



Pathway to psychiatric care in a tertiary mental health facility in Jaipur, India

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ABSTRACT

Purpose: This study was planned to evaluate the pathway to care of mentally ill patients attending a tertiary mental health facility in Jaipur to highlight the difficulties of mentally ill and their relatives in accessing appropriate care.

Methods: Seventy-six patients, who attended the Out Patient Department of Psychiatry of a tertiary care hospital in Jaipur, India for the first time, were enrolled in this study. The family members of the patients were interviewed to evaluate the pathway to care using the Encounter form developed by the WHO.

Results: The patients were predominantly young adults, male, from rural, agrarian but educated background and a majority of them presented with psychotic illnesses. It was seen that there were five major gateways to care of the mentally ill in the region, Faith healers being the most popular portal of care. The median duration of untreated illness (DUI) was 6 months, and subjects had already visited, 2 carers before visiting any mental health professional. The median monetary cost of the pathway was Rs. 3565. Patients suffering from psychotic illnesses presented earlier. Those who used psychiatric services as first portal of care had different socio-demographic variables as compared to clients who used other services.

Conclusion: This pathway to psychiatric care study in Jaipur, India demonstrated that referral pathway heavily relies on faith healers. The study indicates possible fields and gives indications, underlining the importance of improving awareness campaigns that will facilitate the recognition of psychiatric disorders.

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1. Introduction

There is a general consensus that prolonged duration of untreated mental illness augurs poorly for the patient and increases the cost of treatment (Altamura et al., 2010; Drake et al., 2000; Malla et al., 2005; Okuda et al., 2010; Vaglum, 1996). Descriptive studies from developing countries indicate that a large number of patients do not present themselves directly to mental health professionals (Abiodun, 1995; Bekele et al., 2009; Chadda et al., 2001; Gater et al., 1991; Naqvi and Khan, 2006). They adopt a pathway which traverses through many agencies. In this process, many patients become chronic and deteriorate for want of proper

psychiatric care. An understanding of the way in which people seek care for mental disorders is important for planning mental health services, for the organization of training and for the organization of referrals to psychiatrists from other sources of health and social care (Gater et al., 1991). It will also help in increasing awareness by identifying key community leaders and various referral agencies patients go through.

Pathway to care is a detailed and systematic description of sources of care used by the patients before seeking help from mental health professionals and also of the factors that modify it (Gater et al., 1991; Janca and Chandrashekar, 1995). It is a rapid and feasible method of studying help seeking behavior of mentally ill patients and their families (Daisuke et al., 2007).

While many studies have been conducted in developed and developing countries to evaluate the pathway to care, very little work has been done on this aspect in India. Pathway to care studies in India is of special interest because of several reasons. In India the patient is allowed to seek help from any source of their choice and this includes faith healers. There is a severe shortage of trained mental health professionals in the country and there is an urgent need to streamline the process of accessing mental health care. The

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cultural diversity uniquely influences presentation, course and outcome of mental illnesses in India.

This study was planned to evaluate the pathway to care of mentally ill patients of a section of North India and to study the various correlates. The study was conducted in Department of Psychiatry, of SMS Medical College, Jaipur (referred in the text as PCJ). The PCJ draws on a catchment area covering Northern Region of India with a wide representation of patients and is therefore of interest because of the diversity of regions and populations included. It is expected that the reader will be able to appreciate the difficulties of mentally ill and their relatives in accessing appropriate care. Some insights will be found on how to make the care of mentally ill more suitable and easy for the population.

2. Aims and objectives

The aim of this study was to evaluate the pathway to care of mentally ill patients attending a tertiary mental health facility and to study its various correlates. The following objectives were formulated:

1. To study pathway to care of psychiatric patients, the various domains of pathway to care studied were:
 - 1.1 Duration of untreated illness (DUI): the duration between onset of symptoms and presentation to any mental health professional (MHP).
 - 1.2 Total duration of illness (TDI): the duration between onset of symptoms and presentation to PCJ.
 - 1.3 Cost.
 - 1.4 Number of carers seen before visiting MHP.
 - 1.5 Number of carers seen before visiting PCJ.
 - 1.6 To study whether socio-demographic factors influence care pathway.
 - 1.7 To study the correlation between diagnosis and pathway to care.

3. Methodology

Study was approved by research review board & ethical committee of the institution.

3.1. Setting

The study was conducted in unit I of Department of Psychiatry, of SMS Medical College, Jaipur (PCJ). It is a tertiary care center and the department of psychiatry has 320 beds. It is the largest mental health facility in the state of Rajasthan and it caters to a catchment area which includes the state of Rajasthan and adjoining states of Haryana, Punjab, U.P., M.P. and Delhi. It is a government run facility and treatment here is provided free to all patients. Apart from it, the region also has other government aided and private mental health facilities.

3.2. Participants

The study was conducted from 1st January 2010 to 28th February 2010. Family members of the patient attending the Out Patient Department of Psychiatry of the study center (PCJ, Unit I) for the first time during this period were included in this study. The study also included the family members of patients who were found to be in need of inpatient treatment. They were screened by history to ascertain whether they met the selection criteria.

3.2.1. Inclusion criteria

Family members (of patients) who were mentally and physically healthy and had the knowledge of the course of illness till the interview.

3.2.2. Exclusion criteria

Patients not accompanied by a family member, family members of patients who had neurological/physical illness causing psychiatric symptoms.

3.3. Study design

The study design adopted was broadly similar to the one developed by WHO for the multicenter study of 1991 (Gater et al., 1991) albeit with a smaller study period. All patients who attended the OPD for the first time during the study period were screened for the eligibility criteria. Seventy-seven patients were found eligible to participate in the study, one did not give consent. The subjects were interviewed after examination by the consultant to evaluate the pathway to care and its facets using the following instruments-

3.3.1. Consent form

This form was in Hindi language and was given before including the subject in study. The informed written consent was taken from each subject.

3.3.2. The pathways interview schedule (Encounter Form)

It was developed by the WHO (Janca and Chandrashekhar, 1995) to gather systematic information about the sources of care used by patients before seeing a mental health professional. It is a standard tool which has been translated in many languages and has been used worldwide in many studies. It was suitably modified for local use and additionally the cost of treatment at each step in the pathway to care was enquired. The encounter form served to record demographic data, the main problems presented by the patients, the source and type of care they received before they saw the mental health professional, and the length of time between the occurrence of their mental health problems and their contact with professional carers. Psychiatric diagnoses according to ICD-10, which were based on the history and mental status examination conducted by two qualified psychiatrists, and the total duration of illness were filled in by the investigator.

3.4. Data analysis

The routes taken by individual patients were brought together to produce a "Pathway to Care Map". The number of patients taking each step on the pathways was mapped onto the diagram. Variables of pathway to care were compared among major pathways, among different diagnostic groups and among different socio-demographic variables. We used median values when comparing delays because the distribution of delay was heavily skewed. Mean values have been mentioned only for descriptive purposes. Fisher's exact test was used for categorical data and Mann-Whitney, Kruskal-Wallis non-parametric test was used for continuous data.

4. Results

Out of seventy-seven participants, who were approached for the study and fulfilled the selection criteria, seventy-six gave consent for participation in the study.

4.1. Subject data

It was seen that (Table 1) 81% of the patients ($n = 76$) were in the 2nd, 3rd and 4th decade of life, 71.5% of respondents were males, 55.5% were married. 54% of the patients lived in a nuclear family and 92% of the patients were Hindus. 78% were from rural background and most of them (59.5%) came from small villages. 63.5% of the patient's families had a monthly income of less than

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