A study of help seeking behavior of psychiatric patients

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Abstract

Background: A large number of mentally ill patients prefer to visit non-medical practitioners such as faith healers because of the stigma attached to mental illness and/or belief that mental illness are caused by supernatural powers. Faith healers are more convenient to be approached first because of ease of availability and prevalent cultural belief and persuasion. Objective: The current study aims to find the help seeking behavior of patients suffering from mental illness and whom they approach first once affected, either psychiatrists or faith healers. Methods: A cross sectional study was conducted among patients admitted in the psychiatric ward of Kathmandu Medical College Teaching Hospital during 1st January to 30th July 2012. All patients admitted in the ward during that period were informed about the purpose of the study and a written informed consent was taken. In case of psychotic patients, the consent was obtained from nearby relatives. Results: Among 54 patients enrolled in the study, significant number of psychotic patients (n=15) visited faith healers in comparison to only 4 non-psychotic patients. Number of females (n=12) visiting faith healers in comparison to males (n=7) was higher. Patients having belief in black magic were more likely to visit faith healers than those who were non-believers. In contrary to the popular belief, patients approaching the faith healers spent more money (> $20) in the treatment than who approached psychiatrists (< $20). Conclusion: The study shows that most of the patients suffering from mental illness prefer to approach faith healers first because of the prevailing trust on faith healers, because they are locally available and because of a prevailing belief in supernatural causation of mental illness.

Key words: Help seeking behaviour, Psychiatric Disorders, Traditional faith healers

INTRODUCTION

A large number of patients suffering from mental disorders seek nonprofessional care such as traditional faith healers and practitioners of alternative systems of medicine such as Ayurveda¹. In a developing country like Nepal majority of people live in rural areas. Psychiatric facilities are however, located mainly in major cities. In this context most of the people suffering from mental disorders do not have access to hospitals and generally approach traditional faith healers. This is because they are easily accessible and locally available. Most importantly people living in rural areas have been contacting them for ailments from centuries and have developed a strong sense of trust and belief that faith healers can cure their ailments. Moreover, faith healers provide culturally sensitive care. For these reasons faith healers play a crucial role in the care of people with mental disorders as well in the developing world².

Psychiatric illnesses are often associated with social stigma, forcing families to hide the problems and avoid psychiatric treatment. In South Asian countries a handful of patients with psychiatric disorders receive professional treatment and the majority of them are forced to hide their ailments even though it is causing substantial distress and role impairment³,⁴. It is seen that large number of patients instead approach the easily accessible people such as traditional faith healers who they are closely attached to and have confidential relationship with and believe that their illnesses will not be revealed to others along with a strong belief in the supernatural causation of mental illness and that these
can be effectively handled by faith healer and their
treatment.

In India traditional healers and religious people play
an important role in providing service for patients with
mental illness. This population are as high as up to three
quarters of the mentally affected population.\textsuperscript{5, 6, 7, 8, 9}

The current study aims at exploring and comparing
patients with mental illness who attend faith healers,
and others who attend psychiatrists in terms of their
socio-demographic profile and the type of mental
illnesses they are suffering from.

\textbf{METHODS}

This is a cross-sectional study carried out in patients who
were admitted in the psychiatric ward of Kathmandu
Medical College Teaching Hospital during 1st January
to 30\textsuperscript{th} July 2012. All the patients who were admitted in
the wards were informed about the purpose of the study
and written informed consent were taken. Patients who
did not give the consent were excluded from the study.
In case of psychotic patients, the information were
obtained from nearby relatives.

A semi-structured proforma was used for information
into socio-demographic data and diagnoses according
to International Classification of Diseases – 10 (ICD-10).
All data were entered and analyzed with SPSS 16.5.

\textbf{RESULTS}

Altogether 54 patients were enrolled in the study (Table
1). Twenty nine (53.7\%) were male and 25 (46.3\%) were
female. Among these, 27 (50\%) were married
and 27 (50\%) were unmarried. According to the two
diagnostic groups 26 (48.1\%) were psychotic patients
(Schizophrenia 30.7\%, Bipolar affective disorder 46.1
\%, Acute psychosis 23.1\%) and 28 were non-psychotic
patients (Depressive disorder 46.4\%, Anxiety disorder
7.14\%, Conversion disorder 10.7\%, Alcohol dependence
35.7\%). Forty six (85.2\%) were literate and 8 (14.8\%) were
illiterate. Twenty two (40.7\%) patients believed in Black
magic and 32 (59.3\%) were non-believers.

