ORIGINAL ARTICLES

DIFFERENCES IN MENTAL HEALTH SERVICES UTILISATION ACROSS CASTE AND GENDER: A STATISTICAL STUDY FROM CENTRAL INSTITUTE OF PSYCHIATRY

Hariom Pachori[1], Ranjan Kumar Sahoo[2], Nirupma Sahoo[3], Avinash Sharma[4]

[1]Research Scholar, School of Statistics, Gangadhar Meher University, Amruta Vihar, Sambalpur Odisha & Statistician, Central Institute of Psychiatry, Kanke, Ranchi, Jharkhand, [2]Professor of Statistics & Head of Department, School of Statistics, Central University of Haryana, [3]Assitant Professor & Head, School of Statistics, Gangadhar Meher University, Amruta Vihar, Sambalpur Odisha,[4]Professor of Psychiatry, Central Institute of Psychiatry, Ranchi, Jharkhand

Correspondence: Hariom Pachori, e-mail: hariom.iips@gmail.com

ABSTRACT

Background: In India mental health service utilisation is still not symmetrical to all sections of the people. Despite significant progress in the field of public health as well as mental health still many people tend to refrain from availing scientific mental health service and treatment modes. There are observable differences in using of tertiary mental health services among people of different castes, gender and socio-economic backgrounds. **Aims and objectives**: This study is an endeavor to see the Disparities in Mental Health Services Utilisation Across Caste and Gender in a tertiary mental health facility located in the Eastern Region of the India. **Methodology**: This study is retrospective in nature. This study is based on a retrospective analysis of routinely recorded patients' related clinical data collected during 2012 and 2021.**Results**: In the present study, it was noted that, within the span of 10 years, there is more than 28% increase in patients' registration at OPD level. In the present study, it was noted that, in case of new as well as follow-up cases males have always constituted an overwhelming majority than females. **Conclusions**: In the context of new cases (patients coming to the Institute for the first time), the number of male patients almost doubled during 2012 to 2021 and at the time of follow-up, this difference was seen to further increase to nearly 2½ times.

Keywords: Mental Health, Gender difference, Services utilization.

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INTRODUCTION

Mental health disparities are significant concern in many countries, including India. There are various factors that contribute to disparities in mental health services utilisation, including socio-economic status, caste, gender, and cultural beliefs. These

disparities can lead to inadequate access to mental health services and can result in negative outcomes for individuals and communities.

Caste is a significant factor that has been shown to play a role in mental health disparities in India. The caste system, which is deeply ingrained in Indian society, has resulted in significant social and economic disparities between castes, leading to unequal access to education, employment, and healthcare, including mental health services. Individuals from lower castes are less likely to seek mental health services and are more likely to receive inadequate care when they do seek help. There are various reasons for this, including lack of awareness and education about mental health, stigma associated with mental illness, cultural and religious beliefs, and financial constraints. Mental health policies can also prioritise a preventive approach. To the extent that discrimination and violence contribute to depression and anxiety in India, reducing them would improve overall mental health. This is especially relevant in low-resource settings such as India, where access to mental healthcare is extremely limited.

Women also face various social and cultural barriers that limit their access to mental health services. To address these disparities, it is essential to increase awareness and education about mental health, reduce the stigma associated with mental illness, and provide accessible and affordable mental health services to all individuals, regardless of their caste, gender, or socioeconomic status. This can be achieved through various means, such as community-based mental health programs, tele-mental health services, and initiatives to reduce stigma and discrimination. In India, there is significant mental health treatment gap, with only a small percentage of individuals seeking and receiving appropriate care. This treatment gap is even more pronounced for marginalised populations, such as those belonging to lower castes and women. Women and individuals from lower castes are less likely to utilise mental health services than men and those from higher castes. Women are more likely to report mental health problems than men, but they are less likely to seek help. To address these disparities, there is a need for culturally sensitive and accessible mental health services that are tailored to the specific needs of different social groups. This may involve increasing awareness about mental health issues, reducing stigma, and providing affordable and accessible mental health services in both urban and rural areas. Efforts should be made to empower women and individuals from lower castes to seek and receive mental health services by addressing the underlying social and economic factors that contribute to these disparities.

Literature Review: The review of literature reveals a nuanced picture of the only 10-12% of people with mental health disorders in India received any form of treatment. It also identified significant disparities in mental health services utilisation, with urban residents, those with higher education and income, and those with severe disorders more likely to receive treatment. Stigma and lack of awareness were major barriers to accessing mental health services.

