

Help seeking Behaviors among Family Caregivers of Mentally Ill Patients at a Hospital of Pokhara.

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Abstract

Introduction: Family caregivers are critical pillars of support for their suffering loved ones in the field of mental health care. This investigation looks into the factors driving these caregivers' help-seeking behaviors, offering light on the complications they encounter. The objective of this study is to assess the help seeking behaviors among the family caregivers of mentally ill patients.

Methods: A cross-sectional descriptive method was employed in this study. Purposive sampling technique was used. A total of 114 family caregivers were chosen as sample. Self-developed, semi-structured questionnaire was used to assess help seeking behavior. The collected data was entered in Epi data version 3.1 and was exported to SPSS for analysis. Descriptive data was analyzed by using mean, frequency, and percentage as well as inferential statistic (chi square test) was used for identifying association.

Result: The finding of this study showed that out of a total of 114 family caregivers, 66 and 48 subjects in the low and high help-seeking groups, respectively. There was significant association between family income and help seeking behavior (p value = 0.003). Common first carers were psychiatrists (34.2%) and general hospitals (34.2%), followed by medical practitioners (17.5%) and (13.2%) had their first contact with traditional healers.

Conclusion: This study shows that more than half of the family caregivers had low help seeking behavior. And it is still quite usual for mentally ill patients to make their first encounter with a traditional healer.

Keywords: Family caregivers, help seeking behavior, mentally ill patients

Introduction

Mental, neurological, and substance use disorders make up 10% of the global burden of disease and 30% of non-fatal disease burden. Nearly 25% of individuals, in both developed and developing countries, develop one or more mental or behavioral disorders at some stage in their life.¹ According to national mental health survey report 2020, Among the adult participants, 10% had any Mental Disorder in their lifetime, and 4.3% had any mental disorder at the time of survey.²

Help seeking behavior is about communicating with other people in order to receive understanding, counsel, information, therapy, or just general support in response to a problem or upsetting experience.³

According to a WHO survey on the use of mental health services for anxiety, mood disorders, and substance use disorders, professional help was sought by 1.6 percent of people in Nigeria and 17.9 percent of people in the USA within a year of the onset of mental disease.⁴

In many parts of the world, patients' access to mental health (MH) services is unequal and would require changes in this respect. Most evidence suggests stigma and distrust to psychiatric treatment as the most important factors influencing the delay for seeking mental health care. A correlational study conducted in three South-Eastern European countries: Romania (two sites), Bulgaria and Albania showed that although Stigma was the most important factor for the delay in all of the three groups, social support was important for those with short delays (18.8%), while Lack of knowledge was important for those with average and long delays (19.9% and respectively 30.7%).⁵

A research report from India revealed that only a small percentage of patients seek treatment directly from a psychiatrist during the initial phase.^{6,7} Likewise, a study carried out in Devdaha Medical College between March 2016 and February 2017, with schizophrenia-only outpatients showed that faith healers were the most popular portal of mental healthcare. Only 8% of patients seek psychiatrist for the treatment of their illness for

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the first time. The leading attributed reason for seeking help with different centers and professionals other than Psychiatrist were easy access to treatment (75%), stigma attached to illness (73%), cost effectiveness (71%), and belief illness as non-psychiatric (56%).⁸

Traditional religion healers and other non-professionals are frequently prioritized by patients and caregivers. They approach these organizations due to a lack of knowledge or the absence of easily accessible treatment facilities, particularly in developing nations like Nepal where access to medical facilities and transportation are limited and psychiatric services are only offered at general hospitals and mental hospitals. The current study aims at identifying help seeking behaviors among family caregivers of mentally ill patients and find out the association between help seeking behavior and selected socio-demographic variable.

Methods

This is a cross-sectional study carried out among family visiting OPD of Mental hospital with their patients during July 2023. The study participants were caregivers of all kinds of mental illness visiting the out-patient's department. All the respondents were informed about the purpose of the study and written informed consent were taken. Caregivers who did not give the consent were excluded from the study.

