Patients who seek traditional magico-religious treatments: Are they different from patients who seek medical treatments? A case-control study

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Abstract

Introduction: A patient's decision to seek help for mental health symptoms (and from who) depends on a number of socio-demographic and illness related factors, as well as accessibility and affordability of care. Traditionally magico-religious healers have constituted an important source of health-care for a significant proportion of mentally ill patients in India. The concern however, is that these consultations may also delay patients en route their pathway to medical or psychiatric care- thus potentially adding to the duration of untreated illness and associated poor outcomes.

Aims: The present study aimed to examine whether patients who seek traditional magico-religious treatments were different from those who seek medical or mental health care for their symptoms.

Methodology: Ninety-one patients were recruited from the Outpatient and emergency departments of the Institute of Medical Psychology, Asha hospital in Hyderabad, Telangana. After gaining informed consent, carers (key informants) for these patients were interviewed to enquire about the patient's first and subsequent care contacts, as well as for a number of background socio-demographic and illness details. Subjects whose first contact was with a traditional magico-religious healer were compared with subjects who sought help from a medical or mental health professional (psychiatrist/ physician/ registered or unregistered medical practitioner/ medical specialist/ community nurse) for their symptoms.

Results: Thirty three (36.3%) of the subjects had sought care from magico-religious healers in the first instance. The rest (63.7%) consulted various other healthcare providers like medical practitioners, psychiatrists, medical specialists like neurologists, community nurses/ social workers, etc. Subjects who sought care from magico-religious healers were similar to those did not, with respect to their age, sex-distribution, residence, social status and incomes, but the latter group was more educated than the former ($p<0.05$). The groups did not differ with respect to their diagnostic distribution or the duration of untreated illness. However, the magico-religious treatment subjects sought care (from the magico-religious healer) **substantially** sooner than those who sought care from elsewhere. They also had more health-care contacts than the non-magico-religious treatment group ($p<0.05$), despite the duration of untreated illness being comparable between the two groups.

Discussion and Implications: Magico-religious healers constitute an important health-care contact point for patients who develop mental health symptoms. This study did not identify any specific socio-demographic profile of patients who consult magico-religious healers in the first instance. They were however, less educated than patients who seek health-care from alternative sources. We also could not identify any specific diagnostic characteristics of patients who consult magico-religious healers. Although these patients do have more health-care contacts before they seek psychiatric care and treatment, this did not delay their eventual psychiatric treatment (as compared to patients who did not seek magico-religious treatments).

This study has implications for the development of mental health services. Training and awareness creation amongst patients as well as locally identified magico-religious healers may help to shorten the duration of untreated illness. Maintenance of a registry of locally practicing magico-religious healers, regular training/ exchange of information, and active liaison with local psychiatric services may help in improving mental health care. This is probably especially relevant in the current context of scarce governmental resources.

Introduction

Epidemiological studies suggest that the prevalence of mental illnesses in India ranges from 9.5 to 370 per 1000 population.[(1)] Despite the enormity of psychiatric morbidity, a substantial treatment gap exists between available resources and the illness burden. In a recent WHO study, nearly 76-85% of seriously mentally ill patients had not received any treatment in the preceding 12 months.[(2)]

A patient's decision to seek help for mental health symptoms (and from who) depends on a number of socio-demographic & illness related factors, belief-systems, as well as accessibility & affordability of care.[(3)] Mental illnesses are understood, in India, as being intricately related to spiritual and religious factors, and this belief often influences patients' recognition of illness and their care-seeking behaviours. As a result, traditional magico-religious healers are an important source of health-care for a significant proportion of mentally ill patients in India.[(3,4)] Their therapeutic interventions for mental illnesses take several forms and include prayers, rituals, exorcism, counter magic, talismans, enchanted rings, sacred ash, and offerings to temples etc- all related to subscription to a core set of spiritual or religious beliefs about the nature of mental illnesses.[(5)] A number of factors are suggested to influence the patient's decision to seek treatment from a magico-religious healer- these include the patient's socio-economic status, literacy, gender, nature of symptoms, affordability and access to care,

previous/ vicarious experiences of care for similar problems, etc.[5]

In scientific literature however, concerns have been raised about patients seeking/ consulting with a magico-religious healer for their psychiatric symptoms.[6-8] These revolve around the view that magico-religious consultations may not be effective, and may delay patients en route their pathway to psychiatric care- thus potentially contributing to the duration of untreated illness and treatment outcomes.

