Perception and Belief of Patients with Mental Illness and Their Care Givers - A Cross-Sectional Study

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Abstract

Background: Mental Health disorders are globally on rise due to various reasons. Indian population has its own beliefs and misconceptions related to mental illness which affect treatment seeking. Research on perceptions and beliefs of patients and their caregivers towards mental illness is necessary to ensure proper and timely interventions of persons with mental illness and to promote mental health in the community.

Aim: To assess the perception and belief towards mental illness of patients and caregivers.

Materials and methods: This was a cross sectional descriptive study carried out in the patients and their caregivers attending the out-patient services of psychiatry department. Basic socio-demographic data were collected and perception and belief towards mental illness was assessed using semi-structured questionnaire.

Results: 27.5 percent had an educational qualification of graduate and above. 47.5 percent had a gap of more than 1 month between the onset of symptoms and first visit to a psychiatrist and only 8% visited a psychiatrist on their own. A majority of the patients and caregivers (92.75%) believe that mental illness is because of increased thinking, 56.5% believe that digestive problem or flatulence can lead to mental illness and 30.4% believe it to be contagious. Only 34.78% consider ECT to be one of the modalities of treatment while 50.74% believe that worshipping god can cure mental illness.

Conclusion: The findings suggest that awareness and proper knowledge about mental health is lacking and proper measures like psychoeducation and awareness campaigns must be arranged to promote awareness.

Keywords: Mental illness, perception, belief.

Introduction

The burden of mental disorders is continuously growing with significant impacts on health and major social, and economic consequences in all countries of the world. In 2017 197.3 million people had mental disorders in India

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which means one in seven Indians were affected by mental disorders of varying severity. The contribution of mental disorders to total DALY'S in India increased from 2.5% in 1990 to 4.7% in 2017.[1] Despite an increase in treatment options huge treatment gaps persists, which ranges between 70% and 92% for different mental disorders in India and many who seek help fail to adhere to treatment. [2]

Help seeking behavior is much affected by the per ceptions and beliefs that people have towards mental health.[3] The perceptions and beliefs are in turn influenced by the history of psychiatry in India. In ancient times it was believed that mental disorders are caused by abstract metaphysical entities, heavenly agents, black magic or witchcraft. Hence treatments mostly used to be in the form of herbs and ointments, charms, worships or moral convictions. Such beliefs and treatment practices still influence the people of modern India.[4]

Many studies have been conducted in India and other countries exploring the belief of patients and their caregivers regarding the cause of their mental illness. Most of these studies suggest that supernatural beliefs regarding mental illness are highly prevalent in the lay people both in India[5,11] and abroad. [6-10] Studies also suggest that a majority of the population seek treatment from faith healers for their illness.[3] For example, a study conducted in North India showed that nearly 74% of the study population had undergone magico-religious treat ment.[5] Most of the studies have shown that lower educ ational status, rural residency, contribute towards the belief of non-biomedical causes of mental illness.[6,9] while other studies have shown that well educated young population were ignorant regarding the cause of mental illness.[12] Urbanization in India is occurring at a very fast rate and this westernization or urbanization has influenced the cultural belief of the people which in turn

has influenced the beliefs and perceptions regarding illness. Studies have shown that a significant number of people seek treatment from both modern and traditional health systems at the same time.[13] Such variations in population both in terms of their beliefs and treatment seeking indi cate the need for better understanding of local per ceptions regarding mental illness. With this background the present study attempted to study the personal beliefs, etiological models (magico-religious, stress and biochemical) and help seeking behavior of patients with mental illness using a self-rated question naire.

Materials And Methods

The study was conducted in the Department of Psychiatry, Pt.B.D. Sharma Post Graduate Institute of Medical Sciences Rohtak. A cross-sectional design was employed. Sample size was determined using Cochran's sample size formula ($n=Z^2/pq$). Keeping a response percentage (p) of 50% (q=1-p, equals to 50%), margin of error of 10% and Confidence Interval of 90%, the minimum sample size calculated was 69. Purposive sampling was used to recruit participants during their visit to the Outpatient Department.

