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ASSESSMENT OF THE BARRIERS OF MENTAL HEALTH SERVICES IN PAKISTANI COMMUNITY

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Abstract:

Introduction*: In order to upgrade the national mental health infrastructure and utilization, we need to identify and resolve the barriers in the community.* ***Aim****: The aim of this study is to locate and assess the barriers to mental health services utilization and dellvery in context of Pakistani community from a caregiver's perspective and to draft the recommendations for the stake holders.* ***Methods****: The study was based on mixed research protocols in this cross sectional survey. The quantitative part was conducted with the attendants who have been attending psychiatric patients in Jinnah Hospital Lahore, and the qualitative part was conducted with the psychiatric consultants in the country.* ***Results****: 200 attendants and 10 psychiatric consultants participated in the study. According to the carers the important barriers towards the utilization of mental health services includes: the myths around mental illness, shifting to alternative treatments such as religious and eastern medicine, remoteness of the tertiary mental health facility, insufficient mental health staff, and lack of prioritization of mental health by the stakeholders. In addition to these barriers, the psychiatric clinicians identified social stigmatization, expensive medications, and concerns about adverse effects of medicines such as addiction, dependence, sedation are considered as important barriers. The participants suggested several solutions to remove the barriers for the mental health services delivery.* ***Conclusion****: Care provider and psychiatrists are aware of the barriers to exercise mental health services in Pakistan. Addressing these barriers require a dynamic policy and political resolve.* ***Keywords****: Barriers, Mental health, Utilization, Pakistan*

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INTRODUCTION:

According to WHO mental health is a state of dynamic equilibrium between body, mind and soul in which a individual realizes its potentials, cope up with stresses of life, can work productively, and is able to contribute to its community [1]. Mental health is a vital part of health influencing different aspects of life which are directly and indirectly involved in the wellbeing, prevention of mental illnesses, treatment and rehabilitation of psychiatric patients [2]. According to the WHO mental health survey of 2011–2012, only 36 % of the people in the under-developed countries possess mental health legislative rights which shows how much the problem is being overlooked [3]. Despite the recent breakthroughs, the mental disorders are tolling with an estimate that depression alone will cause disability in 2020 other than none. Furthermore, about three quarters of the psychiatric patients, have no access to treatment in third world countries [4]. Several studies indicate the prevalence of barriers to employment of mental health services in the above part of the world. In a qualitative survey of global experts and leaders for reviewing the dispensement of the mental health service, it was noticed that the current public health agenda and its source of funding; the inaccessibility of mental health services at the grass root level; hardships in the execution of mental health care strategy in primary and secondary setups; scarcity of the trained staff in mental health care; and lack of vision public-health in mental health leadership represents significant barriers that need to be addressed by the state departments. The authors concluded that population explosion, remoteness of comprehensive mental health care will drain more attention to policy making, planning and development [5]. On the contrary, a positive picture exists based on the review of literature and survey of the leaderships, as several programmes are in pipeline suggesting that comprehensive policies can be adopted to overcome these barriers to upregulate national mental health services. The barriers enlisted are the lack of prioritization of mental health, inadequacy of human and financial resources, and lack of interest of investors and privatization [6]. This study conducted in Lahore, a metropolitan city of Pakistan, examined the barriers to the utilization of mental health services from a consumer's perspective. The study revealed there are, physical, social economical and cultural barriers to the usage of mental health services including stigmatization, poor awareness of mental health services, remoteness of tertiary level mental services, and delayed diagnosis. The research also assessed patients' socio-demographics barriers which could affect access to mental health services [7]. It was evident that misconceptions and financial constraints constituted the main reasons of treatment drop outs [8]. Other than this inadequate financial and human resources, lack of collaboration, consultation and priority by the officials also acted as barriers [9]. Due to the scarcity of the global data on the enlisted problem this study was undertaken to synthesize solutions to address these barriers, thereby expanding mental health services utilization in Pakistan.

METHODS:

Health Belief Model (HBM) is the cornerstone of this study. It suggests the working principle and the rationale to conceptualize the working framework of the mental health service delivery and utilization[11]. In this study, concepts and opinions of the 1st degree care providers of psychiatric patients are examined because the burden of the stigmtization and financial implications lies more on the mentally fit relatives than the patients [12–15]. The study design also included the perceptions of psychiatrists regarding the barriers hindering health services utilization by patients and their carers.

