Academic Journal of Science,
CD-ROM. ISSN: 2165-6282 :: 1(2):27–35 (2012)

MYTHS, MISCONCEPTIONS, STIGMA AND DISCRIMINATION: CAUSES FOR DELAY AND UNDERUTILIZATION OF PSYCHIATRIC TREATMENT IN INDIA

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As a matter of concern, mental health facilities in India are unfortunately inadequate. Furthermore, stigma, ignorance and faulty belief system cause delay and underutilization of treatment available for mental illness. People generally believe that mental illness is caused by evil spirits, witchcraft, black magic and the like. Therefore, most of the persons afflicted by mental ailments seek the help of spiritual healers, magicians, and exorcism rather than going in for psychiatric and authentic medical care. The myths, misconceptions, belief system are related to mental disorders. Stigma and discrimination underdone by the mentally ill and their family members. 150 patients diagnosed with schizophrenia were selected from three psychiatric hospitals from an urban area in India. The reasons of delay in getting treatment, stigma, discrimination and attitude towards the mental illness were assessed by using semi-structured questionnaires. Responses were analysed using uni-variate and multivariate techniques. The reasons of delay in getting treatment are found to be correlated significantly with (i) the belief that the mentally ill are possessed by some evil spirits and (ii) The lack of awareness about psychiatric treatment. It was found that 'general community' was the most commonly cited source of stigma against mentally ill (cited by 58% respondents), followed by 'family members' (cited by 46% of respondents). The most common negative response identified by participants was 'lack of acceptance or understanding of mental illness" (52% of respondents), followed by "considering the affected person less than competent" (48% of respondents). The conclusion of the present study is that there is an urgent need to develop strategies for early identification of mental ill health and awareness about its proper treatment. Need of the hour is to create a widespread and efficient network of integrated service of psychiatrists, primary-care doctors (general practitioners), counselors and spiritual healers.

Keywords: Stigma, discrimination, Early identification, Integrated services, Mental health.

Introduction

The World Health Organization estimates that by 2020, mental depression will be the largest cause of disability worldwide. It also says that by 2025, mental illness will catch up with heart disease or may even overtake it as the biggest global health concern.

Recently a resolution moved by India has been adopted by the executive board meeting of the World Health Organization (WHO). This highly appreciated resolution focuses on the global burden of mental disorders and the need for a comprehensive, coordinated response from health and social sectors.

India's initiative has been lauded, as the gap between the need for treatment for mental disorders is a matter of great concern all over the world. Between 76 and 85 percent of people with severe mental disorders receive no treatment for their mental health problems, in low and middle income countries; the corresponding range for high income countries is also between 35 and 50 percent [Deoganoknar, 2012]. India has also successfully argued for mental disorders being included in the non-communicable disease list at the first ministerial conference on Healthy Life Styles and Non-Communicable Disease Control in Moscow last year.

Yet it's ironical then, that in India mental healthcare scene is dismal; less than 1% of our health budget is spent on mental health whereas Mental health disorders account for nearly a sixth of all health related disorders. Yet India has only one psychiatrist for 4,00,000 and only 37 mental hospitals to serve the country's whole population of over 1.2 billions. We have just 0.4 Psychiatrists and 0.02 Psychologists per 1,00,000 people and 0.25 mental health beds per 10,000 population [Pathare, 2012].

WHO estimates of 2001 indicates a prevalence level of about 22% of individuals developing one more more mental disorders in their life time in India. Many countries spend much more on mental health care as a percentage of total health spending. Malaysia spends 1.5% of its total health budget, China 2.35%, South Africa 2.7%, Australia 6.5% and New Zealand 11% (WHO 2001 a).

The incidence of mental disorders ranges from 10 to 370 per 1000 population in different parts of the country [Murali, 2001; Reddy, 1998]. The median conservatives estimates of 65 per 1000 population has been estimated [Gururaj et.al., 2005] . The rates are higher in females by approximately 20-25%. As far as causation of mental morbidity is concerned, there are many factors similar to any other world community, but delayed health seeking behaviour, illiteracy, cultural and geographic distribution of people are special for India. Mental illness is not only misinterpreted but often ignored and considered a taboo. The mentally ill, their families and relatives, as well as professionals providing specialized care, are still the object of marked stigmatization. These attitudes are deeply rooted in the society.

