# PERCEIVED SOCIAL BARRIERS IN ACCESSING MENTAL HEALTH CARE FROM MENTAL HOSPITAL: A STUDY AMONG PEOPLE WITH MENTAL HEALTH PROBLEM IN ONE OF THE MENTAL HOSPITAL, UTTAR PRADESH

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## Abstract

*Mental health is an essential part of public health because good health includes physical, mental and social well-being. Mental illnesses are among the most important contribution to the global burden of disease and disability. Despite the huge burden of mental illness, huge numbers of patients do not take treatment because of some social factors. The objectives comprised to understand the social barriers in accessing mental health care from one of the mental hospital of Uttar Pradesh from the perspective of the health personnel and the patients and patient's family members. This research is very sensitive in nature, because this research conducted on people with mental health problems, therefore respondents and mental hospital name is not revealed in this paper. Thirty respondents (10 patients and 20 providers) were selected purposively from one of the mental hospital of Uttar Pradesh. Primary data were collected after providers and patients and their family members consent. Qualitative method used for data analysis. Result shows many social barriers in accessing to mental health care such as: stigma, gender discrimination, beliefs about causality of mental illness, negative behavior with people with mental health problem, negative attitude about mental hospital and negative attitude about providers. Government should be implementing educational program for mental health and mental health services as well so that awareness is generated and more people opt for treatment.*

***Keywords:*** *Social barriers, mental health care*

Health is an essential quality in human being. It is defined as a state of complete physical, mental and social well-being and not merely the absence of disease (WHO, 2001). This definition intends to embrace the other components that contribute to positive health like spiritual, emotional, behavioral and cultural. According to the 10th five year plan ten million people are affected by serious mental disorders (Planning commission, 2002:126) and Uttar Pradesh has much absolute number of mental case compare to other states. (Kale, 2010) Despite the huge burden of mental illness, huge numbers of patients do not take treatment because of some social factors.Generally, people show little concern towards the mentally ill patients and treat them with unsympathetic behavior. They have double jeopardy in life that first they struggle with the symptoms and disabilities along with the discrimination by society and family. Researchers on mental health issue have highlighted that such low priority and discrimination of mentally ill individuals is due to myths and misconception associated with mental health (Murthy et al, 2005). In this paperreview of literature is divided into three sections to discussthe utilization of mental health services, discuss the stigma as barrier in availing mental health services and to understand the role of hospital care and specialized care for mentally ill people.

## Poor Utilization of Mental Health Services

Earlier report of mental health care shows that community does not utilized the available mental health services. Out of all the mentally ill patients, twenty percent patients need specialist treatment. Proportion of mentally ill patients without treatment is much higher in India compare to Western countries. High numbers of patients do not take treatment because of ignorance, fear stigma, misconceptions and faulty attitudes regarding mental illness (Murthy et al, 2005).Recent study shows that patients suffering from severe mental illness choose psychiatric services as first contact of treatment and patient suffering from neurotic and stress related and organic mental disorders choose non- psychiatric treatment as their first source and choose faith healer as first source of treatment, female patients choose non-psychiatric treatment as first contact. These choices are based on good reputation, easy accessibility and those who prefer non-psychiatric services were due to accessibility, good reputation and time given for consultation. Reasons for going to faith healer included belief in supernatural power, recommendation by someone, easy accessible and availability on low cost (Nagpal et al, 2011).