Research Gap: Most existing studies have focused on broader populations or different regions. There's a need for research specifically addressing the unique context of CIP, Ranchi. Many studies have examined isolated aspects Mental Health issues. A comprehensive analysis considering disparities in mental health services utilisation is needed. The influence of caste and gender in mental health services utilisation and statistical modelling in CIP, Ranchi remains

underexplored. The literature lacks specific recommendations for mitigating the adverse effects of caste and gender in mental health services utilisation at CIP, Ranchi.

Materials & Methods:

Central Institute of Psychiatry, Ranchi. This is a leading tertiary care referral psychiatric facility in the eastern part of the country, catering to the major population in the states of Jharkhand, Bihar, West Bengal, Odisha, Chhattisgarh and the adjoining states of Uttar Pradesh, Madhya Pradesh and the North Eastern India, including foreign countries like Nepal and Bangladesh.

This study was retrospective in nature and the statistical data related to patient-care and mental health services provided by the Institute was used in the study. Ten years data related to the services was used in the study. The data was abstracted in Microsoft Excel, SPSS 29.0, R and Jamovi 2.3.28 statistical analysis was done for the various parameters/ variables.

Patient related as well as clinical data of two specific years, i.e., 2012 and 2021 was compared for understanding the trends in ten years.

Table-1: Patient availing in the Institute services in Outpatient, Inpatient and Psychiatric Emergency Section (2012-2021)

Year	OPD	Admission	Discharge	Emergency*	Community@	Change from Previous Year (%)			
						OPD	Admission	Discharge	Community
2012	70827	4462	4404	2707	1860	--	--	--	--
2013	74062	4190	4174	3161	2048	4.57	-6.1	-5.22	10.11
2014	73509	4150	4166	3197	2058	-0.75	-0.95	-0.19	0.49
2015	77431	4274	4250	3492	3235	5.34	2.99	2.02	57.19
2016	84647	4307	4229	3785	4055	9.32	0.77	-0.49	25.35
2017	88178	4263	4329	3892	2756	4.17	-1.02	2.36	-32.03
2018	92901	4018	3955	3267	2601	5.36	-5.75	-8.64	-5.62
2019	98789	4892	4884	2800	2517	6.3	21.75	23.49	-3.23
2020#	58601	2203	2404	2280	0939	-40.7	-54.97	-50.78	-62.69
2021#	79114	3733	3625	3405	0619	35.0	69.45	50.79	-34.08

@Community Outreach Centre; *Psychiatric Emergency Department

Table 1 depicts the patients' turnover during the span of ten years (2012-2021) at CIP, Ranchi. From this table, important year-wise statistics like 'Total number of registrations at the Outpatient Department (OPD)', 'Number of patients admitted and discharged from the Inpatient Units', 'Number of registrations at the Psychiatric Emergency Department', 'Number of people availing mental health services from the Community Outreach Clinics of the Institute' and most importantly rate of changes occurring in each year in each of these variables from preceding year' can be seen.

Table-2: Arrival of New Cases & Follow-up Cases (2012-2021)

Year	New cases			Follow Up Cases			Change from Previous Year (%)	
	Total	Male	Female	Total	Male	Female	New Cases	Follow up Cases
2012	13052	9013	4039	42557	31865	10692	--	--
2013	14244	9694	4550	45056	35057	9999	9.13	5.87
2014	14387	9886	4501	45223	32972	12251	1.00	0.37
2015	15320	10371	4949	49568	34808	14760	6.49	9.61
2016	16041	10933	5108	53627	38233	15394	4.71	8.19
2017	17105	11555	5550	57577	40576	17001	6.63	7.37
2018	18430	12463	5967	60862	42373	18489	7.75	5.71
2019	18932	12746	6186	66233	45683	20550	2.72	8.82
2020#	11533	7608	3925	36265	24394	11871	-39.08	-45.25
2021#	16697	11261	5436	50386	33756	16630	44.78	38.94

Table 2 presents the usage of the ten-year (2012-2021) statistics on arrival of new patients in the OPD of the Institute for seeking treatment for their psychological problems. The table also shows the number of follow-up cases seen at the Institute during the same time-frame. A steady increase can be seen with respect to arrival of new cases (people who came to the Institute for the first time). This table also depicts the gender-wise break-up of both new-cases as well as follow-ups. Males have outnumbered the females each year both in terms of new cases and follow-ups Male. However, during the years 2013-2014, the rate of changes in both new cases and follow-up cases were found to be very low (0.10% and 0.37% respectively), otherwise steady increase was seen at the end of each year under study.

Table-3: Admission data gender wise (2012-2021).