Indian society has been contaminated with lots of misconceptions and erroneous theories pertaining to mental health. Despite developments on every front today, branding women "witches" and then burning or stoning them to death still continues to be an unrelenting phenomenon in various pockets of India. The individual suffering from mental illness is considered to be under the "devil's possession" and is beaten and beleaguered with broomsticks and "laathis' with the aim of driving out the evil spirit residing in his/ her body, People with severe mental illness often go to temples and shrines not to doctors. Faith healers and temple doctor are the most socially acceptable way to try to cure mental illness in India.

Moreover the concept of mental illness is often associated with fear of potential threat to the patient with such illness. The belief that mental illness is incurable or self-inflicted can also be damaging, leading to patients not being referred to appropriate mental health care. Furthermore, stigma, ignorance, faulty belief system causes delay and underutilization of treatment available for mental illness. Worse, the stigma experienced by people with mental illness can be more destructive than the illness itself. It is found that current treatment coverage ranges from 15% to 45% only and there is, therefore, gross underutilization of services. Many factors contribute to such underutilization of services such as attitude towards mental illness, perceptions, myths, beliefs and health seeking behaviour.

Inspite of high burden of mental disorders, most people in India do not have access to mental health care due to ignorance, or due to inadequate facilities and the lack of human resources. The present study focuses on the delay and underutilization of getting in getting

treatment, reasons of delay, stigma, discrimination faced by the patients, so that some constructive measures be taken to create awareness in getting the appropriate treatment without delay.

Materials and Methods

The sample consisted of 150 Schizophrenic patients (age range from 20 to 45) randomly selected from three Psychiatric hospitals of Punjab, India (Jalandhar district). Data on delay in getting treatment, reasons of delay, myths, misconceptions and stigma about mental disorders were collected using a semi-structured questionnaire having 22 questions with multiple responses. The questionnaire consists of various components: A. Socio-demographic characteristics (6 items); B. Time period or delay in getting the treatment (2 items); C. Reasons of delay (3 items); D. Time Spent with Astrologers and Tantriks and shrines after the onset of disorder (4 items); E. Stigma (4 items); and myths and misconception (3 items); Scoring of questions was taken on 3-point or 5 point Likert Scale. Test-retest reliability of questionnaire was 62% when the same questionnaire was applied after a 2 week interval.

The study also examined the sources of stigma from the community and the type of negative responses experienced by the participants. Each participant gave responses to various sources of stigma (6 items) and type of negative response (9 items). The result of the present study were analyzed using SPSS (Statistical Package for Social Sciences) Version 17. Chi Square tests were applied to assess the association between delay and underutilization of Psychiatric treatment and other variables in the study and for evaluating the sources of stigma and the specific type of negative responses indicated by the respondents; percentage of the responses were taken into account.

Results:

To assess the association between the delay and underutilization of Psychiatric treatment for mental illness and other variables, chi-square values were calculated [Table 1].

Awareness about Psychiatric treatment having **[χ^2 =6.516, df 1, p < 0.01]** cultural myth about the illness **[χ^2 =607,df 1 p < 0.01]** and the shame felt by the parents and relatives with **[χ^2 =5.952, df 1, p < 0.01]** were found significant, whereas, age **[χ^2 =5.304, df 2],** **g**ender **[χ^2 =2.635 df 1]** shame felt by the patient **[χ^2 =2.585, df 2]** and the belief of being possessed by evil spirit **[χ^2 =4.521 df 1]** were found significant at 0.10 level.

Table 1 . Values of chi-square for the association with variables of delay and underutilization of psychiatric treatment.

Variables	Chi-Square	Df	p value
Age	5.304	2	.07*
Gender	2.635	1	.109*
Domicile Rural Vs. Urban	.536	1	.464
Lack of awareness of Psychiatric Treatment	6.516	1	.011**
Cultural Myth about the Illness	6.508	1	.011**
Shame felt by patient for the illness	2.585	2	.108*
Shame felt by parents and relatives	5.962	1	.012**
Belief of being possessed by evil spirit	4.524	1	.104

** Significant at .01 level

* Significant at .10 level

However, the percentage of cases reported during the (0-6 months) after the onset of symptoms differ in regard to age, gender, rural vs. urban, lack of resources, Psychiatric awareness about the treatment, visits to shrines, tantriks etc., belief of being possessed by evil spirit and shame felt by the patients and the family members (Table 2).

