

Beliefs about causes of psychotic disorders and subsequent help-seeking behaviour in caregivers presenting at the Department of Psychiatry, Civil Hospital, Karachi

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Abstract

Objective: To assess the beliefs about causes of psychotic disorders and subsequent help-seeking behaviour in caregivers.

Method: The descriptive cross-sectional study was conducted at the Department of Psychiatry, Civil Hospital, Karachi, from September 2020 to February 2021, and comprised caregivers of patients with psychotic disorders. Data was collected using a questionnaire that was filled up by caregivers mentioning their beliefs about the cause of the disorder and subsequent help-seeking behaviour. Data was analysed using SPSS 22.

Results: Of the 162 participants, 69(42.6%) were male and 93(52.4%) were female. The overall mean age was 39.9+12.9 years. The majority 157(96.9%) subjects were Muslims. In terms of beliefs, anxious personality 62(38.3%), evil eye 62(38.3%) and God's will 56(34.6%) were the major choices picked. With respect to help-seeking behaviour, the choices most picked were taking the patient to a psychiatrist 129(79.6%), praying 108(66.6%) and taking the patient to a family physician 103(63.6%).

Conclusion: There was found to be sufficient awareness among the caregivers, but help-seeking behaviour needed to improve considerably.

Keywords: Beliefs, Causes, Help-seeking, Psychotic.

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Introduction

Psychotic disorders involve extreme psychological instability portrayed by central unsettling influences in considerations, feelings and observations, and schizophrenia specifically is among the most difficult and exorbitant illnesses in the world.¹ Psychotic patients place a considerable burden on the psychological wellbeing conveyance framework through incessant handicap, social brokenness, hospitalisations, substance misuse and by and large poor consistence.² Psychotic disorders force immense financial effects on people, families, and networks. Besides, the families and parental figures of patients having psychotic disorders additionally bear the burden of the socioeconomically deprived conditions.³

If individuals are viewed as responsible for their sickness, they might be judged adversely and may not get the help they deserve. In contrast, if the reason for the disease is viewed as external, the perception and response change accordingly.

A study conducted in Karachi, assessed the perception of causes behind schizophrenia and the ensuing help-seeking

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attitude. Only 30% of subjects ascribed psychological sickness as the fundamental driver of psychotic symptoms, while other causes cited were God's will (32.3%), superstitious thoughts (33.1%), loneliness (24.8%) and unemployment (19.3%). With respect to help-seeking, of 40% subjects said they would go for psychiatric consultation, 9.5% spiritual healing, 10.6% would go for social change, and 14.8 % would sit idle. Among the respondents, 62% were graduates and 50% were jobless.⁴ Another study with respect to magico-strict convictions in schizophrenia was conducted in Chandigarh, India, in 2000, and comprised family members of 40 patients with schizophrenia who filled up the Supernatural Attitude Questionnaire. Overall, 23(57%) respondents had convictions about different otherworldly wonders and their patients had experienced magico-strict treatment.⁵ In another Indian study, 12% of family members living with 254 chronic schizophrenia patients cited heavenly cause. Psychosocial stress, character deformity and heredity were also expressed by numerous individuals.⁶ A 1996 review demonstrated that family members will normally investigate natural factors when looking through the reasons for schizophrenia. The overall population will in general refer to psychosocial factors, particularly stress-related factors.⁷ Another study in this regard was done at Emory University Atlanta, Georgia, in 2008 with respect to

reasons for schizophrenia as detailed by urban African-American lay Community individuals.⁸

The current study was planned to assess the beliefs about psychotic disorders and subsequent help-seeking behaviour among caregivers in an urban setting.

Subjects and Methods

The descriptive cross-sectional study was conducted at the Department of Psychiatry, Civil Hospital, Karachi, from September 2020 to February 2021. After approval from the ethics review board of the Dow University of Health Sciences (DUHS), the sample size was calculated using the Formula⁹: $n = \frac{z^2 \times p \times (1-p)}{m^2}$

The sample was raised using the non-probability consecutive sampling technique. Those included were caregivers of psychotic disorders, such as schizophrenia, delusional disorder and acute and transient psychotic disorder patients. The caregivers were close relatives, friends or anyone living with a patient and/or taking care of the patient. They were enrolled regardless of gender, were aged 18-60 years and belonged to different religions and different educational and professional backgrounds.

Caregivers of patients with history of any other behavioural disorder, caregivers of patients with mental and behavioural disorders due to psychoactive substance abuse, and caregivers of patients with psychotic symptoms due to general medical condition were excluded.

After taking informed consent from the subjects, data was collected using a questionnaire consisting of three sections. The questionnaire was filled up by the caregivers after it was explained to them in detail.