Study design

It is a cross sectional survey of carers of mentally ill patients and psychiatrists with mixed qualitative and quantitative data collection methods.

The study was conducted in Jinnah Hospital Lahore during January 2019 and July 2019.

10 psychiatrists were deliberately inducted for the expert analysis and to broaden the opinion building. [16]

After formal approval by the Ethical Review Committee of the concerned institute a research questionnaire was transcribed based on the prevailing guidelines and literature review in local language. Pre-test performed for validation. Informed consent was sought from all participants. 220 candidates were approached out of which 200 carers returned the questionairre. Confidentiality was maintained during each step.

The key questions are below:

- Do you know about mental health services in Pakistan?
- What do you think are the barriers in mental health services?
- In your opinion, how can these barriers be overcome?

Statistical data was analyzed by the computational tools (SPSS version 21) and Excel (Microsoft Office 2016).

RESULTS:

Demographics of the carer respondents

Of the 100 respondents, 144 (72 %) were males and 56 (28 %) were females. In all, 164 (82%) participants were married and 36 (18%) were single. About 64 (32%) respondents were between the ages of 20 and 30 years, 38 (19%) respondents were between the ages of 30 and 40 years, and 98(49%) were over 40 years. The majority of participants had no education 82 (41%) or primary education 60 (30 %) having secondary education 48 (24%) having higher secondary education 10 (5%) having post graduation.

Furthermore, 116(58%) carer participants were employed and 84 (42%) unemployed. Approximately half of the participants 104 (52%) responded that they had no idea at all of the probable diagnosis , 56 (28%) knew that their relative was suffering from a psychiatric disorder; 40 (20%) said depression, 16 (8%) said anxiety and 40 (20%) said that their patient suffered from any other illness.

Organization and distribution of mental health services

About half of carer respondents 112 (56%) residents of Lahore District while the other 88 (44%) belonged to other parts of the province and they stated that they have just came to Lahore for getting the treatment. Only 90 (45 %) reported that the travel by car to the nearest Psychiatric Clinic from their residence is less than an hour. The same point was highlighted by our Psychiatrists Panel regarding the remoteness of the mental health facilities.

It was suggested that the health resources should be mobilized and properly allocated so that the Rural Health Centres and Tehsil Headquarters Hospital should be better equipped in terms of basic mental support provisions.

Seeking alternate treatments and beliefs about medication as barriers

The majority of participants (n = 140) 70% confessed that their patient's was taking alternative remedies before coming to mental hospital irrespective of their educational level. Consulting religious scholars compromising the main chunk 112(80%).

The overwhelming majority of carer respondents (56%) n=112 thought that the psychiatric medicine was effective in treating the patients. (48%) n=24 reported they are not concerned about the adverse effects of psychiatric medications and 20% (n=40 reported that they are worried about the side effects and the treatment outcome. On the contrary, psychiatrists deemed medications itself as a barrier due to the propensity of addiction and dependance.

Stigma as a barrier

Approximately 21 % (n = 42) of carer respondents expressed serious concern and 49 % (n = 98) were concerned to some extent regarding stigmatization of the whole family after being diagnosed and retained in the psychiatric hospital, whilst the remaining 30 % (n = 60) were not worried at all about the social repurcussions. Of those who reported a delay in opting health care was due to phobia associated with stigmatization, concerns about people's criticisms, workplace victimization, cumbersome interpersonal relationships.

Stigma can be corrected through comprehensive campaign through print electronic and social media. Civil society should come forward and break the stereotype by arranging public seminars and sharing experiences of the treated patients.

Finance as a barrier

About 65 % (n = 130) reported that they had financial constraints and nearly an 60 % (n = 120) stated they have to take a day off from their job frequently to take care of their patients. Surprisingly, 76 % of respondents (n = 156) confirmed that the cost burden of the specific medications will not hinder them from availing the service. Whereas all the doctors interviewed labeled the inflation and treatment cost as the main challenge faced by patient seeking mental health management.