Aims

The present study aimed to examine socio-demographic and illness-related characteristics of patients who seek traditional magico-religious treatments as compared to those who seek other medical care for their mental health symptoms.

The study also examined whether patients who seek magico-religious treatments have longer durations of untreated illness and more health-care contacts as compared to the control group.

Methodology

Setting: The study was conducted in the Outpatient and Emergency departments of the Institute of Medical Psychology, Asha hospital, Hyderabad, India. This is a 100-bedded privately run psychiatric unit which provides Outpatient and Inpatient services for patients with a wide range of psychiatric conditions. It is one of the oldest and well-established private academic psychiatric units in Hyderabad and caters to patients from the states of Telangana and Andhra Pradesh.

The Study sample: Ninety one patients were recruited from the OP and emergency departments of the Institute of Medical Psychology, Asha Hospital in Hyderabad, Telangana, over a period of 6-months. Key informants for these patients were interviewed to enquire about the patient's first and subsequent care contacts, as well as for a number of background socio-demographic and illness details. Subjects whose first contact was with a traditional magic-religious healer were compared with subjects who sought medical or mental health professional (psychiatrist/ physician/ registered or unregistered medical practitioner/ medical specialist/ community nurse) help for their symptoms.

Inclusion criteria: Key Informants/ Carers of all new registrations were eligible to participate in the study irrespective of the psychiatric diagnosis, provided that they were consenting and were able to give information about the patient's illness & care prior to the index presentation.

Exclusion criteria: Patients not accompanied by any family members, and those whose carers who were unable to give a clear account of the patient's illness and treatment pathway were excluded.

Study design: This was a cross-sectional study involving a guided interview of index-patients' carers to ascertain the patients' first and subsequent healthcare contacts before seeking help from a psychiatrist.

Instruments: All recruited subjects were administered a semi-structured interview to elicit background social, demographic, residential, occupational and illness-related information. The WHO Pathways encounter form was adapted and completed for each of the previous health care contacts. This tool was originally developed by the WHO to rather systematic information about the sources of care used by patients before seeing mental health professional.[9,10] It is a standard tool which has been used in many Indian studies previously.

Statistical Analysis: Data was analysed using the SPSS statistical software (version 23). Subjects who consulted a magico-religious healer in the first instance for their symptoms were compared with those who did not, with respect to their socio-demographic characteristics, diagnosis, time delay to 1st healthcare contact, duration of untreated (by a psychiatrist) illness and number of healthcare contacts until they saw a psychiatrist. The data was analysed using descriptive statistics, group comparisons were done using the t-test and chi-squared test where appropriate.

Results

Thirty three (36.3%) of the subjects had sought care from magico-religious healers in the first instance. The rest (63.7%) consulted various other healthcare providers like medical practitioners, psychiatrists, medical specialists like neurologists, community nurses/ social workers, etc, and served as the controls for the study.

Subjects who sought care from magico-religious healers were similar to the controls with respect to their age, sex-distribution, residence, social status and incomes, but the latter group was more educated than the former ($p<0.05$).

The groups did not differ with respect to their diagnostic distribution or the duration of untreated psychosis. However, the magico-religious treatment subjects sought care (from the magico-religious healer) substantially sooner than those who sought care from elsewhere. They also had more health-care contacts than the non-magico-religious treatment group ($p<0.05$), despite the duration of untreated illness being comparable between the two groups.

