Biomedical and Biopharmaceutical Research
Abbreviation: Biomed. Biopharm. Res.
Volume: 22: Issue: 02 |Year: 2025
Page Number: 244-250

The Study of Pathways to Care in Elderly Mentally ill patients: A Cross-Sectional study

Dr. Ambika S Kabade[1], Dr. Raghavendra Patil[2], Dr. Meghamala S Tavaragi[3], Dr. Narayan R Mutalik[4]

[1]Assistant Professor, Department of Psychiatry, Dharwad Institute of Mental Health and Neuro Sciences, Dharwad

[2]Assistant Professor, Department of Psychiatry, SRPMCRH, BADAGANDI, BAGALKOT

[3]Assistant Professor, Department of Psychiatry, Dharwad Institute of Mental Health and Neuro Sciences, Dharwad

[4]Professor and Head, Department of Psychiatry, S. N. Medical College and Research Centre, Bagalkot

Corresponding Author

Dr. Ambika S Kabade
Assistant Professor,
Department of Psychiatry,
Dharwad Institute of Mental Health and Neuro Sciences,
Dharwad,

Received: 01-06-2025

Accepted: 08-07-2025

Abstract

Background – Pathway to care is a detailed and systematic description of sources of care used by the patients before seeking help from mental health professionals, and also of the factors that modify it. Understanding pathways to care is crucial to facilitate mental health referrals and reduce the time to consultation.

Aim – To evaluate the pathway to care of elderly mentally ill patients.

Materials and Methods – The Study was approved by the ethical committee of the institution (S.N. Medical College, Bagalkot). A convenient Sample size of 100 patients was included in this study. The patients and caregivers were interviewed, and the Pathways Interview Schedule (Encounter Form), developed by the WHO to gather systematic information about the sources of care used by patients before seeing a mental health professional, was used in this study.

Results – Most participants were females (n = 100, 57). The mean age was 64.9 (SD = 5.9) years. In our study, the most prevalent mental disorder was Depression, present in 69% of the cases, and 66% of the patients had a duration of illness of 1 or more years. Of the patients that first sought care at the psychiatric hospital was only 15%; another 42% sought non-psychiatric treatment from religious or traditional healing centers as their first contact; 28% sought treatment from a non-psychiatric general hospital as their first point of contact, and 14% sought help from community health nurse and other community medical practitioners as their first point of mental health care contact. Around 48% contacted psychiatric services, 15% to religious healers, followed by 14% to a medical practitioner in the first referral after the decision taken by relatives/friends in 34%, followed by 25% by the medical practitioner.

Conclusion – The prolonged duration of untreated mental illness augurs poorly for the patient and increases the cost of treatment. Understanding the routes people take to obtain care may facilitate the development of services that decrease the time from first symptoms to effective treatment.

Keywords: Care pathway, Faith healers, Duration of untreated illness, Mental health

INTRODUCTION

The patient's "pathway to care" is a thorough and systematic explanation of all the resources of care they used before turning to mental health professionals for assistance and the variables that affected it. [1,2] It is a quick and practical way to examine how mentally ill individuals and their families seek out assistance.[3] According to descriptive research conducted in developing nations, many patients do not approach mental health experts directly. [4] They choose a route that passes through numerous organizations, and due to a lack of appropriate psychiatric care, many individuals in this process develop chronic conditions that worsen. Planning mental health services, organizing training, and organizing referrals to psychiatrists from other sources of health and social care depend on an understanding of how people seek treatment for mental problems.[1] Treatment delays and adverse pathways can protract the duration of untreated psychosis (DUP), an important determinant of long-term outcome and drug responsiveness.[5, 6] This study was planned to evaluate

the pathway to care of mentally ill patients attending a tertiary mental health facility to highlight the difficulties of the mentally ill and their relatives in accessing appropriate care.

AIM

This study aimed to evaluate the pathway to care of mentally ill patients attending a tertiary mental health facility.

MATERIALS AND METHODS

Design & setting: This is a cross-sectional study conducted during the period from June 2021 to June 2022. Study population: A total of 100 consecutive subjects (aged ≥ 60 years of both genders), details were collected. The family members of the patients were interviewed to evaluate the pathway to care using the Encounter form developed by the WHO. Study instruments: The pathways interview schedule (Encounter Form), developed by the WHO [7]. Data was entered using MS Excel and analyzed using the SPSS trial version. Quantitative data was analyzed using frequency, percentage, and proportion. Family members (of patients) who were mentally and physically healthy and had knowledge of the course of illness till the interview were included in the study, while Patients not accompanied by a family member, family members of patients who had neurological/physical illness causing the psychiatric symptoms, were excluded from the study.

