

**AWARD FOR THE HIGHER SCORE DURING THE ABSTRACT REVISION PROCESS FOR ORIGINAL RESEARCH, 3rd PLACE:**



**24. HEALTH-CARE SEEKING PATHWAYS OF PSYCHIATRY PATIENTS IN NORTH KARNATAKA OF INDIA – A HOSPITAL-BASED: EXPLORATORY CROSS-SECTIONAL STUDY.**

Alinawaz Khan<sup>1</sup>, Narayan R Mutalik<sup>2</sup>, Harish Kulkarni<sup>3</sup>, Manjula R<sup>4</sup>.  
<sup>1</sup> Third-year MBBS student, S. N. Medical College & HSK Hospital, Bagalkot, Karnataka, India.

<sup>2</sup> MD- Psychiatry, Professor and Head of Department of Psychiatry, S. N. Medical College & H. S. K. Hospital, Bagalkot, Karnataka, India.

<sup>3</sup> MD- Psychiatry, Associate Professor, S. N. Medical College & HSK Hospital, Bagalkot, Karnataka, India.

<sup>4</sup> MD- Community Medicine, Professor, S. N. Medical College & H. S. K. Hospital, Bagalkot, Karnataka, India.

<https://www.youtube.com/watch?v=0JIMP5Fyl7s&t=17907s>

**INTRODUCTION:** Neuropsychiatric disorders contribute for 13% of the total morbidities, globally. India alone reports approximately 28% of suicides across the globe despite of making 18% of the global population. With only 3,500 psychiatrists in India, the average national deficit is estimated to be 77%. In Indian society, mental disorders are thought to be due: God's punishment for their previous sins, Bad wind, more people living in joint families(37.7%) than in single families(26.5%) believed that sorrow and unhappiness lead to mental disorders. Therefore, non-availability of mental health services, stigma, and superstitions associated with mental disorders, along with the unwillingness or inability of families to care for their mentally ill relatives, appear to be major cause behind delay in approaching a psychiatrist in India. These factors act as major barriers in the pathways of care for these patients, thereby increasing the unmet need. An understanding of the way people seek care for mental disorders is important for implementing mental health services, and developing effective referral mechanisms. Hence this study was taken up with the objectives. **OBJECTIVES:** To determine health-care seeking pathways of psychiatry patients using WHO pathways of care proforma. To explore the social and cultural determinants of health-care seeking behaviour in them. **METHODS:** This exploratory cross-sectional study includes newly diagnosed psychiatry patients (ICD-10), visiting psychiatry OPD of hospital amalgamated to medical college in North Karnataka, India. Sample size for proportion was calculated to be 340 ~350, taking 33% as P (Pilot study) and at 5% absolute precision at 95% confidence level. Written Informed consent were obtained from the study participants or from the patient attenders. Predesigned and pretested proforma were used for obtaining socio-demographic details of subjects. Patients were examined and diagnosis confirmed by the Psychiatrist. World Health Organisation (WHO) pathways to care proforma were used to obtain the health-care seeking behavior of these study subjects. Statistical analysis will be done using SPSS software version19 and appropriate statistical tests will be applied. **RESULTS:** In the pilot study, we observed that about 32% of patients firstly approached medical practitioners, followed by psychiatrists and faith healers. An average delay of 24 months was found in reaching psychiatric services. **CONCLUSION:** There is a substantial delay in health-care seeking of psychiatry patients to psychiatrist, as per the pilot study. Further completion of this study is required to understand the extent of the problem, and socio-cultural factors leading to such delay. Patients with psychiatric problems in study population, seek treatment from a wide range of services, including physicians,

traditional faith healers etc. It is important to educate and sensitize all the regular medical practitioners about early identification and first aid management of psychiatric disorders, so that they are able to manage the patients appropriately and also seek timely referral to psychiatrists. In the same manner, it is essential to conduct health education programs on mental health so as to address cultural myths and stigma related to mental illnesses and thus help in reducing the delays in seeking psychiatric treatment.

**Table.** Time Delay in Healthcare Seeking by Psychiatric Patients.

DIAGNOSIS	Mean Time from Onset to first care seeking (Months)	Mean Time from First care seeking to Psychiatry Services (Months)	Time From onset to Psychiatry Services (Months)
Neurotic Disorders	8.1	25.0	33.1
Psychotic disorders	0.2	21.0	21.2
Schizophrenia	1.2	42.1	43.3
OCD	4.0	128.0	132.0
Mood Disorders	11.3	16.0	27.3
MR	36.0	48.0	84.0
Substance Abuse	4.8	1.2	6.0
Others	4.5	1.5	6.0

**Key words:** Psychiatry; Social Stigma; Health-Care Seeking (Source: MeSH-NLM).