Inclusion criteria were stable patients or caregivers of patients with primary diagnosis of psychiatric disorder according to ICD-10, ability to understand and com prehend Hindi language and age 18 years and above. Patients or caregiver of patients who had received psycho education/ psychotherapy sessions were excluded. A 25 item Hindi questionnaire designed to study individual's belief regarding cause of the disease which included questions like increased thinking, stress, supernatural belief, use of addictive substances. A 15-tem questionnaire designed to study the individual's belief regarding the treatment of the disease which covered areas like medicines, ECT, faith healing, religious

beliefs. The items of the questionnaire were based on the commonly prevalent magico-religious belief in our society. The language of the questionnaire was simple and the responders were instructed to answer the questions in "yes" or "no".Data so obtained was analysed using spss software version 16.0.

Results

Sociodemographic variables	Mean (SD)/N (%) [PATIENT]	Mean (SD)/N (%) [CAREGIVER]
Age	38.8(14.13)	36.57(12.525)
Years of schooling	9.83(4.320) years	9.47(5.113)
Gender	Male=48(64%) Female=27(36%)	Male=53(70.7%) Female=22(29.3%)
Marital status	Married=63(84%) Unmarried=12(16%)	Married=63(84%) Unmarried=12(16%)
Religion	Hindu=75(100%)	Hindu=75(100%)
Employment Status	Employed=40(53.3%) Unemployed=35(46.7%)	Employed=51(68%) Unemployed=24(32%)
Monthly income of family	15600(14980) rupees	17000(16941.05) rupees
Domicile: rural	Rural=59(78.7%) Urban=16(21.3%)	Rural=52(69.3%) Urban =23(30.7%)
Clinical variables		
Gap between onset of symptoms and visit to psychiatrist	431.25(887.545) days	484.57(914.4) days
Nature of referral to psychiatrist:	Own=8(10.7%) Family members=12(16%) Doctor=31(41.3%) Neighbor = 20 (25.3%) Faith healer=4(5.1%)	Own=12(16%) Family members = 15 (20%), Doctor = 28 (37.3%), Neighbor = 19(25.3%), Faith healer=1(1.3%)
Diagnosis	Depression= 29(38.7%), Psychosis = 25 (33.3%), Bpad=5(6.7%), Anxiety = 14 (18.7%), MR=2(2.7%)	Depression= 25(33.3%), Psychosis = 23 (30.7%), Bpad = 13 (17.3%), Anxiety = 12 (8.3%), MR=2(2.7%)

As shown in Table 1, the mean age of the study sample was 37.99(SD 13.188) years and mean number of years of education was 9.45 (SD 4.539). Majority of the patients were males, employed, Hindu, from non-nuclear family and came from rural background. Nearly 85% of the participants were married. The mean gap between the onset of symptoms and visit to a psychiatrist was 447.78(SD-=921.185) days.

Table 2:

Variable	N (%) [patient]	[caregiver]
Increased thinking	69(92)	
Decreased sleep	64(85)	
Tension	68(90.7)	
(dimag ki garmi)	54(72)	
Studying more	23(29.11)	
Flatulence	39(56.5)	
Increased work	17(24.63)	
Contagious	21(30.4)	
Alcohol	34(49.27)	

Addictive substance	34(49.27)	
Fortune (kismet ki dosh)	40(57.97)	
Ghost(bhoot-pret)	21(30.43)	
Sorcery/ witchcraft(tona)	25(36.23)	
Sin done in past life (paap)	35(50.72)	
God's curse (Bhagwan ki shrap)	30(43.47)	
Head injury	47(68.11)	
Epilepsy	26(37.68)	
(Dimmagi bukhar)	37(53.63)	
Genetics	34(49.27)	
Vasectomy/ tubectomy	11(15.94)	
Interpersonal issues	39(56.5)	
Masturbation	26(37.68)	
Thinking a lot about sex	30(43.47)	
Medicines (garam dawai)	39(56.5)	
Ill effects of television	36(52.17)	

Table 3:

Variable	N (%)
Medicines	63(91.30)
ECT	24(34.78)
Change of place	31(44.92)
Sleep medications	46(66.67)
Marriage	36(52.17)
Worshiping god (puja path)	35(50.74)
Multivitamins (takat ki dawai)	33(47.82)
Iv glucose	25(36.23)
Diet	43(62.31)
Yoga	56(81.11)
Meditation	55(79.71)
Injection	34(49.27)
Hypnosis	16(23.18)
Operation	18(26.08)
Soccery/witch craft	19(27.53)

Aetiological Models of Mental Disorder As Held By Patients

On questions of causation of mental illness, as shown in Table 2, more than half of the patients attributed their illness to fortune (kismet ka dosh) and this was the most commonly attributed cause. This was followed by sin done in past life (pooranv janm ke paap), God's curse (shrap), soccery/ witch-craft (jaado-tona) and ghosts (Bhoot-Pret). Overall, about two-third of the sample attributed their symptoms to one of the above stated causes.

