

ABSTRACT

Introduction

Prevalence of mental illnesses is high in all parts of the world. . Due to various reasons, there are long delays between the onset of mental disorders and the time that it's first brought to the attention of health care professionals. It's obvious that effective treatment will reduce the period of morbidity and there by the prevalence of these conditions. It is also well known that in few conditions such as depression and psychotic illness, when treated early carries a better prognosis. Its likely that Sri Lankan situation of mental illnesses is similar to world situation. In addition, there is a limited health care service available for psychiatric patients in Sri Lanka.

Multitude of factors including traditional treatment practices and religious observances are also available as treatment options in Sri Lanka. This may have an association with the treatment seeking behavior of psychiatric patients.

Objective

To estimate the delay in seeking allopathic psychiatric treatment and to describe the association between locally available treatment practices and delay among patients with mental disorders attending Teaching Hospital, Kurunegala Sri Lanka.

Methodology

This was a hospital based cross sectional descriptive study. It was carried out by using an interviewer administered questionnaire. Study was conducted among psychiatric patients initially attending teaching hospital Kurunegala. Study was conducted from 25th July 2004 till 9th January 2005. Sample size was 404 patients. Lower age limit for patients was 12 years and the study was limited to residents of Kurunegala district.

Principal caretaker of the patient was used to obtain information. Onset of the Psychiatric illness was detected using observations of the principal caretaker. Principal caretaker was selected out of spouses or 1st degree relatives living in the same house hold with the patient.

Experienced medical officers were used as data collectors and data collection was done by visiting the residences of the patients. Primary health care version of the 5th chapter of the International Classification of the Diseases was used to identify the onset of the illness.

Results

Study sample consisted of 404 patients. Age of the patients ranged from 14 year to 90 years. There were 215 males and 189 females. Majority of patients were sinhala Buddhists. Percentages of married and unmarried patients in the sample were 59.4% and 44.6% respectively. At the time of the investigation 54.5% of them were involved in any income generating activity. These patients were identified to suffer from 14 different psychiatric disorders. But 5 disorders claimed 86.2 % of patients in the study.

Range for the delay in seeking allopathic psychiatric treatment for the total group was 0 weeks to 884 weeks. Median and mean delays were 24 weeks and 59 weeks respectively. Patients with alcohol use disorders had the longest delay.

Age, habit of alcohol consumption, marital status and getting medical treatment for a pre existing physical illnesses have been statistically significant associations of delay for the total sample.

Gender, education level , monthly income , employed states of the patients, habit of smoking haven't been statistically significant associations of delay for the total sample.

Seeking traditional treatment and performing religious observance haven't produced any statistically significant delay except for patients with chronic psychotic disorders. All patients who have initially opted for ayurvedic treatments have statistically significant delays in presentation for allopathic psychiatric treatment.

Conclusions and Recommendations

Study sample had a median delay of 24 weeks. Range for the delay was between 0 weeks to 884 weeks. Individual disorders which had over 1 year long delays were alcohol use disorders, Unexplained somatic complaints, Drug use disorders and Drug use disorders. Practicing traditional treatment and religious observances have no association with delay. When Ayurvedic treatment was practiced as initial mode of treatment, patients were more likely to experience delay.

Improving community awareness on mental illnesses and expansion of treatment facilities are important in reducing delay. Further studies should be conducted to estimate the prevalence of mental illnesses and to detect the effect of delay on prognosis of mental illnesses.