The patients above 40 years of age, who started seeking Psychiatric treatment during (6-12 months) were 70.2% in comparison to the cases in the age group of 30-40 years with 64.3%. The percentage for the male respondents was 87.2% whereas 77.5 % women approached for Psychiatric treatment within (0-6 months) after the onset of illness. The rural population reported for the treatment during (0-6 months) was 82.9% in comparison to 66.4% from the urban areas. 88.6% of the families of the Schizophrenics reported for lack of resources and there was delay in getting the treatment (06 months to 12 months) but at the same time 88.4% families having no problem in resources also delayed the treatment and 82.5% of the respondents with a belief of being possessed, started treatment from the Psychiatrist (within 0 to 6 months). More than 90% of the patients having awareness about the psychiatric treatment reported within (0 to 6 months).

Table 2. Association of various variables with delay and underutilization of psychiatric treatment.

	First check up at Psychiatric Hospital	
Variables	**(0-6 months)**	**(6-12 months)**
1. Age in years		
20-30	84.8%	15.2%
30-40	35.7%	64.3%
Above 40	29.8%	70.2%
2. Gender		
Male	87.2%	12.8%
Female	77.5%	22.5%
3. Domicile		
Rural	82.9%	17.1%
Urban	66.4%	33.3%
4. Lack of Resources	11.4%	88.6%
No lack of resources	11.6%	88.4%
5. Awareness about the Psychiatric Treatment	90.5%	9.5%
6. Lack of Awareness about the Psychiatric Treatment	74.6%	25.4%
7. Visit to Shrinies / Tantrick & Astrologers	82.5%	17.5%
8. Frequently visits to Shrines / Tantriks and Astrologer (more than 24 months)	81%	19%
9. Ridiculed by neighbours	83.1%	16.9%
10. Belief of being possessed by evil spirits	82.5%	17.5%
11. Shame felt by parents and relatives	42.6%	57.4%

Patients responses to the open-ended question at the end of the questionnaire were classified as to the source of stigma, if one was provided, and also to the type of specific negative response, if one was described. Results are summarized in [Table 3].

Table 3. Interview responses about stigma sources.

Stigma Sources	Respondents giving response	n(%)
General community members	87	58
Employers, supervisors	45	30
Mental health caregivers	42	28
Family members	69	46
Friends	30	20
Coworkers, colleagues, classmates	18	12

The most commonly cited sources of stigma was persons in the general community (58% of respondents cited this source), followed by the category of 'family members' (cited by 46% of respondents).

The specific types of negative response that respondents indicated that they had received from others were categorized. The most common negative response that was identified by participants was a lack of acceptance or understanding of mental illness (52% of respondents) and a view of the respondent as less than competent (48% of respondents), other negative responses that were cited included offensive comments (24% of the respondents), [Table 4].

Table 4. Most frequently cited negative responses from others Reported by subjects.

Stigma Sources	Respondents giving response,	n(%)
General community members	87	58
Employers, supervisors	45	30
Mental health caregivers	42	28
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Discussion

In the present study, lack of awareness about the Psychiatric treatment, cultural myth about the illness and stigma were found to be associated significantly with delay and underutilization of Psychiatric treatment, whereas age, gender, belief system of being possessed by evil spirits were also found to be causative factors in causing delay in the treatment.

It has been widely noted that large number of subjects and their family members have strong beliefs in supernatural powers as causative agents of mental illness, which remained the same more than four decades from [Neiki, 1966] had reported. They have strong cultural myths regarding the cause of mental illness and people usually do not accept the medical reasons for

mental disorders [Kishore, et. al., 2011]. Strikingly, this study indicates that more than 80% of the reported patients in these three hospitals, started getting the treatment with (0-6 months) after the onset of symptoms but at the same time they keep on going to faithhealers and tantriks and they have an irrational belief of being possessed by some evil spirits. It means social attitudes are changing but at a glacial pace [Cotroneo, 2008]. There is some change in the attitudes towards psychiatric treatment but their minds are obsessed by cultural myths. A similar practice was observed by Kua et. al., 1993 and Rizali et. al., 1996.

Awareness about the Psychiatric treatment serves as a major contributing factor to avoid delay in getting treatment as 90.5% of the cases who were aware of the availability of the treatment responded between (0-6) months. Many people are still unaware that there are effective treatments for many mental disorders. For example, nearly 50-60% of persons with depression can recover with treatment in three to eight months; with schizophrenia, a combination of regular medication, family education and support can reduce the relapse rate from 5% to 10%. There is also sufficient evidence to show that adequate prevention and treatment of mental disorders can reduce suicide rates whether such interventions are directed at individuals, families, schools or other sections of the general community [WHO, 2001c].

According to the Nation's Crime Record Bureau (NCRB) report of 2010, nearly 9465 people committed suicide in the country due to mental illness.

