

ATTITUDES TOWARDS MENTAL HEALTH SERVICES VERSUS FAITH HEALING; ROLE OF STIGMA AND MENTAL HEALTH LITERACY

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ABSTRACT

Objectives: To explore the attitudes of mentally ill patients towards help seeking behavior from psychiatrists/psychologists as compared to alternate and faith healing practices and explore association of mental health literacy with stigmatizing of mental health ailments.

Study Design: A qualitative and cross sectional study.

Place and Duration of Study: Pakistan Kidney Individuals Association Rawalpindi, from Jun to Jul 2018.

Methodology: Total 15 adult males and females of age 18 years and above with the minimum qualification of intermediate were included in the study after informed consent. All were diagnosed with some psychiatric ailment. Data was collected through purposive sampling technique. An interview guide was developed after thorough literature review on the basis of which structured interviews were conducted. Content analysis was used to identified overarching themes, that were evident across groups, suggested the key concepts of several attitudes of people towards help seeking behavior.

Results: Mean age of the individuals was 27.4 ± 3.14 years. 86% individuals preferred psychotherapy, 7% assumed psychotropic medication as temporary relief, 93.3% has shown negative attitude toward faith health, 26.6% opted self-medication in initial phase, 73% preferred psychologist over psychiatrist. Lack of social support (66.6%) was most frequently reported as cause of mental illness. Whereas, most frequent stated indicator of mentally healthy individuals was being pleasant (93.3%); and indicator of mentally ill individuals was suicidal (80%). Moreover, mostly mentally ill individuals (93.3%) believed that sound physical health is a preventive measure for mental health. Whereas, mentally ill individuals associated social (73.3%) and personal stigmatizing (26.6%) with mental illnesses; and had inhibition in disclosure.

Conclusion: Individuals with mental health issues preferred psychotherapies over psychotropic medication in the treatment of psychiatric ailment. Unhappy childhood, adjustment issues among spouses and parents, and lack of social support plays a major role in the development of psychological ailments.

Keywords: Help seeking behavior, Mental health professionals, Stigmatization.

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INTRODUCTION

Pakistan is having versatile culture. People belong to different ethnic backgrounds and possess different healing methods for their mental illness. Healing practices in Pakistan are very rich in variety, which are grounded on biopsychosocial and spiritual conducts. These includes Muslim, Chinese, Greek, Indian and Buddhism Healing practices^{1,2}. Preference of mental health healing services is entirely dependent on belief pattern of an individual.

Psychologists and psychiatrists work closely together. Though there is a very thin line between the two practices, but in some instances, public seems to prefer one group over the other. Psychologists are more recommended than psychiatrists for the treatment of depression, at least in European countries³. Although medication has gained popularity in recent years, there remains a large gap in public acceptance between the two treatment options. The public's preference for psychotherapy is in sharp contrast to real world clinical practice in many countries, where pharmacotherapy is the primary treatment for most mental disorders and psychotherapy is rather on the decline^{4,5}. Whereas, worldwide and in Pakistan,

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number of people, prefer spiritual healers over psychologists and psychiatrists. But with advancement with technology and modernization trend seems to be change^{2,6}.

The reason why psychologists are in some instances preferred over psychiatrists could be that, in the eyes of the public, psychologists are more ready to provide individuals with an opportunity to talk over their problems and non-pharmacological treatment style⁶. Lack of empathetic communication in psychiatry has been underestimated in the past few decades, along with associated stigma with psychotropic medication. However, preference of alternative mental health healing services including faith healing over psychological or psychiatry issues would be entirely based on social system, cultural, and religious beliefs of an individual^{3,7}.

The present study was designed to investigate the extent of psychiatric treatment is accepted or rejected by the public. Associated personal and social stigmatization proves to be a conspicuous barrier to seek help^{8,9}. Further, present study explored the extent to which the public perceived seeking help from a psychiatrist psychologist or faith healers as useful and did recommended, or instead considered it as harmful and advised against it. In addition, it also examined how attitudes towards psychiatric treatments are influenced by mental health literacy and stigmatizing attitudes.

