

## Health Seeking Behavior of Family Members of Mentally Ill Patients

\*Sita Oli<sup>1</sup>, Chandrakala Sharma<sup>2</sup>, Krishna Devi Shrestha<sup>3</sup>, Bhuwan Kumari Dangol<sup>4</sup>

<sup>1</sup>Instructor, Birgunj Nursing Campus

<sup>2</sup>Prof., Maharajgunj Nursing Campus

<sup>3</sup>Lecturer, Maharajgunj Nursing Campus

<sup>4</sup>Associate Prof. Maharajgunj Nursing Campus

\*Correspondence: [sita\\_subedi73@yahoo.com](mailto:sita_subedi73@yahoo.com)

### ABSTRACT

**Background:** Globally mental health problems are serious public health concern. In south Asian country, very few patients with psychiatric disorder seek the treatment from mental health professionals. So, this study aims to find out the knowledge, perception and health seeking behaviors of family members of mentally ill patients attending the tertiary level hospital.

**Method:** A descriptive cross sectional study was carried out in September 2018. Non probability purposive sampling technique was adopted. Data was collected by using semi structured interview questionnaire among 209 respondents attending in psychiatric OPD of Tribhuvan University Teaching Hospital. Data was analyzed by using descriptive and inferential statistics.

**Findings:** All respondents had adequate knowledge and almost all (98.1%) respondents had positive attitude toward mental illness. Regarding health seeking behaviors, only (11.5%) of the respondents had taken their patient to psychiatrist at first visit due to family decision. Similarly, 37.8% and 97.1% respondents had taken to psychiatrist at second and third visit respectively. Fifty six percent of the respondents sought treatment within the six months of illness. There was significant association between age, sex, types of family, level of education, and occupation with health seeking behaviors at first visit. Along with this, occupation and duration of illness significantly associated in second and third visit as  $p\text{-value} < 0.05$ .

**Conclusion:** Respondents had adequate knowledge and positive attitude toward mental illness, but they sought help from non-psychiatric facilities at first visit and found increasing trend to visit psychiatrist at second and third visit.

**Key Words:** Health seeking behavior, Knowledge, Mentally ill, Perception

### BACKGROUND

Globally, mental health problems accounts for 7.4% of disability adjusted life years (DALY), and 22.9% of all Years Lived with Disability (YLD). In Ghana approximately 2.2 million suffer from mental disorders, and 650,000 of that suffer from severe mental disorder. It is also reported that there is a significant treatment gap (98%), 18% of the NCD burden will be due to mental illness till 2020 (WHO, 2012). In Nepal, The burden of mental illness is high with less than efficient mental health services- regarding

limited diagnostic, treatment and availability of human resources to address mental health issues. Suicide- the second most common cause of death among young people globally; Nepal has seventh highest suicide rate in the world- mostly among girls and woman of reproductive age (R. Anup, 2018).

It is estimated that four out of five people with mental illness in Low and Middle Income Countries (LMIC) receive no effective treatment and mental health is often one of the lowest health priorities in those settings due to believes regarding unhealthy

behavior {World Health Organization (WHO), 2017}. In Ethiopia in 2010 revealed that half of the patients sought traditional treatment from either a religious healer before they came to the hospital. Traditional healers were the first place where help was sought for mental illness. In India, one in five Indians may suffer from depression in their lifetime, equivalent to 200 million people. Due to the stigma associated with mental illness, a lack of awareness and limited access to professional help, only 10-12% of these sufferers will seek help (WHO,2017).

In Kathmandu, most of the patients (58%) 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 (Pradhan, Sharma, Malla, & Sharma, 2014). Similarly, in Fikkal, Ilam one out of five people seek health from traditional healer (Bhattra et al; 2015). Multi-sectoral action plan for the prevention and control of non-communicable diseases (2014-2020) estimated the 18% of the NCD burden is due to mental illness in Nepal. Therefore, it is utmost important to assess the health seeking behavior of family members of mentally ill patients.

