloch et al. (2). also reported similar findings. It is difficult to say whether the findings of our study could be generalized due to some shortcomings of study like small sample size and the study was carried in a hospital setting.

STRENGTHS & LIMITATIONS OF THE STUDY

It was a homogenous sample as all were case of obsessive compulsive disorder. The study used standardized research diagnostic criteria and valid tools for assessment.

The generalization of the present study is limited due to the following factors : (1) study was hospital based, (2) patients were taken only from the OPD, (3) the sample size was small. These all factors might have compromised the representation .

The pathway of help seeking might not end at the present contact. The actual pathway could be longer and could not be assessed due to the cross sectional nature of the study.

CONCLUSION

The study demonstrates the help seeking behaviour in patients suffering from OCD. It demonstrates reasons as lack of awareness and stigma as main barriers to help seeking. Though it demonstrates psychiatrist as first contact in majority of patients, the second most common contact were faith healers. Thus awareness regarding biological model of OCD and removing the stigma from community is the need of the hour,

The time taken for first consultation was too much and most patients waited till worsening of symptoms. The reason for discontinuation of first caregiver was minimal improvement. However most of them continued treatment at this centre due to proper psycho education good response to treatment. We know that delay to response is common in OCD. If the patients are also educated about course of response, they might be more compliant to treatment. Thus various community awareness and education programs may be helpful to bridge this gap for better identification and management of OCD. Also there is need for awareness about mental health disorders among community physicians.

The current study did not find the gender having significant effect on help seeking behaviour. However this finding must be taken with caution as the same could be different in a community sample.

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