Original Article

Pathways to Mental Health Care Services among Patients in Hospitals of Morang District, Nepal

Uma Pradhan[1*], Namu Koirala[1], Menuka Shrestha[1], Surya B. Parajuli[2]

[1]Lecturer, Department of Nursing, Purbanchal University School of Health Sciences, Gothgaun

[2]Assistant Professor, Department of Community Medicine, Birat Medical College & Teaching Hospital, Kathmandu University, Nepal

***Corresponding author:** Uma Pradhan, Email: umapradhan977@gmail.com

ORCID: https://orcid.org/0000-0002-3703-0794

Abstract

Introduction: The burden of mental disorders is continuously growing globally. Limited or scarce resources, stigma, and discrimination can result in a lack of access to health and social service. Timely access to mental health care services and support systems are key in preventing and treating mental health disorders. Hence, this study aims to identify the mental health care seeking pathways in hospitals of Morang district.

Methods: A cross-sectional study was conducted from January 2017 to December 2017 among patients attending psychiatric outpatient departments of two different hospitals of Morang district. One hundred patients were selected through consecutive sampling. A standard tool of the pathway to care from the catalog of WHO Psychiatric Assessment was used to collect the data. Data were analyzed using SPSS version 18. Chi-square test was used to find out the association between pathways and selected demographic variables at $p<0.05$ level of significance.

Results: Among 100 participants, only 17% visited mental health care services directly. Remaining reached via non-psychiatric doctors (40%) and faith healers (37%). There was no significant association between the pathways to care, with age ($p = 0.932$), sex ($p = 0.825$), marital status ($p = 0.348$), education ($p = 1.000$), religion ($p = 0.392$), type of family ($p = 0.381$), monthly income ($p = 0.590$) and family history of mental illness ($p = 0.730$).

Conclusion: Few patients visited mental health care services through direct pathways. There is a need to improve mental health awareness and advocate health workers as well as faith healers for better referral of patients with mental health problems.

Keywords: Mental health care services, Pathways, Nepal

ARTICLE INFORMATION	Source of Support: Purbanchal University Research Division	Conflict of Interest: None
Received: 3 January 2022	Accepted: 15 April 2022	Published Online: 30 August 2022

INTRODUCTION

Good mental health includes emotional, psychological, and social well-being. Mental health is essential at every stage of life, from childhood through adolescence, adulthood, and older age.[1, 2] Ensuring good mental health is a fundamental human right and now is considered a priority program by the World Health Organization (WHO), incorporated in United Nations (UN) Sustainable Development Goals (SDGs) and is a component of primary health care services.[3] Mental health problems are common in all parts of the world, affecting every community. Fourteen percent of the global burden of disease is related to these disorders and most of the people affected (75%) in low-income

countries do not have proper access to the treatment.[4] A pilot study conducted in Nepal stated that the prevalence of mental disorders among adults and children was 13.2% and 11.2% respectively; and suicidal ideation among adults and children was 10.9% and 8.7% respectively.[5]

Given the appropriate care, psychological support and medications, patients could be treated for conditions like mood disorders, schizophrenia and epilepsy. This will also help in preventing suicide and help patients to lead normal lives.[1] In Nepal, there are 0.22 psychiatrists, 0.06 psychologists and 1.5 beds per 1,00,000 population.[6] Eighty percent of the psychiatric beds are confined to urban areas. Stigma, discrimination, various misconceptions, cultural norms, and lack of awareness are the barriers for seeking mental healthcare in Nepal.[7] Initially patients and relatives approached faith healers because of feasibility and easy accessibility according to studies conducted in Nepal.[8] The longer the pathways, the more chances are the delay in seeking mental healthcare services and more progression of the disease. The direct pathway is to visit psychiatrists and indirect pathways are non-psychiatric doctors, health assistants, faith healers, and emergency care. Timely identification of pathways and possible factors help mitigate the problems and develop effective action plans. In this context, we conducted this study intending to identify the pathways to mental health care services in hospitals of Morang district and to find out the association of pathways with selected demographic variables.