Health personnel and stakeholders

72% (n=144) of the respondents stated that they have seen un suitable statt to patient ratio in tertiary care hospitals.

67% (n=134) blamed the policy makers for the discriminative attitude towards the mental health establishments.

97% (n=194) respondents answered)n negative when they were interviewed about the likely budget the health government spends on the mental wellbeing.

DISCUSSION:

Our study unveiled a number of barriers to the utilization of mental health services in Pakistan from the healer and the carers perspective, including physical barriers, administrative barriers, attitudinal barriers, lack of vision and political resolve, faulty mental health policies, lack of planing and prioritization. Most of these barriers are congruent with the Health Believe Model [11]. Our results

suggest a large number of patients travel long distances from countryside to access specialized mental health services in capital of the province. This finding is consistent with the results of previous studies in Nigeria [7]. The closer health facilities are more likely to host patients from the catchment area. The psychiatrists interviewed agreed that the number of health personnel in Pakistan are too less to cater comprehensive mental health care for a vast population without proper resources and incentives. Irrespective of the educational level, more than 3/4th of all carers resorted to other forms of treatments before visiting psychiatric hospital and over half of all the carers thought the origin of psychiatric illness is spiritual in nature. Our study suggests that the beliefs and attitude of people in seeking alternatives to mental health care are important barriers to mental health services utilization such as resorting to religious scholars for treatment. Similarly, fear of stigmatization, lack of knowledge regarding pathophysiology and its treatment, as well as the financial constraints [21]. Stigma is another serious impediment to mental health services utilisation and HBM[11]. . Accordingly, some psychiatrists suggests that carers of mentally ill patients prefer to send their sick ones to religious clergies/saints to avoid labelling, social criticism and social victimization. Respondents in this study perceived the lack of awareness about mental health problems to be a major problem underlying this, even among those with high levels of education or status.

Although more than half of the cares of mentally ill patients experienced a financial problem in accessing mental health care services, carers felt that they were obliged to treat their mentally ill patients. This suggests the existence of a huge financial burden on carers of psychiatric patients as the cost of the cheapest antipsychotic medication, for example, in Sudan is 72 % of the daily minimum wage [23]. Poverty and absence of social grants for mentally ill patient increase the burden of psychiatric disorders leading to poor mental health outcomes [24]. According to the HBM, someone living in poverty would be more threatened by a disease if they could not afford health care [11]. From health care provider's perspective, financial problems, especially the cost of psychiatric medications, is one of the major barriers to obtaining mental health care. This is particularly so because patients need to pay for their psychiatric medications which usually require long term use. Thus, although financial barriers related to medications were among the major themes which emerged from the study according to the psychiatrists, the cost of psychiatric medications were not identified as hinders to access mental health services by a large proportion of carers. In contrast to carers' perspective regarding financial barriers in this study, carers and service users in Nigeria experienced financial difficulties in paying for their psychiatric medications and follow-up appointments [7].

Our results also suggest that mental health has traditionally been overlooked since the past few decades due to inconsistent policies and lack of planning.

Various solutions have been proposed by the respondents. Finally, improvement in the process of identification, prevention diagnosis, and management of mental health conditions has been recommended as a way to overcome hurdles to the availability, accessibility, performance and allocation of mental health care in low to middle income countries like Pakistan[25].

A dynamic and vibrant policy unleashing capacity building, universal health coverage and revamping of existing structure, delocalization and mobilization of resources, outsourcing and privatization is the need of the hour to respond to the public opinion.

CONCLUSION:

Our study has identified barriers to mental health services utilization in Pakistan from both the sides covering the perspectives of carer's as well as the healers of the mentally ill patient. Overall, our findings are harmonius with the HBM and also supported by the existing researches which reports the presence of several barriers to the utilization of mental health services including: people's beliefs and comprehension, cultural, attitudinal, political, administrative, financial and political barriers. These barriers seem to have a complex interplay influencing health delivery. In addition to raising public awareness about mental health to combat stigma, skilk development and capacity building of the staff, delocalization of the tertiary care facilities can reduce the influx from the countryside into big cities. Furthermore, psychiatric medication should be dispensed free of cost under supervision of a competent psychiatrist. Hence a comprehensive national mental health policy should be framed to support the cause.

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