## METHODS

Descriptive cross-sectional research design was used and conducted in psychiatric Out Patient Department of Tribhuvan University Teaching Hospital (TUTH), Maharajgunj, Kathmandu. Study Population were the family members of the mentally ill patients above the age of 18 years. Non probability purposive sampling technique was adopted and the sample size was 209 respondents. A semi structured, interview questionnaire was used. Data was collected from September 2<sup>nd</sup> to 28<sup>th</sup>, 2018. Before data collection, the proposal was approved by Research Committee of Maharajgunj Nursing Campus Ethical approval was obtained from Institutional review committee. Data were checked for completeness and transferred into Excel 2007, and data analyzed using Statistical Package for Social Science (SPSS) version 20 for further analysis using descriptive statistics and inferential statistics. Chi square test, Fisher Exact test and Likelihood Ratio were used to identify the association between selected variables and health seeking behaviors.

## RESULTS

**Table 1: Socio-demographic Characteristics of Respondents**

<b>n=209</b>		
<b>Characteristics</b>	<b>Number</b>	<b>Percentage</b>
<b>Age ( in years)</b>		
18- 39	159	76.1
40-59	49	23.4
60 years and above	1	0.5
<b>Mean age <math>\pm</math> SD 32.39<math>\pm</math>9.75</b>		
<b>Sex</b>		
Male	104	49.8
Female	105	50.2
<b>Educational status</b>		
Can read and write	196	93.8
Can not read and write	13	6.2
<b>Level of education(n=196)</b>		
Informal education	13	6.6
Primary level	27	13.7
Secondary level	49	25
Higher secondary level	40	20.4
Higher education	67	34.1
<b>Occupation</b>		
Job	73	34.9
Home makers	42	20.1
Business	40	19.1
Others	35	17.7
<b>Income/month (Rs)</b>		
<10,000	36	17.2
10,000-25,000	24	11.5
>25,000	149	71.3
<b>Types of family</b>		
Nuclear	118	56.5
Joint	91	43.6

Table 1 show that majority of respondents (76.1%) were within the age group of 18– 39 years and only 0.5% were above 60 years. The mean  $\pm$  standard deviation was 32.39  $\pm$ 9.75. Female constituted nearly about equal (50.2%) to male (49.8%) of the respondents, most of respondents (93.8%) can read and write, less than fifty percent (34.1%) had higher education. More than half (56.5%) were from nuclear family, less than fifty percent (34.9%) were job holder and only (9.1 %) were farmer under the occupation. Majority of the respondents (71.3%) had more than Rs 25,000 income per month.

**Table 2 Respondents' Knowledge Regarding Mental Illness**

n= 209

<b>Variables</b>	<b>Numbers</b>	<b>Percentage</b>
Mental health is striking a balance in all aspects of life	159	76.07
Mental illness is curable disease	180	86.1
Suicidal idea is mental illness	123	58.8
Mental illness is not communicable disease	180	86.1
Medicines cures the mental illness	164	78.4
Drugs addiction is mental illness	108	51.6
<b>Vulnerability *</b>		
Poor and uneducated	134	64.1
Working in stress	191	91.3
Children	44	21.0
Young people	106	50.7
Elderly people	103	49.2
<b>Signs and symptom *</b>		
Inappropriate talk	203	97.1
Crying and laughing without reason	199	95.2
Odd behavior in society	203	97.1
Wandering	197	94.2
Phobia	209	100.0
Alteration in sleep	203	97.1
Altered daily life	209	100.0
<b>Causes of mental illness *</b>		
Heredity	161	77.0
Head injury	197	94.2
Chronic disease	98	46.8
Family conflict	199	95.2
Tragedy	133	63.6

**Multiple response\***

Table 2 shows only correct alternatives and shows that majority (86.1%) of the respondents replied right answer that mental illness is curable and not communicable disease, and followed by 76.1 % on the meaning of mental health, more than half (58.9%) of the respondents said suicide is mental illness and about half 51.7% replied drugs addiction is mental illness, 64.1% of the respondents said that mental illness occurs to poor and uneducated and people. Regarding signs and symptoms, all the respondents (100%) said altered in daily life, regarding the causes, almost all (95.2%) and (94.3%) replied family conflict and head injury are the causes of mental illness respectively.