MATERIALS AND METHODS

We conducted a cross-sectional study at the Psychiatric Out Patient Department (OPD) of Koshi Hospital and Nobel Medical College Teaching Hospital of Morang district from January 2017 to December 2017. Permission was taken from Koshi Hospital and Nobel Medical College to conduct the study. Consecutive sampling technique was used to collect data from 100 patients: 60 from Koshi Hospital and 40 from Nobel Medical College Teaching Hospital. Consecutive sampling technique was preferred as all the patients meeting the eligibility criteria were included in the study. Data were collected using face to face interviews from patients and patient parties who provided informed consent. Patients without patient parties were not enrolled in the study. Permission for data collection was obtained from the hospital director and head of the department of Psychiatric OPD of respective hospitals. We used Pathways Interview Schedule from the WHO Psychiatric Assessment catalogue for data collection.[9] It represents the collection of a description of psychiatric instruments. Pathways interview schedule is a semi-structured tool and its administration takes around 10 minutes. SPSS version 18 was used to analyze the data. Chi-square test was used to find out the association between pathways and demographic variables at 95% confidence interval.

RESULTS

In our study, more than one fourth (28%) of patients were in the age group of 21-30 years. Two third (67%) were female and most of them (78%) were married. About half (44%) had secondary level education. Most (89%) patients were Hindu. Majority (71%) belonged to nuclear family. More than half (53%) had a monthly income of ≤NRs 15000. Eighteen percent had a family history of mental illness. Two-third (68%) stated that mental health care services were not available in their local area. Thirty-four percent of patients sought first visit service on their own while 29% was suggested by family members and 20% by neighbors. (Table 1)

Table 1: Baseline characteristics of patients (n=100**)**

Characteristics	Percentage
Age in Years, Median:33	
≤ 10	6
11-20	13
21-30	28
31-40	26
41-50	17
51-60	7
> 60	3
Sex	
Male	33
Female	67

Marital Status	
Unmarried	22
Married	78
Educational Status	
Illiterate	16
Primary	18
Secondary	44
Higher Secondary	15
Bachelor	5
Master's Degree	2
Religion	
Hindu	89
Muslim	7
Others	4
Type of family	
Nuclear	71
Joint	29

Monthly income in NRs	
≤15000	53
>15000	47
Family history of mental illness	
Yes	18
No	82
Patients suggested for the first visit	
Patient (Self)	34
Family members	29
Neighbors	20
Relatives	12
Friends	5

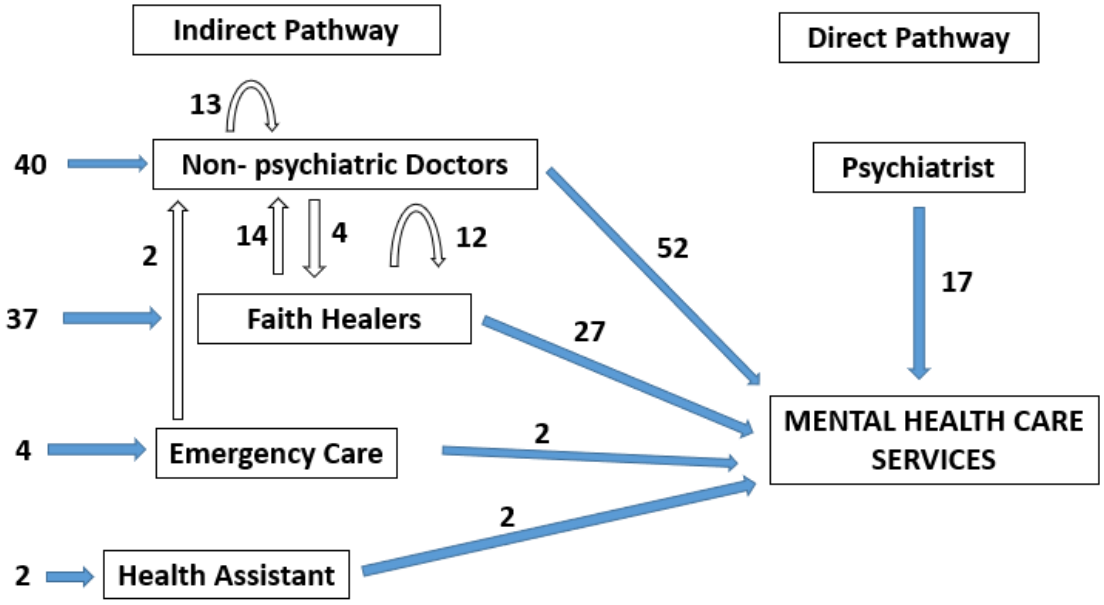

Figure 1: Mental health care seeking pathways of patients (n=100)

Figure 1 represents the mental health care service seeking pathways. Only 17 patients visited the mental health care services directly while 83 patients followed indirect pathways. Forty patients reached mental health care services via non-psychiatric doctors and 37 patients reached by faith healers. The remaining 4 patients reached through emergency care and 2 patients through health assistant. Among 40 patients who visited non-psychiatric doctors as the first carer, 13 patients visited other non-psychiatric doctors and 4 patients visited faith healers before finally reaching a mental health care services. Among 37 patients who visited faith healers as the first carer, 14 of them visited non-psychiatric doctors and 12 patients went to other faith healers before finally reaching a mental health care services. Among patients who visited the emergency center, 2 of them were directly referred to a mental health care services whereas 2 were referred to non-psychiatric doctors before finally reaching mental health care services. Two patients primarily visiting

health assistants were directly referred to mental health care services.

