Exploring Psychosocial Factors Influencing the Low Patronage of Mental Health Services in Birim South District, Ghana

Samuel Owusu-Akyem[1], Florence Gans-Lartey[2], Doreen Asantewah Abeasi[3], Emmanuel Dako-Mamphey[4], Gloria Esinam Simpong[5]

[1]Department of Nursing, Presbyterian University College, Ghana

[2]Principal, Nursing and Midwifery Training College. Agogo

[3]Department of Nursing, Presbyterian University College, Ghana

[4]Department of Nursing, Presbyterian University College, Ghana

[5]Nursingand Midwifery Council, Ghana

Abstract: *This study explored psychosocialfactors influencing the low patronage of mental health services in the Birim South District, Ghana, using a qualitative approach where in-depth interview techniques were employed. A total of 20 service users (patients & family) at the hospital were interviewed. Results; included financial constraint (non-affordability of psychotropic medications), lack of support from family and social network, stigmatization and social exclusion, non-availability of a-typical psychotropic medication, and attitude of healthcare professionals. Recommendations based on findings included; massive education on effect of not seeking early mental health services in the media, hospitals and homes by Ministry of Health (MOH), Ghana Health Service (GHS) and health professionals; making clear the risk and dangers involved in the delay of seeking mental health services. Metropolitan, Municipal and District assemblies to create support groups to help mentally challenged patients to socialise with one another. The government should come out with policies and programmes to support care givers and patients to manage poverty. Furthermore, psychotropic medication should be included in the National Health Insurance Scheme to make them free or more affordable. Finally, a strong rehabilitation and counseling centres be established by the government and other non-governmental organizations to manage patients.*

Keywords: Psychosocial factors, mental health, influence, low patronage

1. Introduction

The World Health Organization defines mental health as "a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community". In this, the absence of mental disorder does not necessarily mean the presence of good mental health. People living with mental disorder can also achieve good levels of well-being – living a satisfying, meaningful, contributing life within the constraints of painful, distressing, or debilitating symptoms. (WHO 2014). Mental disorders include anxiety, depression, schizophrenia, and alcohol and drug dependency.

Common mental disorders can result from stressful experiences, but also occur in the absence of such experiences; stressful experiences do not always lead to mental disorders. Many people experience sub-threshold mental disorders, which means poor mental health that does not reach the threshold for diagnosis as a mental disorder. Mental disorders and sub-threshold mental disorders affect a large proportion of populations. (Murray, et al. 2012) The less commonly-used term, mental illness, refers to depression and anxiety (also referred to as common mental disorders) as well as schizophrenia and bipolar disorder (also referred to as severe mental illness) (Joint Commissioning Panel for Mental Health. (2013).

According to Adomakoh (1972) Psychiatry in Ghana is neglected both in health care and research. He concluded that 'there is a dearth of detailed knowledge of psychiatric illness and services in this country'. However, 40 years on and the research record has expanded, but accurate data on epidemiology, treatment outcomes are still inadequate. Currently, almost 3 million people in Ghana are estimated to suffer some form of mental illness and out of that 600,000 are very severe. Three psychiatric government hospitals house an estimated 1,000 people with mental disorders. Even for the 1,000 patients who are admitted in these hospitals, conditions are said to be inadequate. These hospitals are understaffed (Psychiatrists), unclean, insufficient medication and lack proper adequate of good meals. In order for one to get a clean facility and services at the hospital (Special ward), a patient might have to come from a high class or middle income status and willing to pay or be able to afford the services provided. Otherwise, ordinarily citizenscannotafford quality mental health services in Ghana. As at 2010, those who could not afford one of the 14 private psychiatric hospitals in Ghana turn to prayer camps and traditional herbalists. These camps are run by religious leaders and traditionalist with no medical training, but rather resort to methods such as forced isolation, beating and fasting in an attempt to manage or cure individual's experiencing mental illness especially in the acute face.

Patients at the prayer and traditional campsare often left alone for months if not years. Some are not allowed back home to join their family because of the stigma on the family. At the various camps, patients are chained to trees while being forced to fast and denied assess of taking in water. Their family would not take them back home because their illnesses are said to be caused by evil spirits. The leaders of these camps would not release them because they are still awaiting a message from God. Even, children under the age of 10 are forced to fast for weeks and live outside alone. Nonetheless, due to stigmatization, some relatives of the mentally ill prefer sending their relatives to the shrines instead of the hospital where the right diagnoses and treatment could be provided. At the camps they are subjected to all forms of inhuman treatment, thus violating their human right. It was some of these challenges that brought into the passing of the Mental Health Act in 2012 in Ghana.

