Original Article

# A Study on The Health Seeking Behaviour of People with Pre-Existing Mental Illness During COVID 19 Pandemic

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## ABSTRACT

**Background:** Health or care seeking behaviour has been defined as any action undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy. Little understanding exists concerning socio-ecological barriers experience when seeking mental health care. We aimed to estimate the sociodemographic and clinical profile that affects health seeking behaviour of people with preexisting mental illness during COVID19 pandemic.

**Methodology:** A Cross sectional study done for three months duration at the department of psychiatry, Chengalpattu medical college and hospital with a sample size of 105 patients aged greater than 18 years. Consecutive patients having an International Classification of Disease 10 (ICD-10) psychiatric diagnosis, were included. Informed consent was obtained. Data regarding socio demographic and clinical profile was obtained.

**Results:** In our study,39% of the patients belonged to 30-45 and 46-60 years of age, 6.7% of patients were between the age of above 60. 60% of study participants were male and the rest werefemale.69.5 % of patients had financial crisis,70.5% of patients had decrease in the monthly income of the family by 30%or more.60% of patients had difficulty in travel to the hospital due to lack of transport facility during COVID pandemic.

**Discussion and Conclusion:** Our study shows most of patients had decrease in the monthly income of the family by 30% or more due to lockdown for COVID19 pandemic. Schizophrenia and other non affective psychosis were the most common psychiatric morbidities. Implementing community-based strategies to support resilience in psychologically vulnerable individuals during the COVID-19 crisis is fundamental for any community.

**Keywords:** Health seeking behaviour, mental illness, COVID 19 pandemic

**Running Title:** Health seeking in the mentally ill during COVID

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## INTRODUCTION

Health or care seeking behaviour has been defined as any action undertaken by individuals who perceive themselves to have a health problem or to be ill for the purpose of finding an appropriate remedy.[1] According to Anderson's behavioural model, health seeking behaviour (HSB) is the behavioural component that drives healthcare utilization. Conceptually, HSBs are mediated by predisposing factors (e.g., age, sex, cultural, ethnic, and social factors), enabling factors (e.g., financial, organizational, and access to care), and need factors (e.g., both the patient and the medical provider's view and experiences).[2]

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Previous studies reveal that HSB is affected by various factors like socio-economic status, sex, age, the social status, the type of illness, access to services and perceived quality of the service.[3,4,5,6] As a result of the emergence of coronavirus disease 2019 (COVID-19) outbreak, a situation of socio-economic crisis and psychological distress rapidly occurred worldwide.[7] It is causing widespread concern, fear and stress, all of which are natural and normal reactions to the changing and uncertain situation that everyone finds themselves in. The issue faced by each and every one of us is how we manage and react to the stressful situation unfolding so rapidly in our lives and communities.[8]

Health-seeking behavior can help address problems and delay in early identification and optimal management of mental disorders during pandemic. Across the globe, studies have shown that only about a third of the population with any mental illness approaches the mental health services.[9] Population with mental illness needs to be treated without treatment gap because they are prone for relapse, and have functional impairment.[10,11,12] We aimed to study thesociodemographic and clinical profile that could affect the health seeking behavior of people with preexisting mental illness during COVID19 pandemic.

## MATERIALS AND METHODS

This cross-sectional study was done at the department of psychiatry at Chengalpattu medical college for a period of 3 months from May 2020 to July 2020.105 patients (age >18 years) having an International Classification of Disease 10 (ICD-10) psychiatric diagnosis, were chosen by random sampling. Patients who were below 18years of age and those not offering consent were excluded from the study. Institutional ethical committee approval was obtained. After obtaining informed consent, a semi structured proforma was administered to obtain the sociodemographic and clinical profile.

*Statistical Analysis:* Data from all patients were tabulated on excel spreadsheet, frequency distribution was obtained and statistical analysis was performed using IBM SPSS advanced statistics 16.0

## RESULTS

*Socio-demographic profile of patients*

Out of the 105 patients, 63 (60%) patients were male,42 (40%) were female; 39% of the patients belonged to 30-45 and 46-60 years of age each and 6.7% of patients were between the age of above 60. 86% of patients were from lower socioeconomic status, the remaining 18% were from middle socioeconomic status. 77% of patients had temporary occupational status. 69.5 % of patients had financial crisis, (p-0.002), statistically significant. 70.5% of patients had decrease in the monthly income of the family by 30%or more during COVID19 pandemic. **(Table 1)**