In table 2, more than half (53%) of the patients had a duration of ≤1 week to their first journey of care followed by a 1-month duration (29%) with a median of 1 week. The duration between first symptoms and patients attending psychiatric consultation was ≤1 month (44%) followed by 2-6 months (40%) with a median of 5 weeks. The number of carers from the first contact to reaching mental health services ranged from 0-6.

Table 3 depicts that there was no significant association between the pathways to care and variables like age, sex, marital status, educational status, religion, type of family, monthly income, and family history of mental illness ($P > 0.05$).

Table 2: Duration of patient's journey to mental health care (n=100)

Characteristics	Category	Percentage	Median Value (Weeks)	Range (Weeks)
The duration between the first symptom and attending the first carer	≤ 1 week	53	1	1- 104
	1-4 weeks	29		
	>4 weeks	18		
The duration between first symptoms and attending for the psychiatrist	≤ 1 month	44	5	1- 260
	2 to 6 months	40		
	>6 months	16		

Table 3: Association of pathways to care with selected variables (n=100)

Variables	Categories	Pathway to care		p-value
		Direct care	Indirect care	
Age (Years)	≤ 33	9	43	0.932*
	>33	8	40	
Sex	Male	6	27	0.825*
	Female	11	56	
Marital status	Unmarried	2	20	0.348#
	Married	15	63	
Educational status	Illiterate	2	14	1.000#
	Literate	15	69	
Religion	Hindu	14	75	0.392#
	Non- Hindu	3	8	
Type of family	Nuclear	14	57	0.381#
	Joint	3	26	
Monthly income of the family (NRs)	≤15000	8	45	0.590*
	>15000	9	38	
Family history of mental illness	Yes	2	16	0.730#
	No	15	67	

* Pearson's Chi-Square test, #= Fisher's Exact Test

DISCUSSION

In the present study, most of the patients belong to the age group of 21-50 years. The reason could be because this age group is considered an economically productive group and they have approached for the right treatment. The majority of the patients in the study are females (67%). This observation is consistent with a previous study done in Western Nepal.[10] The majority

of the patients in the study belonged to the Hindu religion. This might be because of the predominantly Hindu population in this area. A previous study in Nepal showed similar Hindu predominance.[11] Initial visit in the majority of cases was suggested by the patient himself as well as his/her family members. This could be because of the presence of strong bonding within the family members. The finding is consistent with the study done in Bangladesh[12] and Ethiopia.[13]
Only 17% of patients sought help from psychiatrists directly. Many patients went through several carers to finally reach a psychiatrist. Study shown in various developing countries showed similar findings.[12, 18-21] On the contrary, some studies showed a higher percentage of direct pathway.[22-26] Dissimilarities with the findings could be because of the variations between the developed and developing nation. Moreover, we have far fewer psychiatrists in the country in comparison to developed countries. Non-psychiatric doctors (40%), as well as faith healers (37%) were the initial carer before attending the psychiatric care. Faith healers still play a pivotal role as gatekeepers to mental health care which appears to be common in the case of developing countries. Studies carried out in different part of Nepal shows that seeking help from faith healers is quite common practice due to lack of awareness as well as social stigma associated with it.[8, 10, 11, 14, 15] Various studies done in different countries showed the same.[16, 17]

In the present study, the duration between the first symptoms and attending for the psychiatrist had a large range from 1 week to 65 months. This could be due to the difference in type as well as the severity of mental illness. A long delay in attending the psychiatrist was also reported in studies done in different parts of the country.[8, 10, 15] Studies done in other developing countries also showed a similar result.[12, 17, 18, 27] In contrast, the median duration was less in developed European countries[28-31] which may be due to a higher level of mental health awareness in a developed nation.

Mental illness affects all age groups and gender and doesn't discriminate among the socio-economic and educational status. The present study shows no association between mental health care pathways and selected demographic variables. A study done in Nigeria[32]showed similar results. These findings suggest mental illness as a neglected issue and require educational programs at the local level about recognition of symptoms and the availability of effective treatment of mental illness. This will help in reducing the time duration for seeking treatment and provide a better prognosis for the treated illness.