Despite the numerous documented benefits associated with having a good mental health service and the introduction of the Mental Health Bill in 2012 with the aim of bringing mental health services to the doorstep of people in the country, people living with mental illness in Birim South District, do not access the mental health services in the Birim District Hospital.

1.1 Objective

To explore psychosocial factors influencing the low patronage of mental health services in the Birim South District, Ghana

1.2 Significance of the Study

The study would enhance the various management and existing educational programmes on psychosocial factors influencing the low patronage of mental health services in Birim South District, and Ghana as a country. The findings would assist in shaping policies on psychosocial factors influencing the low patronage of mental health services in Birim South District by the healthcare professionals and other policy makers. Furthermore, the study recommendations if implemented effectively couldalso assistin reducing such psychosocial factors influencing the low patronage of mental health services in Birim South District, Ghana. Finally, the study will provide impetus for further research into the area of psychosocial factors influencing the low patronage of mental health services. .

2. Literature Survey

Recent analysis has shown that persons with mental disorders represent a considerable proportion of the world's population (WHO, 2010).Ghana is no exception and that was why the mental health authority was passed in parliament in 2012 to promote mental health and provide humane care including treatment and rehabilitation in a least restrictive environment; and promote a culturally appropriate, affordable, accessible and equitably distributed, integrated and specialized mental health care that will involve both the public and the private sectors (Mental Health Act, 2012)

Globally, stigmatization and discrimination against persons with mental illness is a matter of public health concern. This is due to the fact that many people with mental illness are challenged twice; on one hand, they struggle with the symptoms and one hand, they struggle with the symptoms and disabilities that result from the disease and on the other, they are stereotyped and prejudiced due to misconceptions about mental illness (Corrigan& Watson, 2002).

According to Anderson (1968) the personal and psychological perspective of mental illness and use of health care is very powerful and it is the psychosocial factors that may determine the experience of the illness, whether care is sought on the effect on the person. Sajatovic et al (2008), identified the personal narrative of living with mental illness on identity, life goals and trajectory. They continued, social perceptions of mental health problems are dominated by negative stereotypes and that people with mental health problems are often thought to look strange and behave in a bizarre manner.

A recent survey in Germany also indicates that the majority of the public now believe that depression can be prevented and more than half would participate in prevention programmes. In Scotland, surveys of public attitudes on mental health have been conducted bi-annually since 2002. The 2006 survey indicated that 85% of participants agreed that 'people with a mental health problem should have the same rights as anyone else', 46% agreed that 'the majority of people with mental health problems recover' and 40% agreed that 'people are caring and sympathetic to people with mental health problems'. The proportion of people agreeing with the statement, 'If I were suffering from mental health problems, I would not want people knowing about it' continued to decline, from 50% in 2002 to 45% in 2004 and 41% in 2006. Not all recent trends are positive though, the challenge in changing long held population attitudes about mental disorder should not be underestimated; a series of surveys in England since 1994 indicate that positive attitudes towards mental illness may be decreasing.

In 2007 only 78% of individuals disagreed with the statement 'people with mental illness are a burden on society' compared with 84% in 2000, while the number of people agreeing with the statement 'We need to adopt a far more tolerant attitude toward people with mental illness in our society' was just 84% in 2007 compared with 92% in 1994.The single most perception by the general public of people living with mental health problems, particularly psychotic conditions, is that they are violent and represent a grave danger to the public. The misperception that most individuals with mental health problems are dangerous leads to more social distance (particularly for those with Psychotic disorders), that is a reluctance on the part of the general public to engage with these individuals; ultimately this can lead to their social exclusion.

Another Germansurvey (1967-1999) reported that 49.6% of the public expressed the belief that someone with a mental disorder was unpredictable, while violent and aggressive behavior was associated with mental illness by about 25% of respondents. Little change in the rate of homicide by people with a mental health diagnosis was observed over the same

period; in fact this represented an annual decline of 3% in the overall number of murders. Further analysis suggested that the increase in stranger homicides over the period 1967 to 1999 indicated that these were less likely to be committed by people with mental health problems compared with the general population; these murders were more likely to be linked to harmful alcohol consumption and drug abuse.

A similar analysis in New Zealand (1970-2000) reported that almost 9% of homicides between 1970 and 2000 were by people with mental health problems. Again the annual rate of such homicides did not fluctuate over this period, while as a percentage of all homicides the annual rate fell from almost 20% in 1970 to 5% by 2000. Most homicide victims were known to the perpetrator of the crime and the authors concluded that the process of deinstitutionalization that had taken place in the country was not associated with any increase in the risk of murder by people with mental health problems.

One caveat about the conclusions of these studies is that their conclusions were different depending on the way in which mental disorder is identified. A more recent analysis of all homicides in England and Wales between 1996 and 1999 suggested that about 10% of homicides were by people with mental health problems at the time of the offence, the majority of whom had never come into contact with mental health services.