**Table 3 Respondents' Perception Regarding Mental illness**

n= 209

Variables	Perception regarding Mental illness					Mean ± SD
	SD	D	NA/ND	A	SA	
	n (%)	n (%)	n (%)	n (%)	n (%)	
Conflict increases mental illness	5(2.4)	6(2.9)	6(2.9)	90(43)	102(48.8)	4.33±0.86
Reduces the intellectual capacity	0(0)	35(16.7)	25(12)	149(71.3)	0(0)	3.55±.76
Increases family burden	12(5.7)	37(17.7)	42(20.1)	100(47.8)	18(8.6)	3.36±1.05
Reduces the social skill	6(2.9)	42(20.1)	47(22.5)	102(48.8)	12(5.7)	3.34±0.959
Should be given due respect	6(2.9)	5(2.4)	77(36.8)	121(57.9)	0(0)	4.50±0.68
Attempts suicide to seek the attention	85(40.7)	46(22)	57(27.3)	21(10)	0(0)	1.2±2.07
Can perform their task after treatment	6(2.9)	0(0)	18(8.6)	155(74.2)	30(14.4)	3.97±0.70
Can be given responsibility as their ability	85(40.7)	46(22.0)	57(27.3)	21(10)	0(0.0)	3.87±0.715
Not get afraid with mentally ill patients	18(8.6)	56(26.8)	36(17.2)	63(30.1)	36(17.2)	3.21±1.25
Allowed to make friend	13(6.2)	61(29.2)	6(2.9)	98(46)	31(14.8)	3.87±0.71
Talking on suicide will increase the suicide.	26(12.4)	12(5.7)	90(43.1)	69(33)	12(5.7)	3.14±1.05
Should not hide to protect family prestige	3(1.4)	6(2.9)	6(2.9)	135(64.6)	59(28.2)	4.50±0.68

SD= Strongly Disagreed, D=Disagree, ND/NA=Neither disagree, nor agree, A = agree, SA=Strongly agree.

Table 3 shows that respondents' perception regarding mental illness, items ranged from 1-5 liker scale. The highest score for "they should be given due respect" 4.50±0.68, "family conflict increases the mental illness" 4.33±0.86. In contrast, lowest score was found in "Mental ill attempts suicide to seek the attention" 1.2±2.07.

**Table 4 Level of Perception regarding Mental Illness**

n=209

Level of perception	Number	Percentage	Mean ± SD
Positive Perception	204	98.1	42.8±4.48
Negative Perception	5	1.9	

Table 4 shows that almost all (98.1%) had positive perception regarding mental illness; the mean score and standard deviation was 42.8±4.48.

**Table 5 Health Seeking Behaviors related to Sought Health Facilities****n=209**

<b>Variables</b>	<b>Number</b>	<b>Percentage</b>
<b>First visit</b>		
Non psychiatric doctors	92	44.0
Traditional healers	84	40.2
Psychiatrist	24	11.5
Pharmacist	9	4.3
<b>Second visit</b>		
Non psychiatric doctors	93	44.8
Psychiatrist	79	37.7
Traditional healers	30	14.3
PHC (other health professional)	6	2.8
Pharmacist	1	0.4
<b>Third visit</b>		
Mental hospital	203	97.1

Table 5 shows that nearly fifty percent (44.0%) and (44.8%) respondents had sought mental health services from non-psychiatric doctors at first and second visit respectively. Similarly (40.2%) and (14.4%) had sought mental health services from traditional healers at first and second visit respectively and only (11.5%), (37.8%), and majority (97.1%) had sought mental health service from psychiatrist at first visit, second and third visit respectively.

**Table 6 Association between Health Seeking Behaviors and Selected Variables on First Visit**

	n=209				
Variables	Psychiatrist n (%)	Traditional healers n (%)	#Others n (%)	$\chi^2$	p-value
<b>Age</b>					
<32 years	18(15.7)	61(53.5)	35(30.7)	19.908	0.01*
>32 years	58(61.1)	31(32.6)	6(6.3)		
<b>Sex</b>					
Male	6(5.8)	64(1.5)	34(32.7)	26.8	0.01*
Female	18(17.1)	28(26.7)	59(6.2)		
<b>Types of family</b>					
Nuclear family	12(10.1)	42(35.5)	64((54.2)	10.56	0.05*
Joint family	12(13.1)	50((54.9)	29((31.8)		
<b>Level of education</b>					
Cannot read and write	3(23.0)	1(7.6)	9(69.2)	11.049	0.02*
Up to secondary level	5(5.49)	42(46.1)	42(46.1)		
Above secondary level	13(12.3)	42(40)	42(40)		
<b>Occupation</b>					
Employed	12(9.2)	64(48.9)	55(42.0)	4.014	0.13
Unemployed	12(15.4)	28(35.9)	38(48.7)		
<b>Duration of illness</b>					
≤3years	12(13.6)	36(40.9)	40(45.5)	0.979	0.61
>3years	12(9.9)	56(46.3)	53(43.8)		

\*Significant level at  $< 0.05$ ,  $\chi^2$  test #others: non-psychiatric doctors, pharmacist.