Limitation of Study: We could not assure possible information bias. Patients and patient parties may not have provided accurate information due to the failure to recall. This study limits information about those patients who did not reach for mental health care services. A large-scale study can be carried out to generalize the findings. A translational research[33]can be conducted to assess the barriers to treatment and causes for delay in seeking mental health care services.

CONCLUSION

Few patients visited mental health care services through direct pathways. Age, sex, education, marital status, family type, and family history of mental illness of patients have no difference in seeking mental health care services. There is a need to improve mental health awareness and advocate health workers as well as faith healers for better referral of patients with mental health problems.

Financial Disclosure

This research was financially supported by Purbanchal University Research Division.

Acknowledgement

We are very much thankful to our study participants and their relatives for their immense contribution.

REFERENCES

1. WHO. Mental disorders 2019 [Available from: https://www.who.int/news-room/fact-sheets/detail/mental-disorders.
2. What Is Mental Health? 2020 [Available from: https://www.mentalhealth.gov/basics/what-is-mental-health.
3. WHO. Mental health included in the UN Sustainable Development Goals [Available from: https://www.who.int/mental_health/SDGs/en/.
4. WHO. WHO Mental Health Gap Action Programme (mhGAP) [Available from: https://www.who.int/mental_health/mhgap/en/.

5. Jha A, Ojha S, Dahal S, Sharma P, Pant S, Labh S, et al. Prevalence of Mental Disorders in Nepal: Findings from the Pilot Study. Journal of Nepal Health Research Council. 2019;17:141-47.https://doi.org/10.33314/jnhrc.v0i0.1960.
6. Luitel NP, Jordans MJD, Adhikari A, Upadhaya N, Hanlon C, Lund C, et al. Mental health care in Nepal: current situation and challenges for development of a district mental health care plan. Confl Health. 2015;9:3.https://doi.org/10.1186/s13031-014-0030-5.
7. Brenman NF, Luitel NP, Mall S, Jordans MJD. Demand and access to mental health services: a qualitative formative study in Nepal. BMC International Health and Human Rights. 2014;14(1):22.https://doi.org/10.1186/1472-698x-14-22.
8. Rai N PP, Sharma P, Basnet M, Dahal B, Bista T. Pathway to care among psychiatric patients attending a Tertiary care hospital in Kathmandu Valley. . JPAN. 2018;7(2):31-5.https://doi.org/10.3126/jpan.v7i2.24611
9. Janca, A, Chandrashekar, C. R & World Health Organization. Division of Mental Health. (1995). Catalogue of WHO psychiatric assessment instruments / prepared by A. Janca and C. R. Chandrashekar, 2nd ed. World Health Organization. https://apps.who.int/iris/handle/10665/62036
10. Lamichhane N TD, Timilsina R, Sharma R, Vaidya L, Subedi A. Pathway to Care of Psychiatric Services in Gandaki Medical College Teaching Hospital in Western Nepal. JGMCN. 2019;12(2):80-5. https://doi.org/10.3126/jgmcn.v12i2.27216
11. Dhungana M, Ghimire S. Pathways to Mental Health Care in Nepal. GL OBAL JOURNAL FOR RESEARCH ANAL Y SIS. 2017;6:688-90.https://doi.org/10.15373/2259555X.
12. Giasuddin NA, Chowdhury NF, Hashimoto N, Fujisawa D, Waheed S. Pathways to psychiatric care in Bangladesh. Soc Psychiatry Psychiatr Epidemiol. 2012;47(1):129-36.https://doi.org/10.1007/s00127-010-0315-y.
13. Teshager S, Kerebih H, Hailesilassie H, Abera M. Pathways to psychiatric care and factors associated with delayed help-seeking among patients with mental illness in Northern Ethiopia: a cross-sectional study. BMJ Open. 2020;10(7):e033928.https://doi.org/10.1136/bmjopen-2019-033928.
14. Bhattarai S PS, Rayamajhi R, Paudel I, Jha N. Health Seeking Behavior and Utilization of Health Care Services in Eastern Hilly Region of Nepal. JCMSN 2015;11(2):8-6.https://doi.org/10.3126/jcmsn.v11i2.13669.
15. Belbase M AJ, Khan T, Jalan R. Demographic profile and pathway to care in patients with schizophrenia in a tertiary care hospital from western Nepal. JPAN. 2017;4(1):27-9. https://doi.org/10.3126/jpan.v4i1.16739
16. Lahariya C, Singhal S, Gupta S, Mishra A. Pathway of care among psychiatric patients attending a mental health institution in central India. Indian Journal of Psychiatry. 2010;52(4):333-8.https://doi.org/10.4103/0019-5545.74308.
17. Jain N, Gautam S, Jain S, Gupta ID, Batra L, Sharma R, et al. Pathway to psychiatric care in a tertiary mental health facility in Jaipur, India. Asian journal of psychiatry. 2012;5(4):303-8.https://doi.org/10.1016/j.ajp.2012.04.003.
18. Bekele YY, Flisher AJ, Alem A, Baheretebeb Y. Pathways to psychiatric care in Ethiopia. Psychol Med. 2009;39(3):475-83.https://doi.org/10.1017/s0033291708003929.
19. Gureje O, Acha RA, Odejide OA. Pathways to psychiatric care in Ibadan, Nigeria. Trop Geogr Med. 1995;47(3):125-9.[PUBMED]
20. Kauye F, Udedi M, Mafuta C. Pathway to care for psychiatric patients in a developing country: Malawi. Int J Soc Psychiatry. 2015;61(2):121-8.https://doi.org/10.1177/0020764014537235.
21. Zhang W, Li X, Lin Y, Zhang X, Qu Z, Wang X, et al. Pathways to psychiatric care in urban north China: a general hospital based study. International journal of mental health systems. 2013;7(1):22.https://doi.org/10.1186/1752-4458-7-22.
22. Hashimoto N, Fujisawa D, Giasuddin NA, Kenchaiah BK, Narmandakh A, Dugerragchaa K, et al. Pathways to mental health care in Bangladesh, India, Japan, Mongolia, and Nepal. Asia Pac J Public Health. 2015;27(2):Np1847-57. https://doi.org/10.1177/1010539510379395.
23. Fujisawa D, Hashimoto N, Masamune-Koizumi Y, Otsuka K, Tateno M, Okugawa G, et al. Pathway to psychiatric care in Japan: A multicenter observational study. International journal of mental health systems. 2008;2(1):14. https://doi.org/10.1186/1752-4458-2-14.
24. Gater R, Jordanova V, Maric N, Alikaj V, Bajs M, Cavic T, et al. Pathways to psychiatric care in Eastern Europe. British Journal of Psychiatry. 2018;186(6):529-35.https://doi.org/10.1192/bjp.186.6.529.
25. Kilic C, Rezaki M, Ustun TB, Gater RA. Pathways to psychiatric care in Ankara. Soc Psychiatry Psychiatr Epidemiol. 1994;29(3):131-6. https://doi.org/10.1007/BF00796493.
26. Gater R, de Almeida e Sousa B, Barrientos G, Caraveo J, Chandrashekar CR, Dhadphale M, et al. The pathways to psychiatric care: a cross-cultural study. Psychol Med. 1991;21(3):761-74.https://doi.org/10.1017/S003329170002239X.
27. Kurihara T, Kato M, Reverger R, Tirta IG. Pathway to psychiatric care in Bali. Psychiatry and clinical neurosciences. 2006;60(2):204-10.https://doi.org/10.1111/j.1440-1819.2006.01487.x.
28. Gater R, Jordanova V, Maric N, Alikaj V, Bajs M, Cavic T, et al. Pathways to psychiatric care in Eastern Europe. Br J Psychiatry. 2005;186:529-35.https://doi.org/10.1192/bjp.186.6.529.

