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RESEARCH ARTICLE

PATHWAYS TO CARE AND ITS IMPACT AMONG PATIENTS WITH MENTAL ILLNESS: A NARRATIVE REVIEW

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ABSTRACT

Background: Health system for patients with Mental illness is a low public health importance at majority of developing or less developed nations. Those who are in need of treatment don't receive required mental health services at a level of large public health facilities. They favour to seek care from easy-going community resources like traditional faith-based healers or quacks. Therefore, inadequate community-based formal mental health services leave native healers as ultimate and viable avenue for mental health treatment. Limited accessibility to mental health care facility affects the pathways to seeking care, makes it lengthy and lengthy pathway increase suffering period of clients and make their recovery difficult. Methodology: PubMed, Embess, Google Scholars and other electronic search engines were used to get high standard evidence regarding factors which cause delay in proper care or provide early engagement with quality health services to minimize expenditure and maximize prognosis. **Results:** The evidence of different sources indicate lack of literateness, superstition, cultural myth and lack of understanding about mental illness make patients available to faith- healers but general practitioners, community nurses, school teachers and social workers can work as door keepers to move patients to adequate level of mental health care. **Conclusion:** There is a need to focus and identify the factors of pathways to care that influence or act as barriers in public mental health service delivery in developing or less developed country**.** Because well regulated mental health practices both in public and private treatment centres can help to combat against discrimination of people with mental disorders and try to make them productive for themselves as well as for community.

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INTRODUCTION

Mental illness is commonly coupled with a high level of disability and burden of disease. World Health Organization reported that one in every four people suffers from any psychiatric disorder at any phase of life. Various neuropsychiatric conditions, like depression, alcohol abuse, schizophrenia, bipolar-affective disorder, Alzheimer's disease, dementia and migraine have figured on top twenty causes of disability in the world (Lahariya, 2010). There were 1.5 crore people suffering from various mental disorders in India, among them epilepsy and hysteria were found most common disorders in rural area (Walker, 2015). But very limited proportion of patients with psychiatric problem attends health care facilities and that only in severe condition.

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They first try to find other sources of help before attending any formal mental health care facility. Indigenous treatments of Ayurveda and Unani system of medicine, religious treatment consisting of prayer, fasting, various witchcrafts and magical rituals are considered as first help (Trivedi, 2011; Jain, 2012). Treatment from untrained medical practitioners and religious healers is very familiar. The traditional healer often delays the care of psychiatric patients to hide their inability to treat these disorders and manipulate people by saying that it is due to some supernatural reason and further enhance the misbelieves among those patients. Lack of familiarity and understanding about the treatment, remoteness from health care facility, and fear of stigma along with old cultural myth and supernatural explanation of psychiatric disorders especially in LMIC is common factors. In this, lot of crucial time is lost, which could have relevance to enhanced prognosis, as quick recognition and managing are of chief importance in the field of psychiatry (Trivedi, 2011; Jain, 2012).

Purpose: Aim of present review is to put light on delaying factors on pathways of psychiatric care and discussing about the community resources which can shorten the pathway to accessible specialized psychiatric care by utilizing most relevant previously conducted research studies.

Research Method: As it is a review of literature, therefore, we used different key words to guide our search by using following electronic database: PubMed, Embess and Google scholar. We included the studies which were published in English and from 2010 to December 2019.

Need to assess pathways of care in developing country: The way a patient adopts to arrive appropriate treatment center is termed as "pathways of care" (Lahariya *et al*., 2010). Studying 'pathways' is a quick and feasible method of studying help-seeking behaviors of people with mental illnesses and their families (Fujisawa *et al*., 2008) (Khiari et al., 2019). It helps us to analyses use of health care services, identify the cause of postponement in attending accurate and adequate care and to discover achievable remedies or alternatives. The basic purpose of early diagnosis and prompt handling is to diminish the period of suffering in which a client's life becomes disturbed and come back them in community as a productive personnel as early as possible. Early engagement with services helps to diminish expenditure of treatment and maximize better prognosis and complete recovery of patient (Trivedi, 2011).

Concept of pathways helps to achieve requisite psychiatric care: The western concept of pathway to care from community to tertiary mental health services has been described in Goldberg –Huxley model (Goldberg *et al*., 1980). It is concept of hierarchical pathway of developed country from the community to primary care to specialized psychiatric care facility via a chain of filters that influent a person who moves to the subsequent level of care. According to this model generally psychiatric care is given at the primary level of care and addresses disorders with high prevalence. Those with more serious psychiatric disorder motivates more rapidly and progressively through the filters to more specialized treatment. The role of filters is to recognize the person who needs a more specialized intensive level of treatment. Filters may be reasons for seeking or not seeking help, recognition of mental ill health, severity of mental ill health etc. Filters may also act as barriers which avoid reasonable access to specialized care or as an influencer to reach at proper care timely. This model provides a frame to scrutinize how people access suitable mental health care (Goldberg *et al*., 1980).

In case of developing countries, majority of studies had used WHO encounter form as a guiding tool to study pathways of care. Questions like 'when did a patient feel that he need help?', 'what was duration of initial changes in behavior or symptoms noticed?', 'who was first contact for help?', 'how long ago did the first contact happen?' and 'who initiated first contact?' were asked to the participants (Jeyagurunathan, 2018). Though, there is probability of recall bias as the facts given by participants or caregiver have to be recollected for past several years, from starting of illness by (Mutalik *et al*., 2017). In North India, identified possible pathways of first help which can be getting from unqualified medical practitioners, religious healers, social worker, alternative therapist and may be from general practitioners of private or government clinic (Anindita, 2017).