Additionally, 92% of patients accepted that increased thinking can lead to the development of mental illness. This was followed by stress and decreased sleep (86%), head injury (68%), inter-personal issues (56%), genetics, alcohol and addicted substance.

Around 52% attributed their illness to dimaag ki garmi, 39% to flatulence, 37% to dimagi bukhar, followed by excessive thinking about sex(43%), masturbation(37%), ill-effects of television(52%). 21% also consider that mental illness is a contagious disease and 11% consider that vasectomy or tubectomy can lead to mental illness.

Of the 60 patients who attributed their symptoms to stress, 39 also attributed their symptoms to magico-religious causes.

Belief About Treatment of Mental Illness

Regarding treatment of mental illness 91% believe that their illness can be treated with medicines while 31% believed that ECT (electro-convulsive therapy) can be a mode of treatment.

At the same time 50% believe that worshipping god can cure their illness, 22% considered that soccery or witchcraft to be a form of treatment and 23% considered hypnosis as a treatment.

The other beliefs that study group have regarding treatment of illness included the following in decreasing order- yoga, meditation, sleep medications, diet, marriage, multi vitamins, iv glucose.

Relationship Between Aetiological Models and Socio demographic and Clinical Variables

Significantly higher number of people with higher level of education considered stress as a cause of mental illness (Spearman Rank Co-relation coefficient 0.285, P = 0.018) and significantly higher number of people with lower level of education considered dimaag ki garmi (Spearman Rank Co-relation coefficient 0.344, P=0.004), gas (Spearman Rank Co-relation coefficient 0.518, P=0.00), increased work (Spearman Rank Co-relation coefficient 0. 342, P=0.004), ghost (Spearman Rank Co-relation coefficient 0.400, P=0.001), black magic(Spearman Rank Co-relation coefficient 0.394, P=0.001), god's curse (Spearman Rank Co-relation coefficient 0.315, P=0.008), tubectomy/ vasectomy (Spearman Rank Co-relation coefficient 0.351, P=0.003), masturbation (Spearman Rank Co-relation coefficient 0.350, P=0.003), medicines (Spearman Rank Co-relation coefficient 0.282, P = 0.019).as a cause of mental illness

Significantly people with large gap between onset of disease and seeking first service considered increased studying (Spearman Rank Co-relation coefficient 0.362, P=0.002), addictive substance (Spearman Rank Co-relation coefficient 0.238, P=0.049), god's curse (Spearman Rank Co-relation coefficient 0.296, P=0.014) as a cause of their illness.

Compared to people with high monthly income significant number of people with low monthly income considered increased work (Spearman Rank Co-relation coefficient 0.241, P=0.046) and contagious infection (Spearman Rank Co-relation coefficient 0.464, P=0.000) while significant number of people with high monthly income considered epilepsy (Spearman Rank Co-relation coefficient 0.282, P=0.019), medicines (Spearman Rank Co-relation coefficient 0.239, P=0.048).

Significant number of people who were single at the time of the study considered mental illness to be a contagious disease (Spearman Rank Co-relation coefficient 0.265, P=0.028) and relationship issues (Spearman Rank Co-relation coefficient 0.361, P=0.002).as a cause of mental illness

Significant number of people who belonged to rural area considered alcohol (Spearman Rank Co-relation coefficient 0.454, P=0.000), fortune (Spearman Rank Co-relation coefficient 0.297, P=0.013) while people belonging from urban area considered relationship issues (Spearman Rank Co-relation coefficient 0.344, P=0.004) and masturbation(Spearman Rank Co-relation coefficient 0.287, P=0.017) as a cause of their illness.