Admission Year	Male	Female	Total
2012	3586	876	4462
2013	3487	703	4190
2014	3458	692	4150
2015	3500	774	4274
2016	3543	764	4307
2017	3525	738	4263
2018	3410	608	4018
2019	3927	965	4892
2020	1811	392	2203
2021	2949	784	3733

Table 3 depicts the usage of the ten-year (2012-2021) statistics on admission data. This table also depicts the gender-wise break-up of admission. Males have outnumbered the females each year both in terms of admission. However, during the years 2018, the female admitted patients were lowest before Covid-19 pandemic. Male female ratio which was 1:2 at new patients' levels and 1:3 at follow-up patients level shows severe decline as 1:5 at in-patient admission.

Table-4: Break up of New Patients as per their Category (2012-2021)

Category %	General (Gen)	Scheduled Caste (SC)	Scheduled Tribe (ST)	Other Backward Class (OBC)	Total New Cases
2012	29.35	11.56	10.64	48.44	100.00
2013	29.21	11.65	10.43	48.7	100.00
2014	29.8	10.77	10.52	48.9	100.00
2015	26.72	9.29	10.03	53.96	100.00
2016	25.29	10.93	9.14	54.63	100.00
2017	25.65	12.18	9.32	52.85	100.00
2018	22.85	9.58	11.70	55.88	100.00
2019	17.79	10.41	8.42	63.38	100.00
2020	20.91	10.16	10.78	58.15	100.00
2021	24.51	09.89	09.82	55.78	100.00

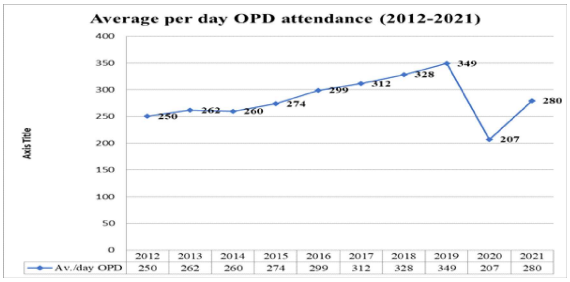
Table- 4 This table shows the breakup of new cases that got registered during 2012-2021 as per their category. In terms of category, in every year under study, almost similar results were observed. Majority of the cases were from the Other Backward Class (OBC) Category which was followed by General Category.

Table-5: Break up of Admitted Patients as per their Age-wise Category (2012-2021)

AGE GROUP %	0 –< 18	18 –< 45	45 – 60	ABOVE 60	TOTAL
2012	4.86	83.08	11.07	0.99	100.00
2013	4.08	83.79	11.03	1.1	100.00
2014	4.57	84.18	10.54	0.7	100.00
2015	5.05	83.53	10.74	0.68	100.00
2016	4.74	84.61	10.08	0.58	100.00
2017	4.88	84.69	9.57	0.87	100.00
2018	4.83	85.74	8.93	0.50	100.00
2019	4.76	85.81	9.00	0.43	100.00
2020	7.86	82.71	8.89	0.74	100.00
2021	5.95	84.25	9.11	0.70	100.00

Table- 5 This table shows the breakup of Admitted Patients as per their Age-wise Category (2012-2021). In terms of category, in every year under study, almost similar results were observed. Majority of the cases were from the 18-45 age Category which was followed by 45-60, 60 and above category was less than 1%.

Figure 1: Line Chart of Average per day OPD attendance (2012-2021)



The Figure 1 reveals that average per day OPD attendance of CIP, Ranchi was at 250 per day in 2012 which was increased to 349 per day in year 2019 before covid-19 pandemic, during covid-19 pandemic it has dipped down to 207 per day.

Figure 2: Changing Pattern of Discharge Diagnosis as Per ICD-X over the years (2012-2021)

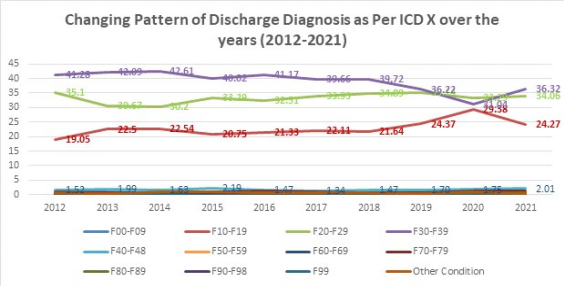


Figure 2 shows the Changing Pattern of Discharge Diagnosis as Per ICD X over the years (2012-2021) as per percentage indicates that substance use disorders are increasing with time.

DISCUSSION

This study was carried out at CIP, Ranchi, a referral and tertiary mental healthcare institute situated in the city of Ranchi, the capital of the state of Jharkhand. This Institute has been the apex mental healthcare institute in this part of the country for the last century. Using important research in the field to deepen our understanding, we examine the topic of Disparities in Mental Health Services Utilisation across Caste and Gender.