## Stigma and Belief about Mental Illness as Barriers in Availing Mental Health Services

Majority of patient do not take any treatment because of ignorance, fear, stigma, misconceptions and faulty attitudes regarding mental illness. General people have belief that mental illness is caused by evil spirits, black magic, bad stars and bad deeds in the present and past life. Therefore mentally ill patient seek the treatment by the faith healers and magicians. People have own fear about mental hospitals. They felt that mental hospital is a place where dangerous mental patients are locked up. Patient treated in mental hospital stigmatized, they become isolated and discriminated in the community. Due to this patient family do not go for treatment in mental hospital, therefore they do delayed in treatment thereby increasing disability (Murthy et al, 2005).A study was conducted on outpatient setting at the department

of psychiatric, All India Institute of Medical Sciences, New Delhi in 2011. This study covered 200 patients (125 male and 75 female). These patients come from Delhi, Uttar-Pradesh, Bihar, Haryana and rest of the patients comes from other states. This study finding shows that 91 patients (45.5%) had consulted with psychiatrist as their first contact, 88 patients (44%) were consulting with non- psychiatrist, 16 patients (8%) had firstly gone to traditional faith healer and 5 patients (2%) had chosen alternative medicine. The study reported reason for choosing traditional healer as a first contact were 75% reported that belief in supernatural cause for mental disorders, 75% stated for recommended by someone, and 68.8% reported for easy accessibility and 43.8% informed that low cost of treatment. Another finding of this study was that more male patient contacted a psychiatrist as a first contact compare to female patients (Nagpal et al, 2011).

**The Role of Hospital and Specialized Care for in Mental Health Services**

Hospital and specialist care play important role in improving mental health apart from community care. It is necessary to manage acute as well as severe cases and sometimes for rehabilitation under hospital observation by trained psychiatric professionals. Sometimes, some patients require full attention because of their harmful and risky behavior for themselves as well as for others. "Hospitalization for psychiatric patients is often necessary when it is determined that their behaviors are acutely dangerous to themselves" (Latha and Shankar 2011). Psychiatric rehabilitation is to help persons to compensate for or reduce the functional deficits, interpersonal and environment barriers created by the disability and to restore ability for independent living, socialization and effective life management. Interventions help the individual learn to compensate for the effects of the symptoms of the illness through the development of new skills and coping techniques and a supportive environment (Pillai 2010).After reviewing the above literature, researcher found huge burden of mental illness in India and particularly in Uttar Pradesh. Despite of huge load of mental illness patients do not use proper mental health services because of the stigma, discrimination and beliefs they have about the mental hospitals. This has been highlighted by literature reviewed above. And we further need to explore social realities.

**Objective of the study**

To understand the social barriers in accessing mental health care from one of the mental hospital of Uttar Pradesh from the perspective of the health personnel and the patients and patient's family members.

**Research Methodology**

In this research involved primary and secondary data both. In this research paper respondents name are changed and name of mental hospital do not use due to privacy reason. Primary data collected from one of the Mental Hospital of Uttar Pradesh. For primary data 30 respondents (10 patients (OPD and IPD) and 20 providers) were selected purposively and data were collected through semi-structure interview schedule and observation technique. Primary data were collected after providers and patients and their family members consent. Qualitative method used for data analysis.

**Ethical Consideration**

This research involves respondents with mental illness. Hence it carries several significant ethical considerations, for which the researcher was sensitive while conducting the research. The most important ethical consideration was respecting dignity of individuals. The researcher fully respected the dignity of individual patients. This was important because these patients were suffering from mental illnesses and in some cases were not be able to take informed decision about them. In such cases where the respondents are not in a condition to give informed consent, their caregivers were interviewed for full details. Only when their caregivers wanted to participate in the research, with full informed consent, they were interviewed.

**Results**

Results of this paperdescribes fourthemes that emerged in the course of the study: stigma, gender discrimination, beliefs about causality of mental illness and perception about government mental hospital and these themes have been analysed on the basis of patients/ patients' family members and provider's perspective.