29. Balestrieri M, Bon MG, Rodriguez-Sacristan A, Tansella M. Pathways to psychiatric care in south-Verona, Italy. Psychol Med. 1994;24(3):641-9.https://doi.org/10.1017/s0033291700027793.
30. Pawlowski T, Kiejna A. Pathways to psychiatric care and reform of the public health care system in Poland. Eur Psychiatry. 2004;19(3):168-71. https://doi.org/10.1016/j.eurpsy.2003.09.009.
31. Vazquez-Barquero JL, Herrera Castanedo S, Artal JA, Cuesta Nunez J, Gaite L, Goldberg D, et al. Pathways to psychiatric care in Cantabria. Acta psychiatrica Scandinavica. 1993;88(4):229-34.https://doi.org/10.1111/j.1600-0447.1993.tb03447.x
32. Adeosun II, Adegbohun AA, Adewumi TA, Jeje OO. The Pathways to the First Contact with Mental Health Services among Patients with Schizophrenia in Lagos, Nigeria. Schizophr Res Treatment. 2013;2013:769161-.https://doi.org/10.1155/2013/769161.
33. Parajuli S BP, KC H. Translational research: Current status, challenges and future strategies in Nepal. NJH. 2018;15(2):3-8.https://doi.org/10.3126/njh.v15i2.21469