Awareness on mental illness and delay in seeking health services among members of psychiatric patient

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ABSTRACT

Background: Mental illness is an emerging problem in Nepal. Awareness about mental illness is the major determinant for early detection of the problem and prevention from delay in seeking the psychiatric treatment. **Objective:** This study aims to evaluate the awareness of mental illness among family members of psychiatric patient and explore factors contributing to delay in seeking health service. **Materials and Methods:** A cross-sectional study was conducted at Patan Hospital, Patan Academy of Health Sciences, Nepal. Non-probability purposive sampling technique was used to select the sample. New patient's family members attending for checkup were interviewed. A self-constructed open- and close-ended questionnaire in Nepali was used for data collection to analyze. The data were analyzed using descriptive and inferential statistics such as frequency, percentage, mean, median standard deviation, and Chi-square. **Results:** Out of 126 family members, 101 (80.16%) had heard about mental illness and among them 42 (41.60%) of the respondents had poor level of awareness. Almost half 62 (49.21%) of the respondents had late delay in seeking health services and the reasons for delay were; unable to identify the symptoms 57 (45.20%), initial treatment with Dhami and Jhakris 37 (29.40%), and conducting religious activity at home 22 (27.50%). There was no significant association between delay and sociodemographic variables of the family members. **Conclusion:** Study demonstrated that nearly 1/2 of the respondents had poor knowledge and almost 1/2 of the respondents had longer delay for treatment seeking and nearly half 1/2 of the respondents main reason for delay in treatment seeking was unable to identify the symptoms.

KEY WORDS: Awareness; Delay; Mental Illness; Seeking Treatment

INTRODUCTION

In Nepal, an estimate of 30% of the population is suffering from psychiatric problems and neuropsychiatric disorders are among the leading causes of worldwide disability in young people.[1] The gap in the treatment is still high, especially in low- and middle-income countries.[2] Delays to the onset of treatment prolong the duration of untreated psychosis.[3] Lack of financial resources and low mental health literacy, in particular misconceptions about mental health problems and stigma associated with mental health problems, contribute to delay or obstruct access to treatment for individuals in Nepal.[4] Awareness of general public about mental health condition is an important determinant of help-seeking behavior and demand for health-care services.[5]

This study aims to evaluate the awareness of mental illness among family members of psychiatric patient and explore factors contributing to delay in seeking health service.

MATERIALS AND METHODS

A cross-sectional study was conducted from April 2018 to February 2019 among family members of the psychiatric patient visiting the psychiatric OPD for the 1st time for the treatment of their patients who are staying with the patient minimum for 6 months and sharing same kitchen were included in the study after doctor's checkup/diagnosis and those who were diagnosed with mood disorder (depression, bipolar disorder, and mania), neurotic disorder (anxiety disorder, dissociative disorder, obsessive compulsive disorder, post-traumatic stress disorder, and adjustment disorder), and psychosis (schizophrenia) were included in the study in the outpatient department of Patan Hospital, Patan Academy of Health Sciences (PAHS).

The sample size was calculated using Yamane formula (n) = N/1+Ne2 where N = Number of new psychiatric patient come to psychiatric OPD of Patan Hospital in 4 weeks (N) = 185, Marginal error (e) = 5% (0.05). The required sample size was 126. Purposive sampling was used to select the required sample, that is, 126.

The data were collected only after the check-up done by the psychiatrist and in separate quite space in waiting hall of psychiatry OPD from 9 am to 3 pm except public holidays from 6 to 7 respondents each day. The average time to complete the interview was about 20–25 min. A structure interview schedule was used to collect data from the family members regarding awareness and delay in treatment seeking which was divided into three parts.
- Part I = Questions related to sociodemographic information
- Part II = Consists of questions related to awareness on mental illness
- Part III = Consists of questions related to delay in seeking health services
- Awareness was scored in three levels, poor level of awareness – first quartile (score ≤4)
- Moderate level of awareness – second quartile (score 5), good level of awareness – third quartile (score >5).

In this study, pre-testing was done in 10% of estimated sample size, in 13 family members at psychiatry OPD. Study was conducted after obtaining formal approval from Research Committee of Lalitpur Nursing Campus, Institutional Review Committee (IRC) of PAHS, Nursing Director and OPD Section of Patan Hospital. Consent was obtained from family members and objective was explained before collection of data.

The data were edited, coded, entered, and classified into excel. Statistical Package for the Social Sciences (SPSS version 16) was used for data entry, data transformation, and data analysis. Chi-square test was used to examine the association among dependent and independent variables.

Statistics

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RESULTS

Out of 126 family members interviewed, 81 (64.30%) were of age 21–40 years with mean age ± SD which was 35.25 ± 11.89, 65 (51.60%) were male. Majority 98 (77.80%) were married and100 (79.37%) were literate. Half 63 (50%) belongs to nuclear family. In addition to occupation, 35 (27.78%) have their own business. Mostly 89 (70.43%) found to be residing in urban areas. Regarding availability of health facility, there was cent percent availability of health-care facility nearby their residence and among those facilities most of the respondents 80 (63.49%) have health post near their residence and only 3.17% have primary health center as a health-care facility. Likewise, 70 (55.60%) of the respondents require less than 30 min of walking distance to reach their nearby health center and 3 (2.40%) respondents had to spend 3–4 h to reach nearby health center.

Out of 101 who were aware of mental illness, nearly half 42 (41.6%) of the respondent had poor level of awareness, above one-third 33 (32.7%) had average level of awareness whereas, less than one-third 26 (25.7%) of the respondent had good level of awareness and mean score of awareness was 4.71 ± 1.12, Table 1.