**Table 1: Socio-demographic profile of patients**

| S No. | Variable | | Frequency N (%) |
|---|---|---|---|
| 1 | Age | 18 – 30 | 16(15.2) |
| | | 31 – 45 | 41(39) |
| | | 46 – 60 | 41(39) |
| | | >60 | 7(6.7) |
| 2 | Sex | Male | 63(60) |
| | | Female | 42(40) |
| 3 | Marital Status | Unmarried | 19(18.1) |
| | | Married | 86(81.9) |
| 4 | Socioeconomic Status | Lower | 86(81.9) |
| | | Middle | 18(17.1) |
| | | Upper | 1(1) |
| 5 | Occupation | Temporary | 77(73.3) |
| | | Permanent | 28(26.7) |
| 6 | Financial crisis | Present | 73(69.5) |
| | | Absent | 32(30.5) |
| 7 | Decrease in monthly income | Yes | 74 (70.5) |
| | | No | 31 (29.5) |

*Health seeking profile of patients*

80% of patients report in psychiatric outpatient department by proxy with family members, among those with represented by proxy, 80% of patients were represented by family members and 20% were represented by individuals other than family members during the COVID19 pandemic.

46.7% of patients had travel distance more than 20 kilometers and 60% of patients had difficulty in travel to the hospital due to lack of transport facility during COVID pandemic. 86.6% of patients were seeking mental health care facility for monthly regular drugs and one patient for emergence of new psychotic symptoms related to COVID infection.**(Table 2)**

**Table 2: Health seeking profile of patients**

| S No. | Variable | | Frequency N (%) |
|---|---|---|---|
| 1 | Represented by aproxy? | Yes | 51(48.6) |
| | | No | 54(51.4) |
| 2 | Relationship of the proxy | Family Members | 40(39.9) |
| | | Others | 65(60.1) |
| 3 | Duration of illness | 1 - 6 Months | 12(11.4) |
| | | 6 - 12 Months | 8(7.6) |
| | | 1 - 5 Year | 36(34.3) |
| | | > 5 years | 49(46.7) |
| 6 | Mode of transport | Walk | 17(16.2) |
| | | Bicycle | 2(1.9) |
| | | Two-wheeler | 78(74.3) |
| | | Four-wheeler | 3(2.9) |
| | | Hired vehicle | 2(1.9) |
| | | Public transport | 3(2.9) |
| 5 | Difficulty in access | Yes | 63(60) |
| | | No | 42(40) |
| 6 | Travel distance | <10KM | 35(33.3) |
| | | 10-20 KM | 21(20) |
| | | >20KM | 49(46.7) |
| 7 | Reason for visit | New symptoms | 1 (1) |
| | | Relapse | 13 (12.4) |
| | | Routine review | 91 (86.7) |

*Diagnostic profile of patients*

Schizophrenia was the most common diagnostic category. Bipolar and depressive disorders were also common.

| Sl No. | Diagnostic Category | Frequency |
|---|---|---|
| 1 | Anxiety disorder | 16.2 |
| 2 | Depressive disorder | 16.2 |
| 3 | Bipolar disorder | 19 |
| 4 | Substance use disorder | 12.4 |
| 5 | Schizophrenia | 24.8 |
| 6 | Others | 11.4 |

## DISCUSSION

The current study was conducted with the aim of studying clinical characteristics of people with pre-existing mental illness attending psychiatric OPD during COVID19 pandemic. Our study shows most of patients had decrease in the monthly income of the family by 30%or more due to lockdown for COVID19 pandemic. PanchalN et al 2020 has reported to address the mental well-being of the general population, and minimizing poor mental health outcomes,increasing access to mental health care.[7] Data from the previous study found that a higher share of households that lost income or employment reported negative mental health impacts from worry or stress over the coronavirus than households that have not lost income or employment.[7,10,11]

Our study shows schizophrenia and other non affective psychosis were the most common psychiatric morbidities followed by depression and anxiety disorders and substance use disorders. According to findings in study done by Kohn R et al,a review of 37 studies on service utilization revealed high rates of treatment gap for various mental illnesses across different countries. Alcohol use disorders had the highest treatment gap at 78.1% while the lowest was for schizophrenia and other non affective psychosis at 32.2%.[9] There are structural barriers affecting the health-seeking process that go beyond attitudes, for example, costs, waiting times and transportation. Previous research, which concluded that structural barriers were the most relevant.[13,14] In our study due to lockdown period non-availability of public transport most of them used their own vehicle, this is also causing impact on health seeking behaviour. Among the general public at the individual level, COVID Pandemic can precipitate new psychiatric symptoms in people without mental illness, aggravate the condition of those with pre-existing mental illness and cause distress to the caregivers of affected individuals.[10] Regardless of exposure, people may experience fear and anxiety of falling sick or dying, helplessness, or blame of other people who are ill, potentially triggering off a mental breakdown.[12,15] Significant psychiatric morbidities have been found to vary from depression, anxiety, panic attacks, somatic symptoms, and post-traumatic stress disorder symptoms, to delirium, psychosis and even suicidality.[16] Strength of this study is that the data was collected via in-person interview by trained psychiatry residents which helped to establish rapport easily and thereby improved the recruitment process and quality of data collected.[13] The Limitations of this study are that Sample size was small andit is a hospital-based sample rather than community-based sample. We did not have information about the participant's previous pattern of health seeking. Due to non availability of public transport, daily outpatient census was reduced during the lockdown period. Large sampled community-based study would have been more appropriate to actually know who did not seek mental health care.