The first section related to socio-demographic details, such as age, gender, employment, level of education and language. The second section was about their perception of the cause of the disorder, while the third section explored the help-seeking behaviour of the caregivers.

The questionnaire was in the English language, but researchers were available on hand to for translation and explanation in order to overcome linguistic barriers, if any. The questionnaire was reviewed by experts for conceptual and linguistics. The discrepancies were reviewed by another expert who was a senior member of the study team. Pilot-testing was done on 10% of the sample which was used to further refine the questionnaire. The questionnaire consisted of only relevant information in order to reduce the recall bias. In order to avoid the response bias, the privacy of the participants was rigorously protected.

Data was analysed using SPSS 22. Chi-square test was used for to compare the data along gender lines. $P < 0.05$ was considered statistically significant.

Results

Of the 162 participants, 69(42.6%) were male and

Table-1: Demographic data of the subjects.

Number of participants N= 162 (%)	
Gender	
Male	69 (42.6)
Female	93 (52.4)
Religion	
Muslim	157 (96.9)
Christian	3 (1.9)
Hindu	2 (1.2)
Marital Status	
Married	120 (74.1)
Engaged	8 (4.9)
Single	17 (10.5)
Divorced	10 (6.2)
Widowed	6 (3.7)
Other	1 (0.6)
Education	
None	24 (14.8)
Can read	4 (2.5)
Primary	51 (31.5)
Secondary	49 (30.2)
High School	21 (13.0)
College	8 (4.9)
Graduate	5 (3.1)
Post-Graduate	-
Family System	
Single Family/Primary Family	76 (46.9)
Joint Family/Extended Family	86 (53.1)
Employment Status	
Unemployed	94 (58.0)
Part time employed	23 (14.2)
Full time employed	42 (25.9)
Retired	1 (0.6)
House maker	2 (1.2)
Monthly Income in Pakistai Rupees	
<20,000	17 (10.5)
20,000-30,000	26 (16.0)
30,000-40,000	26 (16.0)
40,000-50,000	1 (0.6)
>50,000	1 (0.6)
Unemployed	91 (56.2)
Language (Mother Tongue)	
Balochi	15 (9.3)
Pashto	16 (9.9)
Punjabi	5 (3.1)
Sindhi	62 (38.3)
Urdu	60 (37.0)
Others	4 (2.5)
Mean age of participants (years)	39.9 ± 12.9

Table-2: Beliefs about the causes of psychotic disorders.

Beliefs about causes of psychotic disorders		Male [N= 69 (%)]	Female [N= 93 (%)]	P-value
Mental illness	Very Likely	17(24.6)	28(30.1)	0.151
	Likely	14(20.3)	10(10.8)	
	Possibly	10(14.5)	23(24.7)	
	Not likely at all	28(40.6)	32(34.4)	
Hereditary/Genetic	Very Likely	9(13.0)	6(6.4)	0.399
	Likely	2(2.9)	6(6.4)	
	Possibly	10(14.5)	15(16.1)	
	Not likely at all	46(66.7)	66(70.9)	
Weak Mental Constitution	Very Likely	6(8.7)	10(10.8)	0.297
	Likely	4(5.8)	12(12.9)	
	Possibly	12(17.4)	20(21.5)	
	Not likely at all	47(68.1)	51(54.8)	
Marital Problems	Very Likely	9(13.0)	20(21.5)	0.505
	Likely	9(13.0)	14(15.0)	
	Possibly	23(33.3)	27(29.0)	
	Not likely at all	28(40.6)	32(34.4)	
Work Stress	Very Likely	3(4.3)	4(4.3)	0.088
	Likely	11(15.9)	4(4.3)	
	Possibly	9(13.0)	12(12.9)	
	Not likely at all	46(66.7)	73(78.5)	
Busy lifestyle	Very Likely	1(1.4)	4(4.3)	0.637
	Likely	3(4.4)	2(2.2)	
	Possibly	9(13.0)	13(13.9)	
	Not likely at all	56(81.1)	74(79.6)	
Unemployment	Very Likely	15(21.7)	10(10.8)	0.111
	Likely	3(4.3)	1(1.1)	
	Possibly	6(8.7)	12(12.9)	
	Not likely at all	45(65.2)	70(75.2)	
Loneliness	Likely	3(4.4)	2(2.1)	0.861
	Possibly	3(4.4)	8(8.6)	
	Not likely at all	61(88.4)	80(86.0)	
	Very Likely	5(7.2)	10(10.7)	
Bad upbringing	Likely	6(8.7)	9(9.6)	0.478
	Possibly	17(24.6)	20(21.5)	
	Not likely at all	41(59.4)	54(58.0)	
	Very Likely	15(21.7)	30(32.3)	
Sexual abuse during childhood	Likely	16(23.2)	16(17.2)	0.814
	Possibly	13(18.8)	17(18.3)	
	Not likely at all	25(36.2)	30(32.3)	
	Very Likely	2(2.9)	3(3.2)	
Anxious personality	Likely	5(7.25)	4(4.3)	0.05
	Possibly	3(4.4)	6(6.4)	
	Not likely at all	59(85.5)	80(86.0)	
	Very Likely	24(34.8)	38(40.8)	
Attention seeking behaviour	Likely	10(14.5)	25(26.8)	0.119
	Possibly	15(21.7)	17(18.3)	
	Not likely at all	20(28.9)	13(13.9)	
	Very Likely	8(11.6)	6(6.4)	
	Likely	10(14.5)	5(5.4)	
	Possibly	10(14.5)	18(19.3)	
	Not likely at all	41(59.4)	64(68.8)	