Out of 126 family members interviewed, their duration of delay for the treatment to their patient, 62 (49.21%) had

Table 1: Level of awareness among family members of the psychiatric patient (*n*=101)

Level of awareness	*n*	%
Poor (score ≤4)	42	41.60
Average (score 5)	33	32.70
Good (score >5)	26	25.70

longer delay, 43 (34.13%) of them had early delay, and 21 (16.67%) had moderate delay. Mean duration of delay was 13.66 ± 8.71 months, Table 2.

Among 126 family members who visited hospital to provide treatment to their patient explored that nearly half 57 (45.2%) did delay as they could not identify the symptoms as mental illness, more than one-fourth 37 (29.4%) treated with Dhami and Jhakris before they seek for psychiatric treatment which caused delay, similarly, more than one-fourth 22 (27.5%) conducted religious activities at home for the symptoms shown by patient to relieve their symptoms and few 10 (7.9%) did self-medication from pharmacy for their symptoms which caused delay in seeking psychiatric treatment, Table 3.

Association between selected demographic (age, gender education, income, and type of family) and duration of delay had no significant association, Table 4.

DISCUSSION

This study revealed that nearly half 42 (41.6%) of the respondent had poor level of awareness and mean score of

Table 2: Duration of delay (*n*=126)

Duration of delay (month)	*n*	%
Early delay (7)	43	34.13
Moderate delay (8–10)	21	16.67
Longer delay (≥11)	62	49.20

Mean duration of delay 13.66±8.71 (month)

Table 3: Reasons for delay in seeking health services (*n*=126)

Characteristics	*n*	%
Reasons		
Could not identify the symptoms	57	45.20
Treated with Dhami and Jhakris	37	29.40
Conducted religious activity at home	22	27.50
Took medication from pharmacy	10	7.90

Table 4: Association between selected demographic variables and duration of delay (*n*=126)

Variables	Duration of delay	Late	χ^2	*P*-value
	Early			
Gender				
Male	35	30	0.501	0.076
Female	29	32		
Residence				
Rural	23	14	2.709	0.119
Urban	41	48		
Education				
Literate	53	47	0.944	0.331
Illiterate	11	15		

awareness was 4.71 ± 1.12. Nearly half 62 (49.21%) had longer delay (≥11 months) for seeking psychiatric treatment. The study identified the different reasons for causing delay in seeking psychiatric treatment by the respondents which explored that nearly half 57 (45.2%) did delay as they could not identify the symptoms as mental illness, more than one-fourth 37 (29.4%) treated with Dhami and Jhakris before they seek for psychiatric treatment which caused delay, similarly, more than one-fourth 22 (27.5%) conducted religious activities at home for the symptoms shown by patient to relieve their symptoms and few 10 (7.9%) did self-medication from pharmacy for their symptoms which caused delay in seeking psychiatric treatment. No significant association has been found between duration of delay and demographic variables like, gender, residence, and education ($P = 0.076$, 0.119, and 0.331, respectively). Nearly half 42 (41.6%) of the respondent had poor level of awareness and mean score of awareness was 4.71 ± 1.12. Nearly half 62 (49.21%) had longer delay (≥11 months) for seeking psychiatric treatment.

This study revealed that nearly half 42 (41.6%) of the respondent had poor level of awareness and mean score of awareness was 4.71 ± 1.12. The study from South India among general public found poor knowledge and the mean score was 5.90 ± 1.22.21.[7] In contrast with the study findings, study from Assam shows average knowledge of family members about mental illness was considerably higher.[8] In the present study, nearly half 62 (49.21%) had longer delay (≥11 months) for seeking psychiatric treatment. The study from Vietnam found the delay to diagnosis was 11.5 months, and overall, 53.7% (*n* = 304) had a delay to diagnosis of less than 1 year.[9] The present study identified the different reasons for causing delay in seeking psychiatric treatment by the respondents which explored that nearly half 57 (45.2%) did delay as they could not identify the symptoms as mental illness, more than one-fourth 37 (29.4%) treated with Dhami and Jhakris before they seek for psychiatric treatment which caused delay, similarly, more than one-fourth 22 (27.5%) conducted religious activities at home for the symptoms shown by patient to relieve their symptoms and few 10 (7.9%) did self-medication from pharmacy for their symptoms which caused delay in seeking psychiatric treatment. The present study finding is consistent with a study finding from Nepal 35.2% visited faith healers for the treatment for their symptoms[10] and Vietnam[11] found religious source of help as first help seeking by 26% of the respondents which is nearly equal in number with the present study findings. In the same way, the qualitative from Uganda, Liberia, and Nepal reported that community people would rather receive treatment from traditional healers than for medical treatment. In general, community people do not seek treatment for mental illness unless the problem is severe.[12] Similar study from North India[13] found that about 67.30% of participants attributed lack of awareness regarding the symptoms as the reason for delay in approaching the psychiatric services and 19.3% visited private clinic for their symptoms which lead to delay

in approaching psychiatric treatment. Although the reasons for delay are consistent with the present study, in comparison to the present study, more number of the respondents were unknown about the symptoms of illness and also visited to the private clinic. The present study shows no significant association of duration of delay with selected demographic variables gender, residence, and education ($P = 0.076$, 0.119, and 0.331). However, a study from Ghana[14] and Southwest Ethiopia[15] showed that there was a significant association between age of the patient and delays in treatment seeking.

This study was a single-center urban university teaching hospital study and the findings may require cautious application for other settings. Due to limited resource, a purposive sampling technique and self-developed tool were used, which may require further validity.

CONCLUSION

This study revealed that nearly 1/2 of the respondents (101 out of 126) had poor knowledge and almost 1/2 of the respondents had longer delay. For nearly half of the respondents, the main reason for delay in treatment seeking was unable to identify the symptoms. The duration of delay with selected sociodemographic variables was not significantly associated.

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