## CONCLUSION

The mental health and psychosocial consequences of the COVID-19 pandemic may be particularly serious to those who are already vulnerable to biological or psychosocial stressors (including people affected by mental health problems). In our study majority of patients has financial crisis and difficulty in reaching mental health services due to COVID-19 pandemic. The findings of our study also suggest that most of participants likely to discuss their concerns with, and seek help from, mental health professionals if they believe that health care workers trustworthy. Empathetic communication and relationships between patients and care providers, and customized patient-centered care promote people's trust in care providers and increase the use of mental health services. These issues need to be highlighted and addressed to achieve better treatment outcome for these patients. Hence strengthening of existing community care programmes like the district mental health programme (DMHP) would ensure that psychiatric patient's need would be addressed during such pandemic/ health crisis.

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## REFERENCES


1 Olenja J. Health Seeking Behavior in Context. East African Medical Journal. 2003;80(2):62-63

2 Andersen RM. Revisiting the behavioral model and access to medical care: does it matter? Journal of Health and Social Behavior. 1995;36(1):1-10

3 MacKian S. A review of health seeking behaviour: problems and prospects. Internal concept paper. London: Health Systems Development Programme, London School of Hygiene and Tropical Medicine. 2001:1-27

4 Moyer CA, Adongo PB, Aborigo RA, et al. "It's up to the woman's people": how social factors influence facility-based delivery in rural northern Ghana. Maternal and Child Health Journal. 2014;18(1):109-119

5 Rosenstock IM. Why people use health services. The Milbank Quarterly. 2005;83(4).10.1111

6 Nsereko JR, Kizza D, Kigozi F, et al. Stakeholder's perceptions of help-seeking behaviour among people with mental health problems in Uganda. International Journal of Mental Health Systems. 2011;5:5

7 Panchal N, Kamal R, Orgera K, et al. The Implications of COVID-19 for Mental Health and Substance Use. Kaiser Family Foundation Report. [downloaded from -www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-heal th-and-substance-use/]

8 Amerio A, Bianchi D, Santi F, et al. Covid-19 pandemic impact on mental health: a web-based cross-sectional survey on a sample of Italian general practitioners Acta Bio-medica. 2020;91(2):83-88

9 Kohn R, Saxena S, Levav I, et al. The treatment gap in mental health care. Bulletin of the World Health Organisation. 2004;82(11):858-866

10 Serafini G, Parmigiani B, Amerio A, et al. The psychological impact of COVID-19 on the mental health in the general population, QJM: An International Journal of Medicine, 2020;113(8):531–537

11 Fiorillo A&Gorwood P. The consequences of the COVID-19 pandemic on mental health and implications for clinical practice. European Psychiatry. 2020;63(1).e3

12 Hall RC, Hall RC, Chapman MJ. The 1995 Kikwit Ebola outbreak: lessons hospitals and physicians can apply to future viral epidemics. General Hospital Psychiatry. 2008;30(5):446–452

13 Hojat M, Louis DZ, Maxwell K, et al. Patient perceptions of physician empathy, satisfaction with physician, interpersonal trust, and compliance. International Journal of Medical Education. 2010;1:83-87

14 Reardon T, Havery K, Baranowska M, et al. What do parents perceive are the barriers and facilitators to accessing psychological treatment for mental health problems in children and adolescents? A systematic review of qualitative and quantitative studies. European Child and Adolescent Psychiatry. 2017;26(6):623-647

15 Tucci V, Moukaddam N, Meadows J, et al. The forgotten plague: psychiatric manifestations of Ebola, Zika, and emerging infectious diseases. Journal of Global Infectious Diseases 2017;9(4):151–156

16 Müller N. Infectious diseases and mental health;from comorbidity of mental and physical disorders: key issues in mental health. Sartorius N, Holt RIG & Maj M, eds., Basel: Karger. 2015;179:pp99–113