India has a high rate of suicides – 89000 persons committed suicide in 1995, increasing to 96000 in 1997 and 104000 in 1998 which is a 25% increase over the previous year [WHO, 2001b].

Mental disorders are grossly underestimated by the community and health systems in India and across the world. It is estimated that in 2000, mental disorders accounted for 12.3% of Disability adjusted Life Years (DALY) and 31% of years lived with disability. Projections suggest that the health burden due to mental disorders will increase to 15% of DALY by 2020 [Murray and Lopez, 1996]. Thus mental disorders account for nearly a sixth of all health related disability. Despite this, most countries devote 1% or less of their budget to mental health services.

India spends just 0.83% of its total health budget on mental health [WHO, 2001 a].

A large number of cases visit psychiatrists after they have consulted the faith healers like Ojhas, tantriks etc. The common belief about illness is that the person is possessed or is under supernatural influence. Surprisingly, they cannot shed their ignorance even while getting the psychiatric treatment as shown by the results of this study. The patient is made to suffer till then and is without treatment. In such cases delay makes the case worse.

Findings of this study suggest that age, gender (Male and Female), Domicile (Rural vs. Urban) are associated with delay in getting treatment. It has been noted that the more the age, the more the delay in getting treatment, perhaps because the belief system about the cultural myths becomes stronger with age. Total number of male patients exceeds the number of female patients in these hospitals. There are less reported cases for treatment from Urban residents. It shows that Urban Indians have more stigmatized attitude towards severe mental illness contrary to the expectation and in line with the literature that indicates a more benign attitude among rural populations towards persons with severe mental illness [Cooper, 1977; Neiki, 1966; Srinivasa, 1982; Verghese, 1974 and Warnar, 2004]

A few studies, however, argue the opposite [Verghese, 1974 and Wig, 1980]. However Psychiatrists from major cities of India are of the view that cities are also possessed by ignorance and a majority of mental illness cases, even in Urban India, are passed off as a result of being possessed by evil spirits and the first contact persons for most psychotic disorders are faith

healers. Families of people suffering from mental illness rarely discuss the problem fearing social ostracisation and the stigma associated with it. As a result, they don't seek the medical help. "The fear of being labelled and rejected by society is so high that people don't come forward. It is the hypocrisy of Urban Indians that adds to the stigma; we are fine if it is happening to others and would make it so difficult for the Patient's family that they are forced to hide such cases. Instead, we should try talk about it" said Prof. Baroota, Clinical Psychologist, Delhi University.

In response to the open-ended question related to the sources of Stigma, the most cited sources of stigma were general community members followed by family members and the type of negative reaction from others that was cited most frequently was lack of acceptance or understanding related to the person's illness. Many respondents i.e. 48%, indicated that others viewed them as less than capable because of their mental illness. A few studies also reported the similar findings and indicated that feelings of alienation and devaluation by others are widespread among participants [Dickerson, et. al., 2002]. The results here are consistent with the extent of negative attitudes that has been documented among the general public towards persons with serious mental illness "consulting a Psychiatrist is a stigma itself. It is not getting treated for Jaundice, fever or a heart problem. A lot of mental illness patients slip into post-treatment depression, as society refuses to accept them. Once labelled, you have to live with it. People are refused Jobs when they disclose the mental problem they once had" said Dr. Nagpal, Senior Consultant Psychiatrist VIMHANS.

India, as a nation was perceived to be strong on spirituality also proved to the world its material prowess. From being a recipient of aid to tackling its poverty, today India provides aid in times of global catastrophes, whether it is in terms of brands, talent or wealth, Indians can be seen on the global stage, 20 years have brought radical changes, India full of optimism is speculating where we would be as a nation after 20 years. All discussion today is about the growth of our society, economy, growth rate, international financial centre and booming Indian media. But where is the issue of mental health when the alarm bells are ringing loud and clear. WHO estimates that in 2020, mental depression will be largest cause of disability worldwide. It also says that 2025, mental illness will catch up with heart disease or may even overtake as the biggest global concern.

Thus, we have to be conscious of the wakeup call as there is an urgent need to alienate more budgetary provisions for mental health; we need to develop strategies for early identification of mental ill health and awareness about its proper treatment. Trained mental health care personnel, treatment, care, and rehabilitation facilities should be made possible by the sharing of responsibility by government and non-government organizations dedicated to the cause of mental health. Need of the hour is to create a wide spread and efficient network of integrated service of Psychiatrists, primary care doctors (General Practitioners), Counselors and Spiritual healers.

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