The study's conclusions are consistent with earlier investigations in same circumstances. According to Table 1 of the current study, there was a more than 28% rise in patient registration at the OPD level in just ten years. Several factors or variables may be responsible for it, such as the "marked increase in the global burden of disease sharing mental, neurological, and substance use" (WHO, 2004; Haldar et al., 2017), the "notoriety for the rise in mental, neurological, and substance use disorders" (Patel et al., 2016), the "limited availability and accessibility of basic and specialised mental health services at primary and secondary levels in this region of the country," the "growing awareness about mental illness," etc. Notedly, men have consistently made up the vast majority of females in both new and follow-up cases (Table 2). Table 2 shows that, when it came to new cases, or patients who were visiting the Institute for the first time, the proportion of male patients nearly doubled between 2012 and 2021 and increased to over 2.5 times at the follow-up.

This implies that women receive fewer tertiary-level treatments for mental diseases than men do, and that women patients also attend fewer routine follow-up appointments. Studies on the use of mental health services in metropolitan India have revealed a ratio of one woman to every three men visiting public health psychiatric outpatient clinics. This suggests that afflicted women "under-utilize" available resources. There is a likely greater stigma attached to women's mental illness that negatively impacts the help-seeking behaviour for public mental health facilities, and/or lesser importance is given to mental health issues pertaining to women in general.

The reasons for this gender gap in treatment-seeking and follow-up are multifaceted and include both sociocultural and illness-related factors. These include the following: "possible impact of gender on the age of onset of symptoms, clinical features, frequency of psychotic symptoms, course, social adjustment, and long-term outcome of severe mental disorders"; "forms of social support available and accessible to women with mental illnesses"; and, most importantly, "anticipating societal rejection in the forms of stigma, stereotypes, and prejudices for mentally ill women and their carers" (Malhotra & Shah, 2015).

The difference between prevalence and use can increase with gender. One possible explanation for this low attendance rate is the dearth of resources designed specifically to

satisfy the requirements of women in hospital settings. The sex-based disparity in bed availability indicates that most mental hospitals appear to favourably assign health facilities to men. In government mental health facilities, the male-to-female bed ratio is 73%:27%, whereas the ratio for individuals involved in service, research, and training is 66%:34% (Davar, 1999; Sood, 2008; Malhotra & Shah, 2015).

The predominance of males in the utilisation of services, which is observed in the present study, is consistent with previous observations. In relation to diagnoses of discharged patients of the last ten years under study (2012-2021), a preponderance of mainly three types of diagnoses was found viz., 'Mood [affective] disorders (F30-F39)', 'Schizophrenia, schizotypal & delusional disorders (F20-F29)' and 'Mental & behavioural disorders due to psychoactive substance use (F10-F19)', with 'Mood Disorders' being the most common diagnosis, followed by Schizophrenia, schizotypal & delusional disorders' and 'Mental & behavioural disorders due to psychoactive substance use' (Figure-2).

Institute being a tertiary or referral one; hence, people with severe mental disorders like the three mentioned above tend to come here to receive intensive treatment. Another possible reason could be that people with other psychiatric diagnoses do not opt for admission into the current study's assessment of a male preponderance in service use is in line with earlier findings. The diagnoses of patients who were discharged during the last ten years under study (2012–2021) mostly fell into three categories: "Mood [affective] disorders (F30–F39)," "Schizophrenia, schizotypal & delusional disorders (F20–F29)," and "Mental & behavioural disorders due to psychoactive substance use (F10–F19)." The most common diagnosis was "Mood Disorders," which was followed by "Schizophrenia, schizotypal & delusional disorders" and "Mental & behavioural disorders due to psychoactive substance use" (Figure-2). Inpatient wards and would much rather receive care in an outpatient department. An essentially identical pattern was seen with regard to the age and category of patients admitted throughout the last 10 years (2012–2021), with a preponderance of individuals falling into the 18–45 age groups and the Other Backwards Classes (OBC) category.

According to several previous epidemiological studies (Verghese et al., 1985; Fenton & McGlashan, 1991; Thara, Padmavati & Nagaswami, 1993; Wig et al., 1993; Kulhara, Shah & Aarya, 2010; Rao, 2010; Baxter et al., 2016; Murthy, 2017), the preponderance of age group can be attributed to a higher prevalence and incidence of severe and common mental disorders in this age group. According to a National Sample Survey Organisation (NSSO) survey, 40.94% of the population is OBC, 19.59% is SC, and 8.63% is ST. The other 30.80% of people make up the remaining population. Therefore, the population's demographics can explain the preponderance of persons belonging to the OBC Category in the discharged list.

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