Compared to people who were unemployed at the time of the study, a significant number of people who were employed considered addictive substance as a cause of their mental illness (Spearman Rank Co-relation coefficient 0.374, P=0.002).

Additionally significant number of employed people considered god's curse (Spearman Rank Co-relation coefficient 0.284, P=0.018), convulsion/epilepsy (Spearman Rank Co-relation coefficient 0.256, P=0.034) and relationship issues (Spearman Rank Co-relation coefficient 0.321, P=0.007) as a cause of their illness.

Significant number of people with low age considered tubectomy/ vasectomy to be a cause of mental illness (Spearman Rank Co-relation coefficient 0.251, P=0.038).

Relationship Between Treatment Models and Socio demographic and Clinical Variables

Significant number of males considered that mental illness can be treated with medicines (Spearman Rank Co-relation coefficient 0.341, P=0.004) while Significant number of females believe that getting married (Spearman Rank Co-relation coefficient 0.275, P=0.022) can be a cure for mental illness.

Significantly people with large gap between onset of disease and seeking first service thinks ECT (Spearman Rank Co-relation coefficient 0.395, P=0.001), marriage (Spearman Rank Co-relation coefficient 0.650, P=0.000), injection (Spearman Rank Co-relation coefficient 0.257, P=0.017), operation (Spearman Rank Co-relation coefficient 0.322, P=0.004)

Significant number of single people considered change in place can cure their mental illness (Spearman Rank Co-relation coefficient 0.290, P=0.016).

People living in urban areas believe that change in place (Spearman Rank Co-relation coefficient 0.326, P=0.006), marriage (Spearman Rank Co-relation coefficient 0.272, P=0.024) can treat their illness while people living in rural areas believed that worshipping god (Spearman Rank Co-relation coefficient 0.255, P=0.034), hypnosis (Spearman Rank Co-relation coefficient 0.326, P=0.003) can be a cure for their illness.

Also, people with higher monthly income considered marriage (Spearman Rank Co-relation coefficient 0.451, P=0.000), yoga (Spearman Rank Co-relation coefficient 0.240, P=0.024), meditation (Spearman Rank Co-relation coefficient 0.210, P=0.042) while people with lower monthly income considered hypnosis (Spearman Rank Co-relation coefficient 0.253, P=0.018), black magic (Spearman Rank Co-relation coefficient 0.295, P=0.007) as a solution for mental illness,

Significant number of people with lower level of education considered vitamins (Spearman Rank Co-relation coefficient 0.417, P=0.000), iv glucose (Spearman Rank Co-relation coefficient 0.417, P = 0.000), proper diet (Spearman Rank Co-relation coefficient 0.354, P=0.003), hypnosis (Spearman Rank Co-relation coefficient 0.360, P=0.001), operation (Spearman Rank Co-relation coefficient 0.257, P=0.017), black magic (Spearman Rank Co-relation coefficient 0.414, P=0.000)

Significant number of employed people considered yoga (Spearman Rank Co-relation coefficient 0.297, P=0.007) and that change in place (Spearman Rank Co-relation coefficient 0.306, P=0.010) can cure their mental illness People of lower age considered iv glucose (Spearman Rank Co-relation coefficient 0.255, P=0.035) as a treatment option.

Discussion

The present study evaluated the beliefs and perceptions that patients and their caregivers have regarding mental illness. Most of the previous studies were focused on a single mental illness or had used semi-structured question naire, where patient could have given socially desirable answers to some questions. This study had a self-rated questionnaire where the options were in the form of 'yes' or 'no'. Also, in this study patient or their caregivers with any diagnosed mental illness according to ICD-10 have been included. In India, the caregivers play a major role in determining the treatment of the patient in contrast to western countries where patient's decision is given more emphasis. So, in this study both the patients and their caregivers have been included while most previous studies were done either on patients or their caregivers.

The study finding shows that maximum number of people consider stress as a cause of mental illness while fewer number of people identify soccery or ghosts as a cause. This is in contrast to a study done in North India[3] where two-third of the patients believed that mental illness can occur either due to sorcery, ghosts/evil spirit, spirit intrusion, divine wrath, planetary/astrological in fluences, dissatisfied or evil spirits and bad deeds of the past. The probable cause for which might be increase in literacy and awareness regarding mental illness among people.