A semi structured questionnaire was used for information into socio-demographic data and diagnoses according to International Classification of Diseases – 10 (ICD-10). Help seeking behavior was assessed using an 18 item, 68-point scale. Prevailing help seeking behavior was categorized by using mean score. Low help seeking behavior: less than mean score 46. High help seeking behavior: more than mean score 46. The anonymity was maintained throughout the study by using code number instead of respondents' name and Confidentiality was maintained by not disclosing the information. Respondent's dignity was maintained by giving right to reject or discontinue from the research study at any time without penalty. The time duration for respondents was 15-20 minutes.

The validity was established by developing the instruments on the basis of extensive literature review, opinion of subject experts and research advisors. Simple and understandable language was used in the questionnaire for obtaining response from participants. Pre-testing of the instrument was done in 10% of the total sample. The reliability of the tool in context of this research was measured and had acceptable internal consistency (Cronbach's alpha = 0.784).

All data were entered in the EPI – DATA version 3.1 and all the entered data were transferred to SPSS version 16 for using descriptive and inferential statistics. Ethical approval was taken from the IRC, Pokhara University (113/2076-77), and permission from the selected hospital was also obtained.

Results

Out of 114 interview schedules, all the participants responded to the questionnaire.

Table 1: Socio-demographic characteristics of patients

This section includes the analysis of socio- demographic characteristics of 114 respondents. **n=114**

Characteristics	Frequency (n)	Percentage (%)
Age in complete years		
Below 18 years	1	0.9
Young adults (18-39 years)	67	58.8
Middle aged (39- 59 years)	40	35.0
Older adult (above 59 years)	6	5.3
(Mean \pm SD=(37.50\pm 12.776)		
Diagnosis		
Mood disorder	35	30.7
Anxiety disorder	42	36.9
Substance abuse disorder	12	10.5
Psychotic disorder	22	19.3
Organic mental disorder	3	2.6

Table 1 shows majority 58.8% of patients were younger adults and least 0.9% were below 18 years old. The mean and standard deviation of patient's age was 37.50 \pm 12.776. Most of them 36.8% were suffering from anxiety disorder and least common was organic mental disorder.

Table 2: Socio-demographic characteristics of the study population **n=114**

Characteristics	Frequency (n)	Percentage (%)
Age in complete Years		
20-40	56	49.1
41-60	51	44.7
61-80	7	6.2
(Mean \pm SD=40.56 \pm 12.601)		
Sex		
Male	64	56.1
Female	50	43.9
Religion		
Hinduism	98	86
Buddhism	11	9.6
Christianity	3	2.6
Islam	2	1.7
Ethnicity		
Brahmin/Chhetri	54	47.4
Janajati	40	35.1
Dalit	18	15.8
Muslim	2	1.7
Place of Residence		
Urban	89	78.1
Rural	25	21.9
Marital status		
Married	97	85.1
Unmarried	17	14.9

Level of education		
Illiterate	5	4.4
No formal education	16	14.0
Basic level (1-8)	22	19.3
Secondary level (9-12)	59	51.8
Bachelor's degree and above	12	10.5
Occupation		
Housewife	31	27.2
Self employed	29	25.4
Government employee	3	2.6
Business	13	11.4
Agriculture	9	7.9
Services	23	20.2
Student	6	5.3
Family income per month in NRP		
Below 20,000	31	27.2
20,000-40,000	65	57.0
Above 40,000	18	15.8
Relation with patient		
Siblings	28	24.5
Children	19	16.7
Parents	26	22.8
Grand parents	2	1.8
Husband	17	14.9
Wife	16	14.0
In laws	6	5.3
Distance from MHC		
Less than 20km	94	82.5
More than 20km	20	17.5

Table 2 explored the socio demographic profile of family caregivers in which majority 49.1% of them were in age group 20-40 years and mean age of the sample was 40.56 ± 12.601 . Males represented 56.1% of the sample compared to 43.9% females. 86% were Hindu by religion and least 1.8% belong to Islam. Majority 47.4% were Brahmin/Chhetri and only 1.8% of the caregivers were Muslim.

