Situational analysis of prevailing practices in the management of first-episode psychosis in Chennai, India

Vijaya Raghavan1,*, R Padmavati1, Greeshma Mohan1, C Sangeetha1, P Vimala1, P Ramakrishnan1, Mohapradeep Mohan2, Srividya Iyer3, R Thara1, Swaran Preet Singh2

1Schizophrenia Research Foundation, R/7A, North Main Road, Anna Nagar West Extension, Chennai, Tamil Nadu, India
2Division of Mental Health and Wellbeing, Warwick Medical School, University of Warwick, Coventry, UK
3Prevention and Early Intervention Program for Psychosis, Douglas Mental Health University Institute, McGill University, Montreal, Canada

Corresponding author: Dr. Vijaya Raghavan; Schizophrenia Research Foundation, R/7A, North Main Road, Anna Nagar West Extension, Chennai – 600 101, Tamil Nadu, India; Mail ID: vijayaraghavan@scarfindia.org

Running title: First episode psychosis in Chennai

Abstract

Identifying and treating psychosis early has shown to improve short- and medium-term outcomes in individuals with first-episode psychosis. Such early intervention services exist mainly in the developed world and resource-poor settings, such as low- and middle-income countries, have neither the capacity nor resources to provide early intervention through specialist teams. This paper aims to examine how existing mental health within the city of Chennai, India manages first-episode psychosis, to determine lacunae and barriers in providing effective early intervention and to make appropriate recommendations to improve the care of first-episode psychosis patients.

Keywords: first episode psychosis, services, facilities, Chennai

Background

The majority of individuals with psychotic disorders live in low and middle income (LMIC) countries, where resources are scarce and access to healthcare is extremely limited (Rathod et al., 2017; Wainberg et al., 2017). Over the past two decades, there has been a great upsurge of interest in studies on early intervention for psychosis and this has resulted in many specialized programs worldwide to provide early and timely care for people with psychotic disorders (Malla, Shah, & Lal, 2017; McGorry, 2015).

Many of these programs use a protocol-based assessment and management of first-episode psychosis (FEP) based on the resources and practices available in the region (Keating et al., 2017). We felt that a prerequisite to developing similar interventions for...
FEP in India would be a situational analysis of existing practices among professionals working with first-episode psychosis cases.

Chennai is one of the most populated and largest cities in India, located in the southern part of India on the east coast. The total population of Chennai Metropolitan area is 8.6 million (Chandramouli & General, 2011) with a projected population of 10.9 million in 2020. Chennai is termed as health capital of India attracting about 45 percent of health tourists from abroad and 30 to 40 percent of domestic health tourists (Madha et al., 2014). Healthcare in Chennai is provided by both government-run and private hospitals. With 18 doctors per 10,000 population, Chennai is better placed in the provision of healthcare when compared to other cities of India (Parthasarathi & Sinha, 2016). Hence, we conducted a cross-sectional study among health professionals aimed at exploring the current management practices and available resources for the management of first-episode psychosis in Chennai.

**Method**

The study was conducted at Schizophrenia Research Foundation, Chennai, India, a tertiary care center for mental health disorders and a Collaborating Centre of the World Health Organization (WHO) for mental health research and training. This was part of the ongoing Warwick-India-Canada (WIC) study, a collaborative research project studying first-episode psychosis in India. Institutional Ethical Committee (IEC) approval was obtained before the start of the study. The study was conducted between August and December 2017.

The study participants were health professionals who act as the first points of contact for persons with first-episode psychosis. These included psychiatrists, psychologists, social workers and other health professionals such as pediatricians and general practitioners. Psychiatric nurses and occupational therapists were not included as the total number of such professionals in Chennai are few and generally, they are not the first point of contact for patients with FEP.

For this study, a semi-structured proforma was developed to capture information on current practices on the management of first-episode psychosis. Information on facilities available at the health centers, pharmacological and non-pharmacological management, admissions and follow-up of the clients with FEP were obtained. This proforma was initially circulated among the psychiatrists, psychologists, and social workers within the study site for review. Suggestions were incorporated and relevant changes made in the final draft.

Health professionals working in different settings in Chennai and positioned to see individuals with FEP were identified and listed. This identification and listing of the potential participants were done through the purposive sampling to increase the response rate for the survey. They were individually contacted for permission for the interview. In a total 20 health professionals approached, 15 consented and they were individually interviewed, and responses recorded. All the interviews were held face-to-
face lasting about half an hour. The health professionals were interviewed in their site of practice.