Table 1: Socio-demographic background of patients

	Magico-religious consultation group (n=33, 36.3%)	Non-magico-religious consultation group (n=58, 63.7%)	Test statistic (chi squared/ t-test)	p-value
Age (years)	31.1 (SD 9.6)	35.4 (SD 11)	-1.8	NS
Education (years)	11 (SD 6.3)	14.4 (SD 5)	-2.8	0.005
Patient's Mean monthly income (Rupees)	8053 (SD 115648)	12663 (SD 22947)	-1.1	NS
Sex				
Males	14	28	0.29	NS
Females	19	30		
Socio-economic status				
Upper	10	9	2.8	NS
Middle	21	44		
Lower	2	5		
Residence				
Urban	22	39	3.8	NS
Semi-urban	2	10		
Rural	9	9		

Table 2: Illness characteristics of the two groups of subjects

	Magico-religious consultation group (n=33, 36.3%)	Non-magico-religious consultation group (n=58, 63.7%)	chi square/ t-test	p
Diagnosis			1.4	NS
Psychotic disorder	14	18		
Mood disorders	15	30		
Anxiety disorder	2	6		
Others	2	4		
Duration of illness (months) before first consultation	4.7 (SD 6.9)	10.6 (SD 18)	-2.2	0.02
Duration of untreated illness (months)	19.6 (SD 26.7)	21.9 (SD 29.9)	-0.38	NS
Number of healthcare contacts before seeking psychiatric care	2.5 (SD 2.3)	1.3 (SD 1.7)	2.9	0.004

Discussion and Implications

Our study evaluated the socio-demographic and illness characteristics of patients who sought magico-religious treatments in the first instance for their mental health symptoms, in comparison with those who sought alternative medical help. It was conducted in a privately funded urban psychiatric unit.

Privately funded psychiatric services (delivered through OP and IP services) are widely prevalent in urban India, and nearly 70% of patients are reported to seek psychiatric care from such services (perhaps more so in urban than rural areas).[11] These usually provide psychiatric services for patients at different levels of care- ranging from primary care (for e.g., those who consult here as their first point of contact) to secondary and tertiary care (for e.g., those who attended here only after they did not get better elsewhere). In many respects, the differentiation of a service as primary or tertiary care in India has a great deal of overlap both in state-run and private sectors, and these aspects apply to our study setting too. Further, how much of the nation's mental health service is delivered through the private sector has not (to our knowledge) been rigorously studied, but is believed to constitute a significant proportion.[11,12] Little is therefore known about the characteristics of the patient group that accesses these services. It was for this reason that our study was planned in an urban privately funded psychiatric service. For the same reason, the findings of this study are perhaps generalisable to those patients who have sought care from a similar setting, rather than to those who attend Government mental hospitals or in the community at large.

Magico-religious healers constituted an important health-care contact point for patients with mental health symptoms. This study did not identify any specific socio-demographic profile of patients who consult magico-religious healers in the first instance. They were however, less educated than patients who seek health-care from alternative sources. We also could not identify any specific diagnostic characteristics of patients who consult magico-religious healers. Although these patients do have more health-care contacts before they seek medical or psychiatric care and treatment, this did not delay their eventual psychiatric treatment (duration of untreated illness) as compared to patients who consulted medical or mental health professionals in the first instance.

The results need to be interpreted within the study context i.e., urban privately run psychiatric services- as such the findings cannot perhaps be generalised a community sample or government hospital setting. A further limitation was that the study did not include patients who sought help from both- a magico-religious healer as well as a psychiatrist simultaneously as their first point of care. Also, the number of subjects in the non-magico-religious group out-numbered the number of subjects in the magico-religious group. This could have an impact upon the statistical analysis and interpretation of results. That said, previously noted concerns about magico-religious healers delaying psychiatric treatment and contributing to poorer outcomes were not borne out in our findings. If anything, the finding that patients who sought to consult a magico-religious healer did so significantly

sooner than others who sought help from elsewhere (4.7 months versus 10.6 months). Identifying and working with local magico-religious healers could in fact, present an opportunity to reach out to mentally ill patients sooner (thus potentially reducing the duration of untreated illness) and perhaps in a manner that is more socially and culturally acceptable and accessible to them. This finding and its implications are in line with the view that indigenous healers are the primary help for a vast majority of population. They perform an important task in reaching out to people in the community where modern psychiatric services are not yet easily available or accessible. Moreover, the number of qualified psychiatrists in the country is small and psychiatrists are mostly concentrated in urban areas and metropolitan cities of India.[13,14]

Therefore, this study has implications for the development of mental health services. Training and awareness creation amongst patients as well as locally identified magico-religious healers may help to shorten the duration of untreated illness. Maintenance of a registry of locally practicing magico-religious healers, regular training/ exchange of information, and active liaison with local psychiatric services may help in improving mental health care. This is probably especially relevant in the current context of scarce governmental resources.