RESULTS

A total of 100 psychiatric patients participated in the study, comprising 43 males and 57 females. The mean age was 64.9 (SD = 5.9) years, with the majority aged between 60 to 65 years. In regards to the level of education, 37 % had no Formal education and 27% had studied up to 6-10th standard. A majority (71%) of the total sampled respondents were married and Hindu (97%), Housewives by occupation (40%), followed by unemployment in 21%[Table 1]. About the duration of mental illness before the time of the interview, 66% had a mental disorder for 1 or more years[Table 2]. Table 3 shows the distribution of types of mental disorder, and the most prevalent mental disorder among the study participants was Depression (69%). The majority of the patients (42%) first reported to native/religious healers after initiation of first contact with relatives/friends (79%), followed by to general hospital(28%) and medical practitioner (14%). The patients who first sought care at the psychiatric hospital were only 15 %. Around 48% contacted psychiatric services, 15% to religious healers, followed by 14% to medical practitioners in the first referral after a decision taken by relatives/ friends in 34%, and a medical practitioner in 34%, neighbors in 12% of the cases. Thus, faith healers are not only a gateway to psychiatric care but also serve as a junction point. The majority of the patients (58%) had a duration of illness of more than 1 year before they first sought help[Table 4.2]. Among the different pathways to care, Figure 1 describes the number of patients reaching psychiatric services after initiation of help with non-psychiatric contacts.

Table 1 – Distribution of Socio-Demographic Variables

Variables		**N (100)**
Age	60-65	74
	66-70	12
	71-75	6
	76-80	5
	81-85	3
Gender	Male	43
	Female	57
Education	Nil Formal education	37
	Primary school	24
	Secondary school	27
	Higher Secondary	2
	Graduate	7

	Postgraduate	3
Residential Status	Rural	72
	Urban	28
Marital Status	Married	71
	Unmarried	1
	Widowed	23
	Separated	5
Occupation	Unemployed	21
	Farmer	18
	Unskilled	1
	Semiskilled	42
	Skilled	6
	Business	8
	Retired	4

Table 2 – Distribution of the Illness Variables

Variable		**N = 100**
Duration of illness in years	< 2 weeks	1
	2 weeks – 1 month	10
	1-6 months	15
	6-12 months	8
	More than 1 year	66
Age at the onset of illness (Years)	18-30	6
	31-40	14
	41-50	12
	51-64	46
	>65	22

Table 3 – Distribution of Mental Illness among the Patients

Alcohol Dependence Syndrome	9
Schizophrenia	5
Psychosis NOS	16
Delusional Disorder	7
Other Psychotic Disorder	5
Bipolar Affective Disorder	10
Depression without Psychotic Symptoms	17

Depression with Psychotic Symptoms	5
Recurrent Depression without Psychotic Symptoms	5
Recurrent Depression with Psychotic Symptoms	1
Dysthymia	1
Adjustment Disorder	2
Obsessive Compulsive Disorder	4
Insomnia	2
Somatoform Disorder	2
Panic Disorder	6
IRA	1
MADD	2

Table 4.1 – Distribution of the patients according to the pathway to Care.

Help-provider	**2. THE DECISION TO FIRST SEEK HELP**	**3. THE FIRST REFERRAL**	**4. THE SECOND REFERRAL**	**5. THE THIRD REFERRAL**
	2.a Who was first seen ?	**3.a Who was next seen?**	**4.a Who was next seen?**	**5.a Who was next seen?**
0 native / religious healer	42	15	0	0
1 police	0	0	1	0
2 social worker	1	0	0	0
3 community nurse	0	0	0	0
4 osteopath	0	0	0	0
5 medical practitioner	14	14	3	0
6 general hospital	28	9	5	0
7 psychiatric services	15	48	29	9

Table 4.2 Distribution of the patients according to the time gap between onset of symptoms and contact with the care provider.