**Stigma**

Stigma related to mental illness has always been a matter of concern to researchers and mental health practitioners, as it is not only related to illness prognosis but also affect the help seeking behaviour of the patient and their relatives. Researcher was found in all the interviews with respondents that stigma prevails not only in the society itself but also in the families of psychiatric patients. To explore more dimensions of stigma related to mental illness some interrelated points are being discussed in this section. These points are: feeling of embarrassment, family discouragement and gender and health-seeking behavior.Most of the patients and their family members are found to have a feeling of embarrassment and discomfiture about having psychiatric illness themselves and in their family. Society has a stigma about mental illness and mentally ill person. Therefore people

with mental illness feel embarrassed to share his or her problem with anyone. They fear of being referred negatively and in a prejudiced way by the people of society and also worried of facing a changed behaviour towards them when people around them come to know about their illness. The family of psychiatric patients also feel awkwardness due to having a patient with mental illness. This is the reason why some patients' families don't accept that they are having a patient with mental illness and show no interest in finding out the proper treatment for their problems. Here some of the statements of respondents are given which shows these tendencies: Parents of 27 years old Sheela (name changed) suffering with hysteria said, *"If anyone gets to know about my daughter's illness, then no one would like to invite us to any of their social function sand will avoid visiting our home."* Even the providers corroborated this finding. For instance; Dr. Sanjay (name changed) 50 years old working in Mental Hospital as a psychiatrist stated, *"Some patients do not come for treatment in the mental hospital because it might ruin their status in the society."*

**Gender Discrimination**

Gender discrimination is quite evident when the stigma was being explored. Female psychiatric patients are more stigmatized than male psychiatric patients. Data of this study shows that most of the families of the female psychiatric patients show gender discrimination in health-seeking behavior. When a female member of the family gets affected by mental illness, her family members usually don't accept her illness due to fear of society. They avoid disclosing the fact about her mental illness with their relatives, neighbors and other people related to them. They do not seek proper psychiatric treatment in the initial phase of the illness because they are worried that others will get to know about her mental illness. They think that if anyone gets to know about her illness then they and their patients will have to face many problems lifelong like in marriage, social gathering etc.Therefore most of the female patients used to visit faith healing as a first source of treatment.The major concern of the family members of the female psychiatric patients is that if anyone in the society would come to know about the patients 'mental illness, it will be difficult for them to arrange their marriages, as no one would be ready to marry a girl with mental illness."Parents of 26 years old Charankaur (name changed) suffering with mood disorder said, *"If she was a boy then it would be better to seek treatment, as boys will always be remain with the family but in case of girls it is quite difficult because they get married and have to shift to another family where they will not be accepted unconditionally as they are in their own families"* Even the providers confirmed this finding. For instance, one female attendant said *"if any female in the family develops mental illness, her family members do not want to take her*

*for the treatment as they feared that it might ruin her opportunity to get married, and also might destroy the family reputation in the society. On the other hand if any married female get affected by mental illness, her in-laws refuse to accept her and try to leave her on the basis of her mental condition"* Thus we find that stigma is equally attached to the married and unmarried females. Here a case study is being shared to show the stigma related to mental illness**.** Lela (name changed), 29 years old married women was getting treatment in a family ward with her mother since three days. She was illiterate and came from a rural area. She had been suffering from paranoid schizophrenia since one year. Her in- laws had refused to keep her with them and therefore had left her at her mother's home after she started showing symptoms. Her brother and sister- in- law also did not want to look after her as they were afraid that their children might get affected, and also that it would harm their reputation in the society leading to no social interaction. However, Lela's mother fought with her son and daughter- in -law for her ailing daughter and is presently bearing all the cost of her treatment with her pension. Her mother had stated that she would file a case against her son and daughter in law once her daughter is fully treated, to restore her rights.