*Contd. on next column >>>**Contd. from previous column >>>*

Beliefs about causes of psychotic disorders		Male [N= 69 (%)]	Female [N= 93 (%)]	P-value
Alcohol or other addictions	Very Likely	16(23.2)	18(19.4)	0.858
	Likely	9(13.0)	12(12.9)	
	Possibly	22(31.9)	26(27.9)	
	Not likely at all	23(33.3)	37(39.8)	
Punishment for sins	Very Likely	6(8.7)	6(6.4)	0.169
	Likely	8(11.6)	3(3.2)	
	Possibly	14(20.3)	24(25.8)	
	Not likely at all	41(59.4)	60(64.5)	
Fate	Very Likely	6(8.7)	8(8.6)	0.267
	Likely	12(17.4)	10(10.7)	
	Possibly	16(23.2)	34(36.5)	
	Not likely at all	35(50.7)	41(44.0)	
Gods will	Very Likely	21(30.4)	35(37.6)	0.323
	Likely	23(33.3)	20(21.5)	
	Possibly	13(18.8)	16(17.2)	
	Not likely at all	12(17.4)	22(23.7)	
Black magic	Very Likely	9(13.0)	9(9.7)	0.717
	Likely	8(11.6)	10(10.8)	
	Possibly	11(15.9)	11(11.8)	
	Not likely at all	41(59.4)	63(67.7)	
Taweez	Very Likely	19(27.5)	32(34.4)	0.774
	Likely	10(14.5)	10(10.8)	
	Possibly	14(20.3)	18(19.4)	
	Not likely at all	26(37.7)	33(35.5)	
Nazar	Very Likely	25(36.2)	37(39.8)	0.436
	Likely	11(15.9)	9(9.7)	
	Possibly	14(20.3)	26(27.9)	
	Not likely at all	19(27.5)	21(22.6)	
Possessed by bad spirits	Very Likely	10(14.5)	6(6.4)	0.325
	Likely	7(10.1)	7(7.5)	
	Possibly	10(14.5)	15(16.1)	
	Not likely at all	42(60.9)	65(69.9)	

93(52.4%) were female. The overall mean age was 39.9±12.9 years. Majority 157(96.9%) subjects were Muslims; 120(74.1%) were married; 51(31.5%) had completed primary education, 86(53.1%) lived in joint family; 94(58.0%) were employed; 52(32%) had monthly incomes ranging between Rs20,000 and Rs40,000; and the language of most 62(38.3%) subjects was Sindhi (Table-1).

In terms of beliefs, anxious personality 62(38.3%), evil eye 62(38.3%) and God's will 56(34.6%) were the major choices picked (Table-1). With respect to help-seeking behaviour, the choices most picked were taking the patient to a psychiatrist 129(79.6%), praying 108(66.6%) and taking the patient to a family physician 103(63.6%) (Table-2).

Significant difference in knowledge of male and female subjects was found in assessing anxious personality of the

Table-3: Subsequent help0seeking behaviour.