References

1. Ganguli HC. “Epidemiological findings on prevalence of Mental disorders in India.” Indian Journal of Psychiatry (2000) 42, 1, 14-20.
2. Demyttenaere K, Bruffaerts R, Posada-Villa J, Gasquet I, Kovess V, Lepine JP, Angermeyer MC, Bernert S, de Girolamo G, Morosini P, Polidori G, Kikkawa T, Kawakami N, Ono Y, Takeshima T, Uda H, Karam EG, Fayyad JA, Karam AN, Mneimneh ZN, Medina-Mora ME, Borges G, Lara C, de Graaf R, Ormel J, Gureje O, Shen Y, Huang Y, Zhang M, Alonso J, Haro JM, Vilagut G, Bromet EJ, Gluzman S, Webb C, Kessler RC, Merikangas KR, Anthony JC, Von Korff MR, Wang PS, Brugha TS, Aguilar-Gaxiola S, Lee S, Heeringa S, Pennell BE, Zaslavsky AM, Ustun TB, Chatterji S, WHO World Mental Health Survey Consortium. “Prevalence, severity, and unmet need for treatment of mental disorders in the World Health Organization World Mental Health Surveys.” JAMA (2004) 291,21,2581-2590.
3. Chadda RK, Agarwal V, Singh MC, Raheja D “Help seeking behaviour of psychiatric patients before seeking care at a mental hospital.” International Journal of Social Psychiatry (2001) 47,781–783.
4. Jain N, Gautam S, Jain S, Gupta ID, Batra L, Sharma R, Singh H. “Pathway to psychiatric care in a tertiary mental health facility in Jaipur, India.” Asian Journal of Psychiatry (2012) 5,4,303–308.
5. Bathla M, Chandna S, Bathla J, Kaloiya GS. “Faith Healers in Modern Psychiatric Practice:Results of a 4 years Study.” Delhi Psychiatric Journal (2015) 18,1,48-53.
6. Kulhara P, Avasthi A, Sharma A. “Magicoreligious beliefs in schizophrenia: A study from North India.” Psychopathology (2000) 33,62-68.
7. Lahariya C, Singhal S, Gupta S, Mishra A. “Pathway of care among psychiatric patients attending a mental health institution in central India.” Indian Journal of Psychiatry (2010) 52,333-338.
8. Gulliver A, Griffiths KM, Christensen H. “Perceived barriers and facilitators to mental health help-seeking in young people: a systematic review.” BMC Psychiatry (2010) 10,113.
9. Gater R, Almeida E Souza DB, Barrientos G, Caraveo J, Chandrashekar CR, Dhadphale M, Goldberg D, Al Kathiri AH, Mubbashar M, Silhan K, Thong D, Torres-Gonzales F, Sartorius N. “The pathways to psychiatric care: a cross-cultural study.” Psychological Medicine (1991) 21,761–764.
10. Janca A, Chandrashekhar CR. (Eds.). Catalogue of WHO Psychiatric Assessment Instruments. Division of Mental Health. WHO, Geneva 1995.
11. Konar D. “Private sector and Public Mental Health in India.” Bengal Journal of Psychiatry (2016) 21,1,29-31.
12. The Special Correspondent “Acute Shortage of Mental Health Care Staff in India” The Hindu (2013) 14 January, available at http://www.thehindu.com/sci-tech/health/policy-and-issues/acute-shortage-of-mental-health-care-staff-in-india/article4305058.ece. accessed on 28 December 2016.
13. Neki JS. “Psycotherapy in India- Past, Present and Future.” American Journal of Psychotherapy (1975) 29, 92-98
14. Directorate General of Health Services “Mental Health: An Indian Perspective 1946-2003.” Government of India-DGHS (2004) 4-17.