Table 6 illustrates that there was statistically association between the health seeking behaviors and age ( $p < 0.01$ ), sex ( $p < 0.01$ ), level of education ( $p < 0.02$ ), There was no significant association with occupation and duration of illness at their first visit.

## DISCUSSION

The study reveals that all the respondents had adequate knowledge regarding the mental illness, the most common symptoms reported by respondents as inappropriate talk (97.1%), crying and laughing without reason (95.2%), odd behaviors (97.2%) which is different from a study that showed less aggression/destructiveness (22.0%), loquaciousness (21.2%), eccentric behavior (16.1%) and wandering (13.3%) (Kabir, Iliyasu, Abubakar, & Aliyu, 2004). Most preferred health seeking facilities was non-psychiatric doctors (44.2%), followed by traditional healers (40.2%), the result found consistent with the study done by Ahmed (2017). There was wide gap between low help-seeking intention (11.5%) and adequate knowledge. It might be due to assessment of knowledge at psychiatric health facilities after frequent contact with psychiatrist.

Perception regarding mental illness shows that, almost all (98.1%) respondents had positive perception regarding the mental illness which was not close with the study of Ahmed (2017) that only 26.5% of the family members had the positive perception to toward mental illness. Present study shows that 14.4% of respondents agreed that patients can perform their task after treatment which was mentioned either strongly (62.8%) or slightly (25.8%) agreed that treatment could help persons with mental illness lead normal lives (CDC, 2010).

Health Seeking Behaviors Related to Mental illness shows only 11.5% of the respondents sought the help from psychiatrist where majority (40.2%) had sought health facilities from non-psychiatric doctors at first visit. The result was found similar as 7.6% sought help from psychiatrist at first (Pradhan, Sharma, Malla & Sharma, 2014), and majority (55.6%) followed by (30.6%) psychiatrists reported the visiting to non-psychiatric doctors and faith healers were found respectively to be third most common preference (Kataria, 2018.). But a study conducted in China, 80% of respondents would seek help from a professional for psychological problems, and 72% respondents preferred to receive help from medical institutions (Yu et al., 2015). Likewise, a study conducted in India had the similar result with the present study that only 10.5% of parents sought treatment from psychiatric doctors at the initial

contact (Patil et al., 2016). Present study showed more than fifty percent (56%) family members had sought help within 6 month of onset of illness which was a bit different with study done in Delhi which was (48%) sought help within 6 month of mental illness (Kataria, 2018).

The association between health seeking behaviors and selected variables reveals that there was significant association between age ( $p < 0.01$ ), sex ( $p < 0.01$ ), types of family ( $p < 0.05$ ), level of education ( $p < 0.02$ ), the similar result was found by the study conducted by Neupane et al., (2016) as the  $p$  value  $= < 0.05$ . Present study showed that, there was association between health seeking behaviors and sex and level of education ( $p < 0.05$ ) was consistent with the study done by Yu et al., (2015) where  $p < 0.05$ . Similarly literate respondents were seven times more likely to exhibit positive feelings toward the mentally ill as compared to non-literate subject (OR =7.6, 95% confidential interval =3.8-15.1 (Kabir, Iliyasu, Abubakar & Aliyu, 2004) .

## CONCLUSION

Almost all respondents had adequate knowledge and positive perception regarding the mental illness. Regarding the health seeking behaviors, less than half of the respondents had visited non psychiatric doctors followed by traditional healers, a few of the respondents had visited the mental hospital at first visit. In the second visit and third visit, it was in increasing trend to visit to specialized professional. There was significant association between ages, types of family, occupation, income of the respondents with health seeking behaviors

**LIMITATIONS:** Study was conducted only in psychiatric OPD of TUTH, so cannot be generalized. The health seeking behaviors related to mental illness were self-reported so there might be the chance of recall bias.