3. Materials and Methods

3.1 Research Setting

The study was carried out in the Birim South District Hospital in Eastern Region of Ghana. The participants for this study were ageing between 18-50 years who are psychiatric patients in their lucid interval and also care takers of the mentally challenged persons.They were recruited from June 2015 to December, 2015.The total attendance from the beginning of the year till June 2015 was 350.Birim South District Hospital is deemed appropriate for the study because of the existence of a mental health unit.

3.2 Study Design

To achieve the objective of this study, a descriptive qualitative approach was employed. Such a study basically provides in-depth knowledge that is holistic, incorporating contextual influences. (Larrabee, 2009). As such it is the most suitable approach to unearth the psychosocial factors influencing the low patronage of mental health services in Birim South District.

Sampling Technique and Sample Size

A purposive sampling technique was used to select participants. As the study sets out to explore psychosocial factors that influence the low patronage of mental health services by service users, the following inclusion and exclusion criterion was used to purposively select the participants. The participant:
- Must be a psychiatric patient in the lucid interval and utilizing mental health services in Birim South District Hospital for the last six months.
- Must be resident in the Birim South District.
- Must be between the ages of 18-50 years.
- Must be willing and ready to be interviewed.

This selection criterion was made known to the health professionals so they could assist in identifying the participants. Selection of participants were done on Tuesdays and Fridays which were clinic days. A number of visits were done on these weekly clinic days until the required sample size was obtained.
On each visit, the researchers identified some of potential participants. Upon identification, the purpose of the study was explained to the participants and an information sheet made available to the participants for further reading. A total of 20 respondents participated in this study. Each participant was given the opportunity to choose a suitable venue for the interview.
All twenty (20) participants indicated that they wanted to be interviewed in their homes so the researchers collected addresses and phone numbers of all the participants of those who owned phones for ease of contact and arranged to interview them at their various homes.

3.4 Data Gathering Procedure

A semi-structured interview guide was used to collect in-depth information from each participant. These interviews were conducted personally by the researchers. All participants signed a consent form before the commencement of the interviews. Those respondents who could not sign were provided a stamp pad to thumb print. The interviews were audio taped. Each participant's demographic data was collected along with the interview data. Semi-structured interviews permit participants to respond freely to questions and also enable the researcher to get participants to describe and explain situations in a way that provides rich descriptive data. The questions posed by the researchers were based on psychosocial factors influencing low patronage of mental health services in Birim South District, Ghana

Participants were encouraged to express themselves freely on all questions raised. Each interview session with a participant lasted between 25 to 40 minutes, whiles the data gathering was conducted within a period of two months. Each audio taped interview was transcribed after each session and the transcribed data reviewed to gain a proper understanding of each respondent's experiences. The transcribed data were later complemented with field notes. The audio taped interviews were transcribed verbatim in to a note book and later typed. Labels were used to identify various participants on the transcribed data. These labels were 'P1' which stands for participant 1, then P2 for participant 2 up to P20. Participants were assured of maximum confidentiality.

3.5 Pretesting of Interview Guide

To eliminate doubt and errors, the interview guide was pre-tested on three service users by the researchers. These service users did not form part of the main study. Pre-testing was also done to determine whether questions were clear, unambiguous and can be understood by the participants.

3.6 Data Analysis

Content analysis was used to analyse the data after the interview responses were transcribed verbatim into English by the researchers. The first level of analysis included coding which involved identifying words, phrases and paragraphs within the data and assigned a label to apportion the data to give it meaning. Initial lists of codes were prepared to label the themes emerging from the data. The codes in the list were revised and grouped together into larger thematic areas. In the search for core meanings and essence, researchers also paid attention to non-verbal communications but eliminated redundant information in participants' responses.

4. Results & Discussion

Participants were interviewed on psychosocial factors influencing glow patronage of mental health services in Birim South District Hospital. Results included financial constraint, lack of support from family and social network, stigmatization and discrimination and unavailability of psychotropic drugs.

Financial Constraint

When participants were interviewed on financial constraint as a factor, almost all participants acknowledged that it had a serious influence on low patronage of mental health services. This was because majority of the participants were unemployed.

One of the participants said; *"If my parent does not give me money to pick car it means I cannot come for review and since my parents are petty traders, the little money they get goes into feeding of seven (7) family members."* Others felt that since they are unemployed, they do not get money for review. A participant said; *"If I am not working, I would not get money to come for review, let alone having money to buy food for my medication to be taken."*

This was in line with Boyer et al.(2012) as they indicated that financial issues contribute to family burden not only because schizophrenia tends to affect patient's labor capacity, but also because family income decreases when the adults taking care of the patient are prevented from getting job out of home.