With the introduction of National Mental Health Pro gramme, Mental health services being available at

districts level, people's perceptions and beliefs have changed regarding causes and treatments. This is reflected by the difference in findings of the present study and a study which was conducted by Kulhara which showed that nearly 74% of the patients who had symptoms coloured by cultural influences had undergone magico-religious treatment[5]. While the findings of the present study however shows that maximum number of people believe that medicines is a cure for their illness.

The present study shows that people with lower level of education had more magico-religious beliefs regarding both cause of their illness and their treatment and people from rural background consider fortune as a cause of their illness. Hence it can be hypothesized that people from less educated rural population have more super natural beliefs.

The limitations of this study include small sample size, purposive sampling and cross-sectional design. The study included patients attending psychiatry outpatient of a general hospital unit, hence the findings cannot be gene ralized to patients in primary care or community settings. Since the study included patients in psychiatry out-patient care, it is quite possible that the findings of the present study may actually be an underestimate of the true prevalence of the supernatural beliefs and etiological models based on them.

To conclude, the present study demonstrates that super natural beliefs are quite common in India especially in less educated, rural background. But at the same time majority of the subjects also believed in the biological cause for their illness and considered medicines for their treatment. This finding is thus a reflection of the mixed beliefs present in Indian society. This finding also explains the dual nature of seeking treatment: visiting psychiatric hospitals and also faith healers. Thus it is im portant to educate the patients, caregivers and also faith-healers or traditional healers regarding the importance of seeking proper treatment at the proper time.

Reference

1. India State-Level Disease Burden Initiative Mental Disorders Collaborators. The burden of mental disorders across the states of India: The Global Burden of Disease Study 1990-2017. Lancet Psychiatry. 2020 Feb;7(2):148-161.

2. Murthy RS. National Mental Health Survey of India 2015-2016. Indian J Psychiatry. 2017;59(1):21-26.

3. Kate N, Grover S, Kulhara P, Nehra R. Supernatural beliefs, aetiological models and help seeking behaviour in patients with schizophrenia. Ind Psychiatry J. 2012 Jan; 21(1):49-54.

4. Bhugra D. Psychiatry in ancient Indian texts: A review. Hist Psychiatry. 1992; 3:167–86.

5. Kulhara P, Avasthi A, Sharma A. Magico-religious beliefs in schizo phrenia: A study from north India. Psy Cho pathology. 2000; 33:62–8.

6. Adebowale TO, Ogunlesi AO. Beliefs and know ledge about aetiology of mental illness among Nigerian psychiatric patients and their relatives. Afr J Med Sci. 1999; 28:35–41.

7. Holzinger A, Kilian R, Linden Bach I, Petscheleit A, Anger Meyer MC. Patients' and their relatives' causal explanations of schizophrenia. Soc Psychiatry Psychiatr Epidemiol. 2003; 38:155–62.

8. Phillips MR, Li Y, Stroup TS, Xin L. Causes of schizophrenia reported by patients' family members in China. Br J Psychiatry. 2000;177:20–5.

9. Kurihara T, Kato M, Reverger R, Tirta IG. Beliefs about causes of schizophrenia among family members: A community-based survey in Bali. Psychiatric Serv. 2006; 57:1795–9.

10. Anger Meyer MC, Mats hinger H. Relatives' beliefs about the causes of schizo phrenia. Acta Psychiatr Scand. 1996; 93:199–204.

11. Srinivasan TN, Thara R. Beliefs about causation of schizo phrenia: Do Indian families believe in super natural causes? Soc Psychiatry Psychiatr Epidemiol . 2001; 36:134–40.

12. 12.Furnham A, Chan E. Lay theories of schizo phrenia. A cross-cultural comparison of British and Hong Kong Chinese attitudes, attributions and beliefs. Soc Psychiatry Psychiatr Epidemiol. 2004 Jul;39(7):543-52.

13. Saravanan B, Jacob KS, Deepak MG, Prince M, David AS, Bhugra D. Perceptions about psychosis and psychiatric services: a qualitative study from Vellore, India. Soc Psychiatry Psychiatr Epidemiol. 2008 Mar; 43 (3): 231-8. doi: 10.1007/s00127-007-0292-y. Epub 2007 Dec 15. PMID: 18080791.