## REFERENCES

- Ahmed. (2017). Awareness about mental illness among the family members of persons with mental illness in a selected District of Assam. Retrieved from [http://www.indjsp.org/article.asp?issn=0971\\_9962;year=2017;](http://www.indjsp.org/article.asp?issn=0971_9962;year=2017;)



- volume=33;issue=2;spage=171;epage=176; aulast=Ahmed
- Bhattraï S., Parajuli SB., Rayamajhi RB, Poudel, IS., Jha N,(2015). Clinical Health Seeking Behavior and Utilization of health Care services in Eastern Hilly Region of Nepal. *JCMS Nepal*.2015;11(2):8-16
- Center for Disease Control & prevention (2010). Attitudes toward mental illness -35 States, District of Columbia, and Puerto Rico, Retrieved from <https://www.cdc.gov/mmwr/preview/mmwrhtml/mm5920a3.htm>
- Girma, E., & Tesfaye, M. (2011). Patterns of treatment seeking behavior for mental illnesses in Southwest Ethiopia: A hospital based study. *BMC Psychiatry*, 11(1), 138. doi.org/10.1186/1471-244X-11-138
- Kabir, M., Iliyasu, Z., Abubakar, I. S., & Aliyu, M. H. (2004). Perception and beliefs about mental illness among adults in Karfi village, northern Nigeria. *BMC International Health and Human Rights*, 4(1), 3,doi. org/10.1186/1472-698X-4-3
- Kataria. (2018). A study of treatment-seeking behavior in psychiatric patients at a tertiary care hospital in Delhi. Retrieved from <http://www.jmhnb.org/article.asp?issn=0971-8990;year=2018;volume=23;issue=1;spage=33;epage=37;aulast=Kataria>
- National Mental Health Survey, Nepal. (2016). Retrieved from Nepal Health Research Council website: <http://nhrc.gov.np/projects/nepal-mental-health-survey-2017-2018/>
- Neupane, D., Dhakal, S., Thapa, S., Bhandari, P. M., & Mishra, S. R. (2016). Caregivers' attitude towards people with mental illness and perceived stigma: A Cross-Sectional Study in a Tertiary Hospital in Nepal. *PLOS ONE*, 11(6), e0158113. doi.org/10.1371/journal.pone.0158113
- Patil, R. N., Nagaonkar, S. N., Shah, N. B., Bhat, T. S., Almale, B., & Gujrathi, A. (2016). Study of perception and help seeking behaviour among parents for their children with psychiatric disorder: a community based cross-sectional study. *The Journal of Medical Research*, 6.
- Pradhan, S. N., Sharma, S. C., Malla, D. P., & Sharma, R. (2014). A study of help seeking behavior of psychiatric patients. *Journal of Kathmandu Medical College*, 2(1), 21–24. doi.org/10.3126/jkmc.v2i1.10538
- Rijal A.(2018). Mental Health Situation in Nepal and priorities for interventions. Health Prospect:Journal of Public Health;volume;17,|Special Issue | April 2018 <http://www.nepjol.info/index.php/HPROSPECT/issue/archive>
- Venkatesh, B. T., Andrews, T., Mayya, S. S., Singh, M. M., & Parsekar, S. S. (2015). Perception of stigma toward mental illness in South India. *Journal of Family Medicine and Primary Care*, 4(3), 449–453 .doi.org/10.4103/2249-4863.161352
- WHO (2017), Depression: 7.5% Indians Suffer from Mental Disorders: WHO Report | India News - Times of India." Accessed August 20, 2018. <https://timesofindia.indiatimes.com/india/7-5-indians-suffer-from-mental-disorders-who-report/articleshow/57344807.cms>.
- WHO Comprehensive mental health action plan 2013–2020. (2012). Retrieved August 14, 2018, from [who.int/entity/mental\\_health/action\\_plan\\_2013/en/index.html](http://who.int/entity/mental_health/action_plan_2013/en/index.html)
- Yu, Y., Liu, Z., Hu, M., Liu, H., Yang, J. P., Zhou, L., & Xiao, S. (2015). Mental health help-seeking intentions and references of rural Chinese adults. *PLOS ONE*, 10(11), e0141889. doi.org/10.1371/journal.pone.0141889