Subsequent helping seeking behaviour		Male [N= 69 (%)]	Female [N= 93 (%)]	P-value
Take him to a family physician	Will definitely do this	39(56.5)	64(68.8)	0.274
	Will consider doing this	23(33.3)	22(23.7)	
	Will definitely not do this	7(10.1)	7(7.53)	
Take him to a psychiatrist	Will definitely do this	51(73.9)	78(83.9)	0.27
	Will consider doing this	16(23.1)	14(15.0)	
	Will definitely not do this	2(2.9)	1(1.0)	
Take him to a mental hospital	Will definitely do this	24(34.8)	26(27.9)	0.024
	Will consider doing this	13(18.8)	36(38.7)	
	Will definitely not do this	32(46.4)	31(33.3)	
Take him to a Mazaar	Will definitely do this	14(20.2)	16(17.2)	0.599
	Will consider doing this	25(36.2)	41(44.1)	
	Will definitely not do this	30(43.5)	36(38.7)	
Take him to an Alim/Imam	Will definitely do this	17(24.6)	19(20.4)	0.81
	Will consider doing this	28(40.6)	39(41.9)	
	Will definitely not do this	24(34.8)	35(37.6)	
Pray	Will definitely do this	46(66.7)	62(66.7)	0.581
	Will consider doing this	14(20.2)	23(24.7)	
	Will definitely not do this	9(13.0)	8(8.6)	
Sadqa khairaat	Will definitely do this	33(47.8)	39(41.9)	0.348
	Will consider doing this	26(37.7)	32(34.4)	
	Will definitely not do this	10(14.5)	22(23.7)	
Get him married	Will definitely do this	4(5.8)	1(1.0)	0.126
	Will consider doing this	11(15.9)	10(10.7)	
	Will definitely not do this	54(78.2)	82(88.1)	
Get him employed	Will definitely do this	9(13.0)	14(15.0)	0.048
	Will consider doing this	3(4.3)	15(16.1)	
	Will definitely not do this	57(82.6)	64(68.8)	
Change his job	Will definitely do this	7(10.1)	2(2.1)	0.082
	Will consider doing this	9(13.0)	11(11.8)	
	Will definitely not do this	53(76.8)	80(86.0)	
Exorcize him	Will definitely do this	8(11.6)	10(10.7)	0.423
	Will consider doing this	17(24.6)	16(17.2)	
	Will definitely not do this	44(63.8)	65(69.9)	
Go to an Amil	Will definitely do this	12(17.4)	16(17.2)	0.978
	Will consider doing this	19(27.5)	27(29.0)	
	Will definitely not do this	38(55.0)	50(53.8)	
taweez	Will definitely do this	4(5.8)	8(8.6)	0.567
	Will consider doing this	8(11.6)	7(7.5)	
	Will definitely not do this	57(82.6)	78(83.9)	
Talk to him	Will definitely do this	38(55.0)	51(54.8)	0.981
	Will consider doing this	23(33.3)	32(34.4)	
	Will definitely not do this	8(11.6)	10(10.8)	
Nothing, rest	Will definitely do this	11(15.9)	12(12.9)	0.806
	Will consider doing this	6(8.7)	10(10.8)	
	Will definitely not do this	52(75.4)	71(76.3)	

patient ($p=0.05$), whether or not to take the patient to a mental hospital ($p=0.024$), and whether or not to get them employed ($p=0.048$).

Discussion

In the current study, 34.6 subjects cited God's will as the most likely cause if psychotic disorders, which is

comparable with previous studies conducted in India and Pakistan.^{4,10} Some studies from India showed magico-religious phenomenon (black magic) reported by over 70%, but the study was conducted in a remote village with a population of nearly 0.3 million in southern India.¹¹ A separate study from the metropolitan city of Chennai, a state capital with population over 5 million, found that only 12% families reported a supernatural causation of schizophrenia.¹² The findings of the current study are consistent with those of a 2020 study conducted in Assam, India.¹³ The help-seeking behaviour in the current study was to take the patient to a family physician or to a nearby psychiatrist. In contrast, an Indian study showed that psychiatric help was sought by 71.2%, while only 14.8% sought faith-healers' help.¹⁴ A recent study in Turkey showed that psychiatric help-seeking behaviour was seen in 76% and 54% subjects in the same study that was conducted in two separate provinces.¹⁵ Another study in Turkey showed that 74% patients sought help from religious sources for their mental illness.¹⁶ In another study, a very small number of patients considered the biological cause¹⁷ which was found in the current study as well. Pakistani community generally exhibits negligible to little understanding regarding psychological experiences and emotional processes as separate identifiable entities. This is also comparable with the current study. A study conducted in Lahore, Pakistan, showed that the perceived cause of schizophrenia included stress of social issues (23.3%) and God's will (16.51%), while 54.3% of patients reported a combination of medication and spiritual healing to be the help-seeking/treatment choice. A good number of patients believed that the illness was the result of

some magical spell cast by someone. Nonetheless, multiple parallel sociocultural concepts, such as religion or faith-driven practices and mythical or supernatural understandings, are accepted and practised in order to address mental health problems.¹⁸ In a recent study, stress, family problems, lack of friends and financial

worries were endorsed strongly by patients as the cause of their mental illness,¹⁹ while the current study reported anxious personality, evil eye, marital issues, and God's will as the main reasons of being mentally ill.

The current study has limitations as this is a hospital-based study and the findings, as such, cannot be generalised in community terms. There are shortcomings related to face validity epidemiological constructs that change over the course of time.

Conclusion

Beliefs about the causes of mental illnesses indicated better awareness at the caregivers' level, but subsequent help-seeking was not based on appropriate knowledge.

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