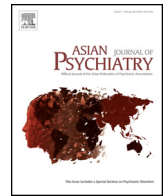




ELSEVIER

Contents lists available at ScienceDirect

Asian Journal of Psychiatry

journal homepage: www.elsevier.com/locate/ajp

Attitude towards psychiatrists: A comparison between two metropolitan cities in India



Aditya Mungee^{a,*}, Aron Zieger^a, Georg Schomerus^{b,c}, Thi Minh Tam Ta^a, Michael Dettling^a, Matthias C. Angermeyer^d, Eric Hahn^a

^a Department of Psychiatry and Psychotherapy, Charité University Hospital, Campus Benjamin Franklin, Berlin, Germany

^b Department of Psychiatry, Ernst Moritz Arndt University, Greifswald, Germany

^c HELIOS Hansekllinikum, Stralsund, Germany

^d Center for Public Mental Health, Untere Zeile 13, A-3482 Gössing am Wagram, Austria

ARTICLE INFO

Article history:

Received 2 February 2016

Received in revised form 10 June 2016

Accepted 19 June 2016

Available online xxx

Keywords:

Mental health stigma

Attitudes towards psychiatrists

India

South Asia

ABSTRACT

Background: Few patients in need of mental health care have access to psychiatric care in low and middle income countries. Public attitudes towards psychiatrists have not been adequately studied in most developing countries and especially in India, where on average one trained psychiatrist is available for 300,000 people. The aim of our study was to explore attitudes towards psychiatrists in the general population in two Indian metropolitan cities (Chennai and Kolkata) and to identify factors that could influence these attitudes.

Subjects and methods: Explorative surveys in the context of public attitudes towards psychiatrists were conducted in a convenience sample from the general population in Chennai (n = 166) and Kolkata (n = 158). Sampling was balanced for age, gender and school education.

Results: Comparing the two samples using a multivariate analysis, we found more negative attitudes towards psychiatrists in Chennai compared to Kolkata ($p < 0.0001$). Negative attitudes correlated with lower education levels ($p < 0.001$) and stronger religious beliefs ($p < 0.05$) in both cities.

Conclusion: Attitudes towards psychiatrists differed widely between two large metropolitan cities in India. In line with previous studies, negative attitudes correlated with lower level of education and stronger religious beliefs across both cities. Future studies may identify finer cultural and social factors that play an important role in attitudes towards psychiatrists in a diverse country like India.

© 2016 Elsevier B.V. All rights reserved.

1. Introduction

Mental health care remains a neglected issue in most developing countries. While associations between poverty and infectious diseases have been extensively studied, a correlation between poverty and mental health has also been established through studies mainly conducted in industrialized countries. The World Health Organization has proposed a similar vicious cycle between poverty and mental disorders, specifically for developing countries (Patel and Kleinman, 2003). Moreover, resources for mental health are inequitably distributed between high and low-income countries. India, the world's second most populous country with a population of about 1.3 billion people spends a mere 0.06%

of its health budget on mental health (*Mental Health Atlas 2011—Department of Mental Health and Substance Abuse, World Health Organization*). The prevalence of severe mental disorders is estimated at 6.5% by the Indian government, (*NCMH Background Papers—Burden of Disease in India, National Commission of Macroeconomics and Health, 2005*) which implies that at least 71 million people in India are in need of professional psychiatric treatment. However, the number of psychiatrists in India is estimated to be about 4900, which translates into one psychiatrist for 300,000 people and an estimated 77% deficit of psychiatrists (Thirunavukarasu and Thirunavukarasu, 2010). Another issue is that those few psychiatrists are usually only available in urban areas. In another study it has been estimated that available psychiatrists could not cover more than 10% of the health care for prevalent severe mental health disorders in India (Patel, 2009). According to the WHO World Mental Health Surveys, there are high levels of unmet needs for mental health in other developing countries as well (Wang et al., 2007).

* Corresponding author at: Department of Psychiatry and Psychotherapy, Charité University Hospital, Campus Benjamin Franklin, Hindenburgdamm 30, 12203, Berlin, Germany.

E-mail address: aditya.mungee@charite.de (A. Mungee).

As a result, a large number of patients in need of mental health care seek help from faith healers, traditional medicine practitioners, village health workers, and primary health care centres. There have been few studies on how psychiatrists are perceived in society in India. [Kermode et al. \(2009\)](#) reported that people in rural India rated family members, neighbours and even general practitioners as more helpful than psychiatrists when presented with case vignettes describing depression and psychosis. The authors discussed that stigma about consulting a psychiatrist probably played a role, additionally to inaccessibility of mental health care in rural areas. A study conducted by [Lahariya et al. \(2010\)](#) in Gwalior, a city with a population of over 2 million people (Census, [Government of India, 2011](#)) in central India, found that less than 10 per cent of patients interviewed in a psychiatric hospital first consulted a psychiatrist at the onset of symptoms. For a majority of patients, the first contact was with faith healers. [Mishra et al. \(2011\)](#) reported that while patients in a tertiary care setting were more likely to seek professional psychiatric help, almost one third of these patients still sought help from faith healers or alternative medicine practitioners at some point during the course of their illness. Recommendation from relatives and friends, and lack of response to previous treatment was strongly related with seeking professional help.