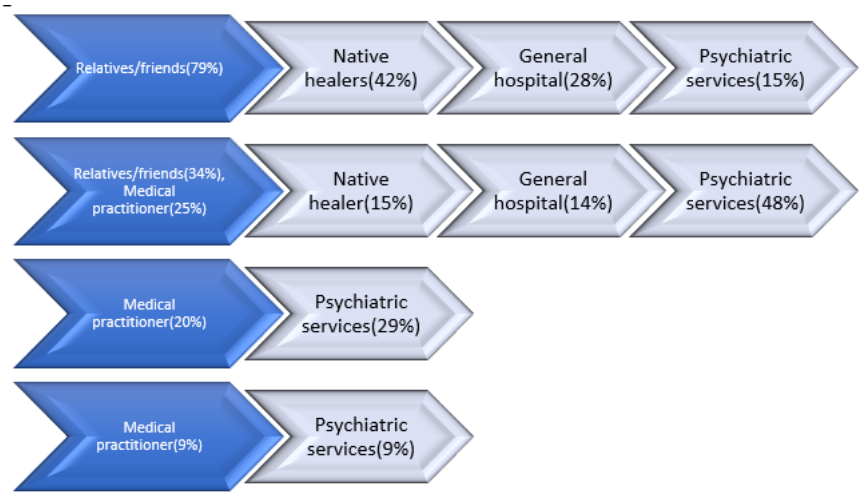
How long ago	**2. THE DECISION TO FIRST SEEK HELP**	**3. THE FIRST REFERRAL**	**4. THE SECOND REFERRAL**	**5. THE THIRD REFERRAL**
<1 month	19	25	18	5
1-6 months	15	16	4	0
7-12 months	7	4	1	0
> 1 year	58	41	15	4

Table 4.3 Distribution of the patients according to the initiation of contact and Decisions taken.

	2. THE DECISION TO FIRST SEEK HELP	**3. THE FIRST REFERRAL**	**4. THE SECOND REFERRAL**	**5. THE THIRD REFERRAL**
	2.c Who initiated	**3.c Decision taken**	**4.c Decision taken**	**5.c Decision taken**

	first contact?	by whom?	by whom?	by whom?
0 patient himself / herself	19	8	1	0
1 relatives / friends	79	34	5	0
2 neighbours	1	12	9	0
3 workmates / colleagues	1	2	1	0
4 employer	0	0	0	0
5 police	0	1	0	0
6 medical practioner	0	25	20	9
7 other	0	4	2	0

Fig 1



DISCUSSION

The foundation of health is mental well-being. According to estimates from community-based epidemiological studies conducted worldwide, the 12-month prevalence of mental disorders in adults is 8.4%–29.1%, and the lifetime prevalence ranges from 12.2%–48.6%.[8] According to the 2001 World Health Report[9], 10% of people have a mental illness, and by 2020, that number is expected to rise to 15%. Depression primarily affects women and is one of the leading causes of disability globally.[10] This study has explored many approaches to obtaining mental health help. Among these are finding a direct route to a public mental health facility when a mental illness first appears, a direct route to a general practitioner who has no specialization in psychiatry, and a direct route to traditional or faith-based healing facilities. India is unique because patients are free to seek assistance from any provider, including religious healers. Additionally, there is a serious lack of personnel in the field of mental health. Keep in mind that these two traits are critical to comprehending the pathway.

In this study, the majority of the patients(42%) first contacted religious healers, which is similar to a study by Kheemani et al.[11] and psychiatric services were the major second contact (48%). It becomes clear that faith healers play a significant role in India's current mental health situation, and we cannot afford to disregard them. The results make it clear that as the number of referrals increased, so did the involvement of medical professionals in helping individuals receive psychiatric services. It appears that the delay in presentation to a mental health professional is relatively high in the study group as compared to the developed countries and may be attributed to different illness beliefs in the region, public opinion, and stigma, the role of family[12], and this is similar to our study. With the help of the pathway and the associated help-seeking behaviors, we may identify the possible reasons for presentation delays. Understanding how people seek treatment for mental illnesses is essential for organizing psychiatric referrals, planning mental health services, and enhancing the treatment-seeking mindset. In addition to traditional healers, time delays can be decreased by enhancing primary care providers' ability to diagnose and treat mental health issues. To some extent, the lack of experts may be addressed by community health workers taking on the responsibility of screening for mental health disorders or by trained physicians doing opportunistic screening for mental health illness during outpatient visits in primary healthcare settings. Other non-communicable diseases have already been successfully managed with these strategies.[13-18]

Despite the study's strengths such as the use of a standard scale (WHO Pathways to care), the evaluation of psychiatric disorders, certain limitations like the small sample size, the varying severity of illness during the assessment, and duration of untreated illness and failure of evaluation of treatment offered at various various referral stages may constrain the generalizability of our results.