Most of the studied subjects were urban residents (78.1%) and about 85.1% were married. More than half (51.8%) of the caregivers had secondary level education and least (4.4%) were illiterate who could not read and write. 27.2% were not working/housewives and only 2.6% were government employee. Majority of the caregivers had family income of NRP20000-40000 per month. Most of them were the siblings of the patients (24.5%). Majority (82.5%) of the caregivers had mental health care facilities within the distance of 20km.

Table 3: Respondent's level of Help seeking behavior. n= 114

Characteristics	Frequency (n)	Percentage (%)
Low Help seeking behavior	66	57.9
High Help seeking behavior	48	42.1

(Mean+SD=45.68+5.733)

Table 3 shows the level of help seeking behavior which shows that more than half of the respondents 57.9% had high help seeking behavior and 42.1% had low help seeking behavior. The mean score for help-seeking behavior was 45.68 ± 5.733 .

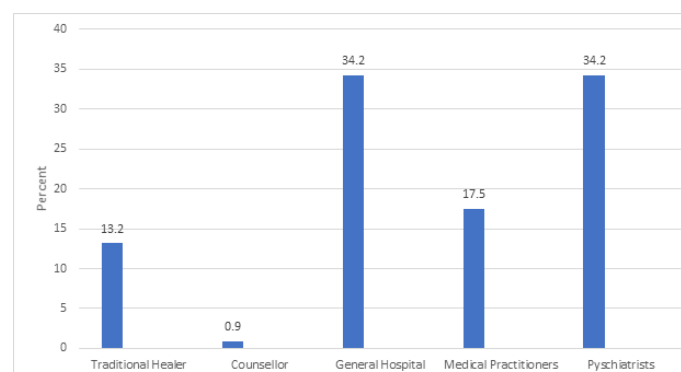


Fig 1: Type of the earliest sought care of the studied caregivers for their patients.

In terms of help-seeking behavior, the majority of caregivers (34.2%) sought assistance from general hospital for the first time for the care of their mentally ill relatives and (34.2%) sought psychiatric care right away.

Table 4: Association of level of help seeking behavior with selected socio demographic variables

Variables	Level of help seeking behavior		d.f	χ2 value	p-value
	Low	High			
Age of patient					
<38	40(59.7%)	27(40.3%)	1	0.218	0.641
≥38	26(55.3%)	21(44.7%)			
Age of caregivers					
<41	29(55.8%)	23(44.2%)	1	0.177	0.674
≥41	37(59.7%)	25(40.3%)			
Sex					
Male	34(53.1%)	30(46.9%)	1	1.362	0.243
Female	32(64.0%)	18(36.0%)			
Religion					
Hinduism	55(56.1%)	43(43.9%)	1	0.900	0.343
Other than Hinduism	11(68.8%)	5(31.3%)			
Ethnicity					
Brahmin/Chhetri	33(61.1%)	21(38.9%)	1	0.435	0.509
Other than Brahmin/Chhetri	33(55.0%)	27(45.0%)			
Place of Residence					
Urban	49(55.1%)	40(44.9%)	1	1.341	0.247
Rural	17(68.0%)	8(32.0%)			
Marital status					
Married	58(59.8%)	39(40.2%)	1	0.962	0.327
Unmarried	8(47.1%)	9(52.9%)			
Level of education					
Illiterate	15(71.4%)	6(28.6%)	1	1.934	0.164
Literate	51(54.8%)	42(45.2%)			
Occupation					
Housewife	18(58.1%)	13(41.9%)	1	0.001	0.982
Other than housewife	48(57.8%)	35(42.2%)			
Family income per month in NRP					
Below 20,000	24(77.4%)	7(22.6%)	2	11.571	0.003*
20,000-40,000	37(56.9%)	28(43.1%)			
Above 40,000	5(27.8%)	13(72.2%)			
Relation with patient					
Blood relation	45(60.0%)	30(40.0%)	1	0.399	0.528
Not blood relation	21(53.8%)	18(46.2%)			
Distance from MHC					
Less than 20km	53(56.4%)	41(43.6%)	1	0.502	0.478
More than 20km	13(65.0%)	7(35.0%)			

*=Significant, p value <0.05 is considered statistically significant

Data presented on table 4 reveals that p value of selected variable is <0.05 which shows that there is significant association between selected variable family income ($p=0.003$). The variables like age of patient, age of caregivers, sex, religion, ethnicity, place of residence, marital status, level of education, occupation, relation with patient, distance from MHC is not associated with the level of help seeking behavior among family caregivers as its p value is >0.05.