**Beliefs about Causality of Mental Illness**

Researcher found in the interviews with respondents that some of the people have own belief about cause of mental illness. They believe that mental illness is an effect of ghosts and evil spirits which is known in local language as "prêt atma" "burasaya" "uparihawa" "deviana" etc. People also believe that mental illness is the result of black magic which is referred as "jadutona" and "kalajadu". They think that someone, who is jealous of them, performs some black magic and because of that black magic their family member lost his or her mental control. Most of the female patients and rural patients have these beliefs and therefore they opted for faith healing as a first source of treatment. Apart from this people have own believe that cause of hysteria is late marriage and they have also believe that marriage work as a treatment for hysteria and for drug abuse. Some of the examples that portray this kind of belief are **-**Sheela's (changed name) 27 years old was suffering with hysteria. Her father said, *"We had no knowledge about mental illness and about its symptoms; someone told that cause of these symptoms might be supernatural power"*Mohit (name changed) 29 years old was suffering from depression come from rural area said, *"Initially my parents felt that somebody persuaded witchcraft."*(kisi ne kuchhkarwadiyahai).Some providers also agree for instance; most of the doctors, nurses and attendants said that majority of the patient and their family members are superstitious and hence they opt for faith healing as a first option for

treatment. Due to this kind of thinking effect on people help seeking behaviour.Sudha (name changed), 50 years old was working in this hospital since twenty years as an attendant. She said, *"People believe in supernatural power as a cause for his or her problems therefore they go for faith healing, I was working in this hospital since 20 years, my sister-in-law had some mental illness but we did not accept her problem as a mental illness and we went for faith healing."*Bena (name changed) 45 years old was working as attendant since fifteen years, she too said, *"mostly people believe that late marriage is a cause for hysteria in females and mostly doctors are also believed like that."*

**Perception about Governmental Mental Health Services**

As researcher has been discussed above mental illness are extremely stigmatized in society as well as in family of the patients with mental illness. Because of that mental health services are also stigmatized in society. Therefore most of the patients and their family members have negative perception about mental health services. Due to this most of the people do not want to take treatment in government mental hospital.

**Negative Attitude About Mental Hospital**

Researcher find that generally people do not see mental hospital as a treatment and curable place they felt that mental hospital is a place where dangerous and violent patients are locked up with mental illness. This perception about mental hospital is extremely stigmatizing. Therefore patients and their family have negative attitude and behaviour about mental hospital because of which they thought of mental hospital like "pagalkhana" ( madhouse) where "pagal" or "mad" people are getting treated in inhuman manner. More patients and their family member have negative attitude about mental hospital, female patients and their family have more negative attitude about mental hospital compared to male patients and their family. Example showed negative attitude about mental hospital.Dewakar (name changed) 50 years old patient having mood disorder getting treatment in family ward since five days, hailing from urban area. His wife said, *"When we came in this hospital first time, my husband said that I will not go to a mental hospital (pagalkhane).If anyone hears that I went to a mental hospital, then they will tease me."*

**Perception About the Providers**

Researcher found that the patients and their family have a negative attitude and behaviour about psychiatric providers. Most of the family members of female patients think that the providers in the mental hospital misbehave with female patients in IPD and OPD. Sheela's mother said, *"I did not send my daughter alone with her father to mental hospital, but accompanied them because all sorts of persons come for treatment, and had also heard about the doctors' misconduct*. Even some female providers stated that some female patients and their families did not want to go to a mental hospital because of misbehaviour of some doctors and other male staff.

**Discussion**

The findings also demonstrate that stigma is a very important cause in availing mental health services. Gender discrimination is evident when we explore stigma.Researcher also found that female psychiatric patients are more stigmatized compared to male psychiatric patients and their family do not want to accept her manifestation of symptoms of mental illness as "illness" due to fear of losing reputation in society. As the finding shows female patients often delay in accessing government mental health care services due to stigma (family discouragement, gender discrimination and negative attitude about mental illness), belief about causality of mental illness and negative attitude about the government mental hospital and the providers. The finding of this study issimilar to Murthy et al (2005) research.

**Conclusion**

In our society, people have extremely negative attitudes about mental illness and mental health services, because very little attention is paid to mental health and mental health services as compared to other health problems and health services. Therefore ggovernment should be implementing educational program for mental health and mental health services as well so that awareness is generated and more people opt for treatment.

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