METHODOLOGY

The present study was qualitative and based on content analysis, carried out at Pakistan Kidney Individuals Association (PKPA) Rawalpindi in month of June and July 2018. Permission to conduct a present study has been granted by Psych Research Cell, Personnel Administration Directorate, GHQ Rawalpindi, Pakistan. Further permission has been taken from clinical psychologist/research associate of PKPA to conduct a research on their patients. Purposive sampling technique was used for data collection. Short structured interviews comprising of open ended questions were conducted on the adults of both

the gender, with age 18 and above, can speak and write English language (educated), having psychological issues requiring psychiatric/psychological interventions.

An interview guide consisting of twelve open ended questions was developed for the structured interviews. A group of 6 mental health care providers, including psychologist and psychiatrists were invited to establish the face validity of the questionnaire. Permission for the participation in the study from the individuals was sought through written consent form. After gaining general information about each participant's age, qualification, and marital status, the interviewer conducted short structured interviews, consists of 12 open ended questions. Participants were giving opportunity to speak freely on the topic at hand. To ensure confidentiality unique codes were assigned to different participants, which were maintained throughout the study period. Interviews were audio taped (depending on the consent of the interviewee) lasted from 20 to 30 minutes.

In order to address gaps in literature review it was decided to use thematic analysis by focusing on identified themes within participant's attitude towards mental health services in comparison to faith healing. Interviews of the participants were transcribed by the principal investigator, throughout this phase the initial thoughts and ideas were kept in mind as this is considered an essential stage in analysis. Repeated comprehensions of the transcribed data helped in coding. The whole data set was given equal attention, furthermore as all interviews addressed the same structured interview guide, and answered the same research question, therefor, the same coding framework was developed and applied by reading through the interviews and identifying themes inductively. After coding, themes were generated and they explained larger section of data by combining different codes of subthemes; that may have been very similar or may have been considered the same aspect within the data. All initial codes or subthemes relevant to the

research question were incorporated into a theme.

RESULTS

A total of 15 male and female psychiatric individuals were recruited for the study. Age range was from 18 to 37 and the mean age of the sample was 27.4. 60% of the individuals were diagnosed with bipolar mood disorder. 13.33% individuals had paranoid schizophrenia and 26.66% of the individuals presented with deliberate self-harm (table-I)

Table-I: Demographic characteristics of mentally ill individual (n=15).

Age	Frequency	Percentage
18-22	5	33.33
23-27	2	13.33
28-32	3	20
33-37	5	33.33
Gender		
Male	8	53.33
Female	7	46.67
Qualification		
Graduation	6	40
Post-Graduation and above	9	60
Marital Status		
Married	5	33.33
Single	10	66.67

Table-II of the study showed overlapping themes, subthemes and frequencies extracted from the transcribed interviews of mentally ill individuals, through thematic content analysis.

DISCUSSION

Results of the present study are parallel to previous studies where participants' preferred psychotherapeutic techniques or psychologists over the use of psychotropic medication or psychiatrist. They believed that psychotropic medication gives temporary relief and has many side effects⁵. Many participants stressed over the need of learning and appropriate coping skills to handle life stress instead of seeking resort in medications⁹. Moreover, participants of present study are fully aware about the role of psychologists and psychiatrist and they also reported that both of them possess equal

importance. Whereas, unlike previous studies, current study has shown negative attitude toward faith health, and spiritual healing^{2,6}.

The bad trend of self-medication in Asian countries is more documented than European countries². Self-medication in mental illness always comes up with major consequences, participants reported they initially go for self-medication but that brings no change in mental condition. Most of mentally ill individuals' demonstrated lack of social support is a major cause of mental illness¹. Social support is an important factor that can affect mental health. Studies repeatedly reported the impact of social support on mental health. Social support provides physical and psychological advantages for people faced with stressful physical and psychosocial events, and is considered as per many studies as a factor reducing the psychological distress when faced with stressful events^{12,13}. Unhappy childhood, broken family, sedentary life style, marital discord between the spouses, marital bickering between parents, high parental expectations, lack of social support, sleep disturbances, uncongenial environment and communication gap are also reported by mentally ill individuals of present study as a cause of mental illness, which is also documented in previous empirical studies^{7,9,11,13}.