Discussion

This study was conducted to assess the help seeking behaviors among family caregivers of mentally ill patients at a hospital of Pokhara. A total of 114 family caregivers visiting OPD of Mental hospital with their mentally ill patients were selected as respondents for this study where the response rate was 100 %. The major findings of the study are as follows:

Socio-demographic characteristics

Concerning the socio-demographic characteristics, in this present study, the mean of the respondents' age was 41 and which is consistent to the study done in Bilaspur, India with mean age of 42.⁹ In the current study, males accounted for 56.1% of the study population, while females accounted for 43.9%. Males who sought psychiatric help were also found to be more likely to be literate, married, and employed. This is in contrast to earlier Indian investigations, which showed a female-biased distribution.¹⁰ In addition, help seeking behavior is found predominant in male that might be attributed to the prevailing gender bias in Nepalese in society, where serious concern is given to male members than female.⁸

In present study, majority of the caregivers were belonged to Hindu religion and low help seeking behavior was also seen in Hindu religion. But as per the result of study analysis, there was no any kind of association between religion and help seeking behavior. Also, low help seeking behavior was seen in Brahmin/Chhetri. The ethnicity was not responsible for increasing or decreasing level of help seeking behavior on caregivers as per the findings of study analysis.

A comparison of the help-seeking behavior of 18.4% of illiterates and 81.6% of literates found that education level had no influence on help-seeking behavior. The majority of the subjects were educated, and the most chosen career route was that of a medical practitioner, according to the observations. This finding is consistent with previous research, which found that patients from urban, literate, and higher socioeconomic class families chose private practitioners or general hospital psychiatric settings for treatment. This could be related to the stigma associated with mental diseases as well as psychiatric facilities.¹¹

In this study, most of the caregivers (24.5%) were siblings. Caregivers were categorized as blood related and non-blood related in this study. No association was seen between relation with the patient and help seeking behavior.

Help seeking behavior

In this study, one third of the population (34.2%) first contacted general hospital, 34.2% contacted a mental health professional, and only 13.2% contacted native healers, which is similar to the findings of a study from New Delhi, India, which found that 8% of patients contacted traditional healers as their first point of contact. Modern medical treatment was preferred by a majority of the study population. Similar preferences were found in other studies on help seeking behavior.¹²

Many patients and their care takers usually give priority to the alternative service providers such as traditional faith healers.^{13,14} 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 is 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.¹⁵

Social stigma towards mental illnesses could also play a role in reducing the number of people willing to seek treatment for mental health problems.¹⁶ In the UK, a majority of the public reported that they would be embarrassed to consult a general practitioner for depression.¹⁷

The reason that may delay in help seeking may vary from region to region depending on sociocultural profile, education, societal attitude toward mental illness, perceptions, myths, beliefs, stigma, availability/accessibility of psychiatric services, and previous experience of receiving psychiatric help.¹⁸

57% of the study population had social stigma attached to the mental illness. 50.9% of the family caregivers think it is too far to get to the psychiatric hospital. 41.2% of the caregivers said there is no transportation available. 40.4% of the caregivers could not afford transportation costs and half of the study population (50.9%) could not pay the fee at the health care center. And few (6.1%) of the caregivers lack social support.

Conclusion

According to the findings of this study, more than half of the family caregivers had low help seeking behavior. And it is still quite usual for mentally ill patients to make their first encounter with a traditional healer as people of lower socio-economic status are found to have low help seeking behavior.

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