Lack of Support from Family and Social Network

Almost all participants agreed that lack of support from family and social network influence the low patronage of mental health services. This was so because, as a result of care giving tasks, primary caregivers stay away from their social networks. Thus, burden is significantly related to limited social networks. This burden prevents them from walking from their homes through the road to the hospital for medication. Since they believed those social networks were all around them and they will be gossiping about them. Others find it difficult to stay in employment or seek employment since when the employer sees that he or she had been visiting the psychiatric hospital or had a history of mental illness, the possibility of them becoming aggressive on other employees is great.

One participant said, *"I feel shy meeting my friends on the way when I am taking my mentally ill relative to the hospital."*Another participant said," *My ex-husband had decided their son should not go to a psychiatric hospital because he was worried it could affect his future career."*

Another woman said, *"People in my church sell around the hospital and they always claimed mental health problems are a result of sin or not praying enough."*

This was similar to a study by Mental Health and Social Exclusion Unit Report, (2004) which indicated that people may never seek mental health care because of what friends might say if they see them going mental hospital.Figures from 2004, according to Mental Health and Social Exclusion Unit reported that only 24 per cent of adults suffering from long-term mental health problems are in work, representing the lowest rate of employment for any of the primary groups of disabled people. Furthermore, in the same study it was found that individuals suffering from mental health concerns stood double the risk of losing their jobs than those without a condition

Stigmatization and Social Exclusion

The reaction of the participants indicated that stigmatization and discrimination were factors that influence low patronage of mental health services. One participant said, *"Last time when I was coming for review with my mother, some of my friends saw me entering into the psychiatric office and since then, when I get close to them they sort of withdraw themselves"*
While another said, *"At times how some staff speak to us, as if we are not important, they look down on us and this thoughts keep preventing us from coming for review."*
These reactions from these two participants indicate that they were not patronizing the mental health services because of the stigma and discrimination. This confirms the findings of Ostman and Kjellin (2002) that 'the patient's mental illness had affected the possibilities of having company of their own or had influenced relations with others, and had also led to mental health problems in the relatives themselves'. Globally, stigmatization and discrimination against persons with mental illness is a matter of public health concern. This is due to the fact that many people with mental illness are challenged twice; on one hand, they struggle with the symptoms and one hand, they struggle with the symptoms and disabilities that result from the disease and on the other, they are stereotyped and prejudiced due to misconceptions about mental illness (Corrigan& Watson, 2002).

Unavailability of Psychotropic Drugs

The results from the study showed that unavailability of psychotropic drugs contributed to the low patronage of mental health services.

One participant said, *"I don't come for review because I know when I come I will not get my medication for free*

unless I buy it from a pharmacy shop of which at times I don't have the money since they are expensive and the drugs too are not available".

This supported a report by Ghanahealthnest, (2015) which indicated that regional coordinators of mental health services lamented about the persistent shortage of essential psychiatric medicines in the whole.This makes patients, caregivers and facilities resort to the open market where prices of such medications were very expensive. The situation also forced most patients and their care givers to refuse review visits since they could not afford medications and in some cases not get it at all and some going through relapse.

Attitude of Health Professionals

The results from the research showed the attitude of health workers also contributed to the low patronage of mental health services. It was revealed from the respondents that some attitude of health professionals did not encouraged them to patronize health care services. A participant indicated *"that poor attitude such as disrespect, bad treatment as if we are not humans sometimes put us off in patronizing mental health services"*

Others said *"these professionals who are expected to care for us, do not regard us at all"* One participant commented *"these nurses treat us very bad, even requesting for water is a problem"* one is shouted at and all sorts of negative words are piled on you"

5. Conclusion

This study explored the psychosocial factors influencing the low patronage of mental health services, at Birim south district hospital, Ghana, using a qualitative approach where in-depth interview techniques were employed. 20caregiversand psychiatric patients were interviewed.

Results; financial constraint, lack of support from family, cost of transportation, stigmatization, discrimination and unavailability of psychotropic drugs all contributed to low patronage of mental health services. These findings have contributed immensely to the low patronage among the people of Birim south district, Ghana. Care givers and psychiatric patients are faced with multiple challenges as they attempt to access mental health services.

Recommendations based on the findings included;the low patronage of mental health services in Birim South District, and for that matter the Ghanaian society requires a concerted efforts from all levels of the Ghanaian both government and non –governmental organizations to assist communities facing this problems. Furthermore as some suggested that the psychotropic drugs should be included in the National Insurance Scheme since most of the drugs are becoming too expensive.

6. Future Scope

The researchers would like to conduct a research on socio-economic factors influencing the management of mental illness in the Kumasi Metropolis in Ghana, using a quantitative methodology with participants over five hundred.

7. Acknowledgement

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