Present study further explored that mentally ill patient's believed that individuals who are pleasant, supportive, peaceful, passionate, goal oriented, unruffled, and self-trusted are actually mentally healthy people¹⁴. Furthermore, it has been found in present study that mentally ill patient's believed that individuals who frequently have suicidal ideations or go for frequent deliberate self-harm are most likely with psychopathologies. Though, complaining all the time, unhappy mood, problem creators, temperamental and aloof behaviors also marked as indicators of mentally ill individuals¹⁵.

Individuals with mental illness were suggested take preventive measures for mental illness by educating people by resolving issues of empa-

thetic illness, marital adjustment, sound physical health, awareness programs, easy access to mental health care, reviewing relevant literature, arranging seminars and lectures. Like previous

studies people with mental issues faced many hurdles in approaching health care professionals, misguided and mistreated by quacks^{8,9}.

All study participants believed that mental

Table-II: Overlapping themes, sub themes, and frequencies (n=15).

Themes	Sub Themes	Frequency	Percentage
Preference for psychotherapeutic techniques		13	86.67
Psychotropic medication as temporary relief		10	66.67
Negative attitude towards faith healing		14	93.33
Self-Medication		4	26.66
Preference of one group over the other	Psychologists	1	6.67
	Psychiatrists	5	33.33
	Equally important	15	100
Causes of Mental Illness	Unhappy childhood	6	40.0
	Broken family	8	53.66
	Sedentary life style	5	33.33
	Marital discord between the spouses	7	46.66
	Marital bickering between parents	9	60.0
	High parental expectations	6	40.00
	Lack of social support	3	20.0
	Sleep disturbances	10	66.67
	Uncongenial environment	7	46.66
Communication gap	7	46.66	
Indicators of mentally healthy individuals	Peaceful	8	53.66
	Supportive	13	86.67
	Goal oriented	11	73.33
	Passionate	9	60.0
	Unruffled	10	66.67
	Pleasant	14	93.33
	Self-trust	6	40.0
Indicators of mentally ill individuals	Complaining	5	33.33
	Unhappy	12	80.0
	Problem creators	10	66.67
	Temperamental	11	73.33
	Aloof	7	46.66
	Pessimistic	13	86.67
	Suicidal	14	93.33
Preventive measures for mental illness	Social support	13	86.67
	Empathetic illness	12	80.0
	Marital adjustment	10	66.67
	Sound physical health	14	93.33
	Awareness	6	40.0
	Easy access to mental health care	5	33.33
	Reviewing relevant literature	5	33.33
Seminars, lectures	3	20.0	
Social-stigmatizing		11	73.33
Personal -stigmatizing		4	26.67
Social Desirability		4	26.67
Possession		1	6.67

illness holds a stigma; Consistent with research revealing that the majority of psychiatric individuals feel stigmatized¹⁰. During interviews all participants stated that they had a diagnosed mental illness and it was apparent that they fear stigmatization and discrimination from their family and social circle. Further, this fear may be a significant factor in preventing disclosure^{11,15,16}. There is considerable literature documenting negative public attitudes and behavior toward persons with mental illness. Many studies have established that the general public perceives such individuals as possessing undesirable traits¹². In particular, people with psychiatric disorders are viewed as dangerous and unpredictable and are subjected to discrimination in jobs, education, housing, and other activities^{9,11,17,18}.

Present study has its unique significance in Pakistani culture mental health services, by understanding belief system and help seeking behavior of mentally ill individual towards mental health services vs. faith healing. It helps to educate common people about the factors involved in the development of mental ailments including the importance of preventive measures against the mental health care issues, in order to facilitate individuals and to remove associated stigmatization. Based on the findings of the study, a scale regarding the attitude of people in Pakistani urban and rural community towards mental illnesses can be developed. Beside all these, study has its limitations, such as, due to small sample size results are unable to generalize to the whole population, Study sample was educated and are literate about their health issues, for the in-depth results sample from educated and non-educated should be recruited in future.

CONCLUSION

Individuals with mental health issues preferred psychotherapies over psychotropic medication in the treatment of psychiatric ailment. Unhappy childhood, adjustment issues among spouses and parents, and lack of social support plays a major role in the development of psychological ailments. Social support, empa-

thetic listening, marital adjustment, and sound physical health are considered to be significant in preventing mental health issues.

CONFLICT OF INTEREST

This study has no conflict of interest to be declared by any author.

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