This raises an important question, on how diverse Indian societies perceive psychiatrists, and which factors influence the public image of psychiatrists. To further elucidate this important public health care question, we studied the attitude of the general population towards psychiatrists in two major metropolitan cities: Chennai and Kolkata. In a large and heterogeneous country like India with 22 official languages, ([Mohandas, 2009](#)) multiple religions and ethnicities, large socioeconomic and cultural diversity, it is reasonable to hypothesize wide differences in the way psychiatrists are perceived by the public. Therefore, we chose to conduct this study in two cities that differ geographically, linguistically, socially and culturally: Chennai, a city in the south of India is the fourth most populous metropolitan area in India and the most widely spoken language here is Tamil. Kolkata, on the other hand, is located in Bengal in East India and is the third most populous metropolitan area in India; the predominant language here is Bengali (Census, [Government of India, 2011](#)). To the best of our knowledge, this is the first study comparing two cities in India regarding attitudes towards psychiatrists in the general population.

2. Methods

2.1. Sample

We included subjects from the general population in Chennai and Kolkata for our study sample. The assistance of market research firm Panoramix™ in the data collection process ensured accurate and consistent completion of the questionnaires in both of the cities. Since we only included participants who were registered with the market research firm, it resulted in a convenience sample. Our sampling method did not involve a probability based selection method. Data collection in both cities was carried out in the months of April and May of 2014 with an interview-assisted questionnaire conducted by a psychologist. All subjects signed an informed consent form prior to participation and were asked to complete questionnaires under assistance. Kolkata was the first city in which participants were recruited, following which participants from Chennai were recruited to match the gender, age, and educational attainment of Kolkata.

All returned questionnaires were controlled at site by the interviewer for missing items or inconsistencies. Within our study design, individuals who completed the questionnaire were

between 17 and 64 years old. The number of respondents in Chennai totalled 166, while the number of respondents in Kolkata totalled 158, leaving us with an overall sample size of 324.

[Table 1](#) presents the detailed demographic characteristics of our survey sample. We matched the samples for age, sex and level of school education between the two cities. Additionally, the samples did not differ with respect to income class or household size. There were however significant differences between the two samples concerning religion and strength of religious beliefs.

2.2. Questionnaire

Since no validated questionnaire was available for determining attitudes towards psychiatrists in India, we adapted the validated questionnaire published by [Gaebele et al. \(2015\)](#). Other studies, for example [Catthoor et al. \(2014\)](#) also used a modified version of this questionnaire. All questionnaires in English language were translated into the local languages spoken in Kolkata and Chennai and then back translated to English according to the guidelines published by [Brislin \(1970\)](#). All versions were controlled for consistency and semantics by two independent certified translators ([Sartorius and Kuyken, 1994](#)). The fully structured questionnaire was administered by a psychologist using a combination of guided self-report and interview methods, depending on the literacy and preferences of the respondents. The questionnaire took 10 min to complete. The questionnaire consisted of 8 items

Table 1
Socio-demographic characteristics of survey sample (n = 324).

Variable	Chennai (n = 166)	Kolkata (n = 158)	ANOVA Sig.
Gender:			
Male	48.8	49.4	n.s.
Female	51.2	50.6	
Age (range years):			
17–24	21.7	20.3	n.s.
25–34	36.1	34.2	
35–44	28.3	27.2	
45–54	9.0	12.0	
55–64	4.8	6.3	
Education:			
No formal education	3.0	3.8	n.s.
Primary School	5.4	5.1	
Middle School	4.2	4.4	
Secondary School	87.3	86.7	
Strong religious beliefs:			
Yes	81.3	54.4	<0.001
No	18.7	45.6	
Religion:			
Hinduism	74.7	92.4	<0.001
Islam	12.7	1.9	
Christianity	6.0	0.6	
Others	1.2	0	
None	5.4	5.1	
Household Size:			
1	3.0	3.8	n.s.
2	10.8	7.0	
3	36.1	40.5	
4	31.3	26.6	
>5	18.6	22.2	
Income Class:			
Upper	13.3	13.3	n.s.
Middle	82.5	60.1	
Lower	3.6	25.9	

n.s. = not significant.

Download English Version:

<https://daneshyari.com/en/article/317270>

Download Persian Version:

<https://daneshyari.com/article/317270>

[Daneshyari.com](https://daneshyari.com)