Almost 57 percent of people must have had additional two referrals or appointments before reaching any tertiary care centre (Prabhu, 2015). Patients can be referred from community to any psychiatrist (Private or government) by general practitioners, social worker, relatives, family, multipurpose health worker or social health activist, school teacher etc. Sometimes people alter treatment by changing practitioners or psychiatrist frequently. Therefore, there is poor drug compliance and reduces consistency of the treatment which effect on course and prognosis of illness outcome. At the end of series, the people may come at the outpatient department of tertiary mental health services and may be getting admitted in inpatient ward if it is necessary for him/her (Anindita, 2017).

Factors in pathways to psychiatric care: Common people in India or any other developing country are not that much concerned regarding mental health. There is lack of literacy, superstition, misbelief about mentally unstable one. People are not conscious how to manage stress in daily life. They went for treatment at extreme level or when they already failed in coping found majority of uneducated people from rural background used to contact with faith healers at their first visit rather than qualified psychiatrist for treatment purpose (Lahariya, 2010; Jain, 2012). It was seen that faith healer was a trendy portal for getting care and average extent of untreated disease was 6 months. Even people belonged from educated family also had strong barricade of false believe regarding this illness. Non-availability of psychiatric care, unwillingness or incapability of family members to take care of their mentally ill patients and lack of adequate fund had appeared as chief contributing factors in delaying right treatment among schizophrenic patients at Lagos, Nigeria (Adeosun *et al*, 2008). Significant delay in initiating physician contact approximately 17 weeks was seen in a particular study (Shai *et al.,* 2015).

Defined medical pluralism and cultural determinism as main reason of poor mental health care in India (Biswal, 2017). Patients with bipolar affective disorder also sought traditional healers in their first help and there was significant correlation between lower educational status, impairment at functioning along with presence of hallucinations (Assad *et al.,* 2005). showed in their study that unmarried person had a short duration of untreated illness paralleled to separated/divorced/widowed one. Poor supportive societal network, fewer freedom to make decisions, commitments towards family, financial difficulties are prominent factors of delay help-seeking (Jeyagurunathan, 2018). General practitioners are easily accessible and most approachable care provider in western culture. General practitioners and direct access to hospital doctors were key pathways but had a narrow role as doorkeeper. They are influencer to reach at proper care timely so, it was highlighted that special attention is needed in community oriented psychiatric care (Jain, 2012). But in Mysore (India), Faizen *et al*. found 26.12 weeks' average delay to get accurate care from the onset of disease and longest delay linked with people who went to allopathic practitioners in their first help. Patients treated by general practitioners had a chance not to get accurate medicine and psychotherapy based treatment, side effects of wrong treatment, delayed diagnosis that leads to poor outcome (Faizan *et al*., 2012). School teacher also had a role to assess child's communication, interpersonal relation, group dynamics, approachability, strong work ethic and balance between study and play. If a child is disturbed, has poor communication skill, less manageable with work, poor

attention in class, failure to develop stable friendship, poor in performance, depressive or introvert in nature or has antisocial personality a teacher can identify it through his/her observation. Identified student can directly consult with mental health trainer or counsellor especially in case of ADHD child (Mathunni, 2017). Pedrini *et al* had assessed in Child and Adolescent Mental Health Services in Northern region of Italy and found 36% of patients had been referred to mental health service by school teachers only. This finding depicted that school teachers can play a key role to identify mental or emotional trouble among children in very early stage of their illness and can refer directly to professional which helps to make a short and straight forward pathway to access a facilitated care (Pedrini, 2016). Family members of mentally ill person also had a major impact on the decision making to seek MHC (Hashimoto N *et al*) (2010). Risk of depression is higher 2 to 3 times for those who have little schooling, live in poor housing, have taken loan or recognize as belonging to Tribe, Dalits or Harijans (Mathias *et al*., 2015). Natural environment like hilly area also act as barrier in accessing proper care due to lack of medical consultant. Total annual mental health expenditure is very less in hilly state where only 32% people used to go to psychiatrist at their first help and 10% came to tertiary mental health facility (Castillo *et al*., 2019). Relapse, cost factor & distance from mental health care facility can result in discontinuation of Psychiatric consultation despite of satisfaction. Caregivers largely do not have any pre-hand knowledge, they had difficulties to accept mental illness, and therefore they try any nearby service which they come to know first. Knowledge, attitude and behavior regarding mental illness improve after contact with mental health professionals. Improvement or recovery of patient are viewed as success of service provider, leading to satisfaction and continuing consultations (Dutta, 2019).

Conclusion

Poor responsiveness in community is really a burning issue. Emphasis on low expenditure of treatment, drug or treatment compliance and providing health education to patients along with their family to make them understood regarding cause, symptoms and management of disease is really needed. Lend a hand from government, it is really essential to organize mental health programme, community development programme, lower expenditure of medicine, compilation of accessible mental health care to primary level of care, provision of health education by multipurpose worker and addition of concept of mental health from secondary level of school education (Ibrahim *et al*., 2016). Communication and social mass media can play a key role to broadcast about mental health, illness and its treatment and make an understandable concept among public by breaking the wall of false belief and superstitions in stigmatized society (Ibrahim, 2016). This will help mentally ill clients and their family directly and indirectly to reduce their burden both financial and emotional, get prompt low cost care and return to community as productive personnel by reducing disability and bridging of the "treatment gap" (Mutalik, 2017).

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