CONCLUSION

The shortest latency and a direct pathway were linked to early symptom detection. These results have implications for improving early access to mental health specialists and raising awareness of available treatments. Long-term, untreated mental illness has negative consequences for the sufferer and raises treatment costs. Developing services that shorten the period between initial symptoms and successful treatment may be made easier with an understanding of the paths patients travel to get Mental health care.

Acknowledgment

The authors would like to express their gratitude to the participants for their cooperation, without which this study would not have been feasible.

Financial support and sponsorship – Nil.

Conflicts of interest

There are no conflicts of interest.

REFERENCES

1. Gater, R., Goldberg, D., 1991. Pathways to psychiatric care in South Manchester. British Journal of Psychiatry 159, 90–96.
2. Janca, A., Chandrashekhar, C.R. (Eds.), 1995. Catalogue of WHO Psychiatric Assessment Instruments. Division of Mental Health. WHO, Geneva.
3. Daisuke, F., Naoki, H., Yayoi, K., Kotaro, O., Gaku, O., Masaru, T., et al., 2007. Multicenter collaborative study on pathway to psychiatric care: a pilot study in Japan. Clinical Psychiatry 49, 7–15.
4. Abiodun, O.A., 1995. Pathways to mental health care in Nigeria. Psychiatric Services 46, 823–826.
5. Marshall M, Lewis S, Lockwood A, Drake R, Jones P, Croudace T (2005) Association between duration of untreated psychosis and outcome in cohorts of first-episode patients: a systematic review. Arch Gen Psychiatry 62(9):975–983.
6. Perkins DO, Gu H, Boteva K, Lieberman JA (2005) Relationship between duration of untreated psychosis and outcome in firstepisode schizophrenia: a critical review and meta-analysis. Am J Psychiatry 162(10):1785–1804.
7. Janca, A, Chandrashekar, C. R & World Health Organization. Division of Mental Health. (1995). Catalogue of WHO psychiatric assessment instruments / prepared by A. Janca and C. R. Chandrashekar, 2nd ed. World Health Organization.
8. World Health Organization. The challenge and the need. In: mhGAP: Mental Health Gap Action Programme: Scaling Up Care for Mental, Neurological and Substance Use Disorders. Geneva: World Health Organization; 2008.
9. Bebbington P. The World Health Report 2001. Geneva: World Health Organization; 2001.
10. 10. World Health Organization. Department of Mental Health and Substance Dependence. Gender Disparities in Mental Health. Geneva: World Health Organization; 2008.
11. Khemani MC, Premarajan KC, Menon V, Olickal JJ, Vijayageetha M, Chinnakali P. Pathways to care among patients with severe mental disorders attending a tertiary health-care facility in Puducherry, South India. Indian J Psychiatry. 2020 Nov-Dec;62(6):664-669.
12. 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 J Psychiatr. 2012 Dec;5(4):303-8.
13. World Health Organization. Global Status Report on Noncommunicable Diseases 2014. Geneva: World Health Organization; 2015.
14. 14. World Medical Association. Resolution on Task Shifting from the Medical Profession. New Delhi: World Medical Association; 2009.
15. Duraisamy K, Mrithyunjayan S, Ghosh S, Nair SA, Balakrishnan S, Subramoniapillai J, et al. Does alcohol consumption during multidrug-resistant tuberculosis treatment a□ect outcome? A population-based study in Kerala, India. Ann Am Thorac Soc 2014;11:712-5.
16. World Health Organization. Task Shifting: Rational Redistribution of Tasks among Health Workforce Teams: Global Recommendations and Guidelines. Geneva: World Health Organization; 2008.
17. Kengne AP, Fezeu L, Awah PK, Sobngwi E, Mbanya JC. Task shifting in the management of epilepsy in resource-poor settings. Epilepsia 2010;51:931-2.

18. Buttor C, Hock R, Weiss H, Naik S, Araya R, Kirkwood B, et al. Economic evaluation of a task-shifting intervention for common mental disorders in India. Bull World Health Organ 2012;90:813-21.