Results show that a total of 64.8\% visited Psychiatrists
first and 35.2\% visited faith healers. According to
diagnostic entity, 57.7\% of psychotic patients went to
faith healers as compared to non-psychotic patients
(14.3\%). This distribution was statistically significant
at .001 level. Belief in black magic was another factor
which determined whether patients approached faith

<p>| Table 1: Various factors according to first visit to Faith healers or Psychiatrist |
|-----------------------------------------|-----------------|-----------------|-----------------|-----------------|</p>
<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Faith healers</th>
<th>Psychiatrist</th>
<th>P-value</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychotic</td>
<td>15 (27.8)</td>
<td>11 (20.4)</td>
<td>.001</td>
<td></td>
</tr>
<tr>
<td>Non-psychotic</td>
<td>4 (7.4)</td>
<td>24 (44.4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gender</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>7 (13.0)</td>
<td>22 (40.7)</td>
<td>.061</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>12 (22.2)</td>
<td>13 (24.1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Married</td>
<td>10 (18.5)</td>
<td>17 (31.5)</td>
<td>.500</td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>9 (16.7)</td>
<td>18 (33.3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Literate</td>
<td>16 (29.6)</td>
<td>30 (55.6)</td>
<td>.588</td>
<td></td>
</tr>
<tr>
<td>Illiterate</td>
<td>3 (5.6)</td>
<td>5 (9.3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Belief in Black Magic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>17 (31.5)</td>
<td>5 (9.2)</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>2 (3.7)</td>
<td>30 (55.6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total spending</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt;$20</td>
<td>3 (5.6)</td>
<td>24 (44.4)</td>
<td>.000</td>
<td></td>
</tr>
<tr>
<td>&gt;$20</td>
<td>16 (29.6)</td>
<td>11 (20.4)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 2: Diagnostic categories visiting Faith healers or Psychiatrist

<table>
<thead>
<tr>
<th></th>
<th>Whom did you contact first</th>
<th>% of non-psychotic patients</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Faith healers</td>
<td>Psychiatrist</td>
</tr>
<tr>
<td>Non-psychotic Disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression</td>
<td>4</td>
<td>9</td>
</tr>
<tr>
<td>Anxiety</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Conversion Disorder</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Alcohol Dependence</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Psychotic disorders</td>
<td>% of psychotic patients</td>
<td></td>
</tr>
<tr>
<td>Acute Psychosis</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Schizophrenia</td>
<td>3</td>
<td>19.2</td>
</tr>
<tr>
<td>Bipolar Affective Disorder</td>
<td>6</td>
<td>23.1</td>
</tr>
</tbody>
</table>

DISCUSSION

The study shows that 35.2% of the patients with psychiatric disorders visited faith healers as a first contact in comparison to the psychiatrist. This large group of patients usually visit the traditional faith healers because they are easily approachable and also because they have belief in supernatural cause of mental disorder as well as because of recommendations of relatives and friends. This study is consistence with the earlier research done in India, which found a significantly higher consultation rate with faith healers in those patients with schizophrenia and delusional disorders. In the current study those patients with psychotic illnesses usually went to faith healers because of the strong belief in faith healers and a belief in black magic as well as in the concept of possession by God.

Many patients and their care takers usually give priority to the alternative service providers such as traditional faith healers, astrologers and ayurveds. They approach such groups because of lack of awareness or the absence of easily accessible treatment facilities especially in developing countries like Nepal, where transportation of medical facilities are scarce in rural areas and the psychiatric facilities are available only at general hospitals and mental hospitals. In the urban areas as well, psychiatrists are preferred as a least priority due to stigma. Psychiatric illnesses are often accompanied by social stigma, leading to more suffering from severe mental disorders and subsequently families try to hide the illness and avoid psychiatric treatment. This is also another reason to seek help from traditional faith healers.

In the current study majority of people believing in black magic (40.7%) sought help from the traditional healers. In comparison to this group those who did not believe in black magic sought help from psychiatrist. This finding is consistent with the study done in India. The similarity of these findings is probably due to the cultural resemblance in these two countries.

It has generally been thought that most of the patients seek help from traditional healers because they believe that these healers are cost effective. In contrast, the current study shows that this is not true. Among all patients visiting a faith healer first 84.2% (16 out of 19) spent more than $20 in comparison to only 31.4% (11 out of 35) visiting a psychiatrist spent more than $20. The cost eventually rises as people are made to spend money in many different ways such as consultation charges, sacrifices of goat or cock to the God, buying the “Jantra” or “Tabiz”, offering special worships (Puja) to the God, sacrificing pigeons and / or freeing the pigeons in the sky, etc.

The present study shows that more females approached the traditional healers than males, and males tended to approach psychiatrist more than females. This finding is similar with earlier research done in India.

These findings also might be due to the level of education which is high in males in comparison to females.

CONCLUSION

This study reveals that the trend of first contact of mentally ill patient to the faith healer is quite common. Therefore it is highly recommended that there is a need for awareness programs to the faith healers so that they are better able to recognize the severity of mental illness and to subsequently refer these cases to the psychiatrist in time. Moreover easy access of service is one important factor in the decision as to whom patients approach first which highlights the necessity of making psychiatric care more easily accessible in rural areas.
REFERENCES
3. Wells KB, Manning WJR, Benjamin B. A comparison of the effects of sociodemographic factors and health status on use of outpatients mental health services in HMO and fee-for-service plans. Medical Care. 1986; 24: 949-60.