Results

Of the 15 health professionals interviewed, 6 were working with government medical colleges, 6 with private medical colleges and hospitals, 2 were from non-governmental organizations and 1 from a private clinic. They comprised 5 psychiatrists, 3 psychologists, 4 psychiatric social workers, 2 pediatricians, and 1 family physician. Except for one institution, all others did not have a specialized clinic or services catering for individuals with first-episode psychosis in Chennai. Twelve of the 15 had facilities to admit patients for acute care, the others provided only outpatient care. The most common drugs used for the initial treatment of FEP were Risperidone, Olanzapine, and Haloperidol in their recommended doses. 7/15 of the facilities (mostly government hospitals) admitted all patients with FEP during the first visit for management with an average of 7 days of admission. Electroconvulsive therapy (ECT) was rarely used as a management option for FEP unless there were marked catatonic features or severe depression with high suicidal risk. The average length of follow-up of FEP patients with the mental health professionals was about six months.

Psychosocial support such as psychoeducation and supportive psychotherapy was part of the management in only 3/15 institutions. These were provided by full-fledged psychiatry departments in teaching hospitals and psychiatry institutions but not in individual private practice clinics. While psychoeducation and supportive psychotherapy were provided by all the mental health professionals which were unstructured (12/15), they were not provided by a non-mental health professional (3/15) when managing individuals with first-episode psychosis.

General practitioners and pediatricians felt they were not trained to treat individuals with mental disorders, especially psychosis and they usually referred them to mental health professionals. While ECT, psychological and psychosocial support services were available only in medical colleges and very few private institutions, occupational therapy services are not available in most of the institutions (12/15).

Discussion

The objective of the study was to examine the services available in the city of Chennai for early psychosis and existing management practices among mental health professionals and general practitioners. Results indicate that specialized first episode psychosis clinics do not exist in the city except in one organization, Schizophrenia Research Foundation, as it has been actively engaged in FEP clinical research project from 2005 (Rangaswamy, Mangala, Mohan, Joseph, & John, 2012). A similar picture is seen in other low- and middle- income countries where the early intervention programs for psychosis are considered a “luxury” (Farooq, 2013).
Existing services are equipped to manage FEP predominately through pharmacotherapy, and little emphasis on specialized psychological and psychosocial interventions for individuals and their family members. This may partly reflect a lack of specialist skills and competencies such as cognitive behaviour therapy and cognitive remediation therapies amongst mental health professionals including psychiatrists, psychologists and psychiatric social workers (Gupta et al., 2019; Mohandas, 2009). At the same time, the lack of resources and funding to carry out these specialized services could be another factor for the predominant use of only pharmacotherapy in the management of FEP (Lodha & De Sousa, 2018).

It is not surprising that general practitioners and pediatricians felt inadequate for managing adolescents and young people with first-episode psychosis. Psychiatric training is inadequate in undergraduate medical curricula, with probably less than 30 days being spent in a mental health facility (Kishor, Isaac, Ashok, Pandit, & Sathyaranayana Rao, 2016; Sagar & Sarkar, 2016).

While in the majority of the private mental health institutions (8/15) the individuals with first-episode psychosis were treated as an outpatient, in the public institutions (3/15) they were generally admitted. This could be because as most of the individuals seeking help in public institutions were from the rural places without any mental health services, they are admitted avoiding unnecessary travel in case of any acute exacerbations of symptoms or adverse effects. This also gives ample time for the mental health professionals in the public institutions to provide psychoeducation to the clients and their caregivers in the inpatient wards which might not be possible in the crowded outpatient department due to time constraints.

The major limitations of this situational analysis are: 1. It is largely confined to an urban city and cannot be generalized to the rest of India; 2. The study does not include mental health professionals such as psychiatric nurses and occupational therapists; and 3. A representative population of all the health professionals from Chennai was not selected for the study. This calls for a nationwide understanding of the existing practices in the management of FEP which would help in developing a guideline specific to the Indian context which will be culturally relevant and feasible amidst the existing resources.

Recommendations

- Regular training of the mental health professionals and other health professionals such as pediatricians and family physicians on the identification and appropriate management of individuals with first-episode psychosis.
- Strengthening and equipping the existing mental health services to receive and provide appropriate care of individuals with first-episode psychosis.
- Incorporating robust psychiatry training among the undergraduate and relevant post-graduate specialties.
- Conducting a nationwide situational analysis to understand better the prevailing scenario.
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Conflict of interest

The authors have no conflicts of interest to declare.

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