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Health Care Access of Mentally-Ill Persons: An Integrative Literature Review

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ABSTRACT

This integrative literature review explores the health care access of mentally-ill persons. Using different databases and search engines, an exhaustive web-based search was conducted. From the initial search, one hundred fifty-seven (157) articles published between the years 2010-2017, in English, and focused on the health care access of mentally-ill were extracted. After removal of duplicates, 42 articles were obtained, of which 23 were included in the final synthesis. Results reveal that personal factors of health-seeking behaviors, awareness, financial problems and cultural influence, as well as environmental factors that includes human and institutional resource, fragmented health care system and governmental policies serve as barriers to mental health care access. Improving community awareness, strengthening the interconnected relationships of mental health policy and health workforce management are components that could provide a useful approach to address the problem in accessibility. Future researches and other scholarly pursuit should give emphasis on the concepts of family, mental illness, and quality of life; as well health system strengthening and policy-making. Furthermore, issues on political, economic and cultural barriers have so long impeded global mental health care and resulted in treatment gaps should be future priorities within the context of research, education, and policy.

Keywords: Mental illness, Mental health, Access to care, Mental health care access

INTRODUCTION

Background

Mental well-being is an integral and essential component of health. This results in productivity and fulfilling relationships. This state, however, is disrupted in one of every three individuals – or more – during their lifetimes^(1,2) due to certain mental problems.

Mental disorders significantly reduce one's functioning capability within family and society. According to the WHO⁽³⁾, mental or neurological disorders will affect one in four people in the world in years to come. For about 400 million people have been diagnosed with mental health problems that contributed to the Global Burden of Disease (GBD) as leading causes of disability⁽⁴⁾. Furthermore, the GBD Report 2010 estimated increase in 10.4% in neuropsychiatric conditions disability-adjusted life years (DALY) that emerge between the ages of 15 to 59. It was posited that the age onset of these disorders also contributed to the increasing burden of mental illness⁽⁵⁾. The projected burden of mental health disorders is expected to reach 15% by the year 2020, where common mental disorders (depression, anxiety and substance-abuse disorders including alcohol) will disable more people than complications arising from AIDS, heart disease, traffic accidents and wars combined⁽⁶⁾.

Mental health is an important part of sustainable development, and progress in development will not be made without improvements in mental health⁽⁷⁾. Mental health problems cause 22.9% of all Years Lived with Disability (YLDs), the highest burden of any health condition⁽⁸⁾. Moreover, mental health problems impose a tremendous economic and social cost to society that places a brake on development efforts⁽⁹⁾. The estimated costs of mental health problems are staggering at US\$2.5 trillion in 2010, rising to US\$6.0 trillion per annum by 2030⁽¹⁰⁾. These costs are due to reduced economic productivity, high rates of unemployment, under-performance at work and often catastrophic out of the pocket expenditure⁽¹⁰⁾.

Despite the seen importance of mental health in the society and the effect of mental disorder in nations' development, this health problem is often neglected within national health policy and plans⁽¹¹⁾. In the WHO-AIMS Report 2007⁽¹²⁾, community care for people with a mental health condition is limited in many low and lower-middle-income countries, with the poor involvement of primary health care services. Moreover, there were reports

on the shortage of mental health workers, availability of mental health institutions and limited access to care. Since the effect of mental disorders extends beyond individual and family suffering to national and economic growth, and considering the importance of mental health in sustainable development, this integrative literature review is purposely done to assess the health care access of persons with mental illness.

Objective

The main objective of this study is to assess the health care access of mentally-ill persons.

METHODS

Given the aim of assessing the health care access of mentally-ill persons, an integrative review was done. To be included in the present analysis, studies have to be papers in journals, dissertations, unpublished studies, experience reports, and theses; exploring different global health issues and concerns regarding mental health care access. It should be written in English, and published between 2010-present, although studies published earlier could be included as long as it is very relevant to the topic.

Computerized literature search was conducted from the following databases and search engines: Google Scholar, ProQuest, UMassMed, Biomed Central, PUBMED, Elsevier Journal of Psychiatric Research, Dovepress and MEDLINE. The keywords were: “mental illness”, “mental health”, “mental health care access”, “mental health care issues”, “global health”, “global health issues”, “global burden of mental illness” and “global health status”.

The author identified 157 papers from the initial search. These papers were reviewed by reading their abstracts to determine their relevance and yielded 85 articles after removal of duplicates. After another thorough review and removing irrelevant studies, the number was reduced into 42 studies. Comparing further these 42 studies to the inclusion criteria, the final number was reduced to 23 studies for synthesis (Figure 1). These 23 studies were published between the years 2010-2017.

Overall, the review found six quantitative studies, nine qualitative studies, two case studies, four editorials and two reviews of the literature. The origin of the studies broke down as follows: 8 from Africa, 6 from the United Kingdom, 3 from the USA, 2 from Japan, and one each from Switzerland, Germany, India, and Canada. The papers were synthesized using a table indicating the name of authors, year, objective, method, results, and conclusions.

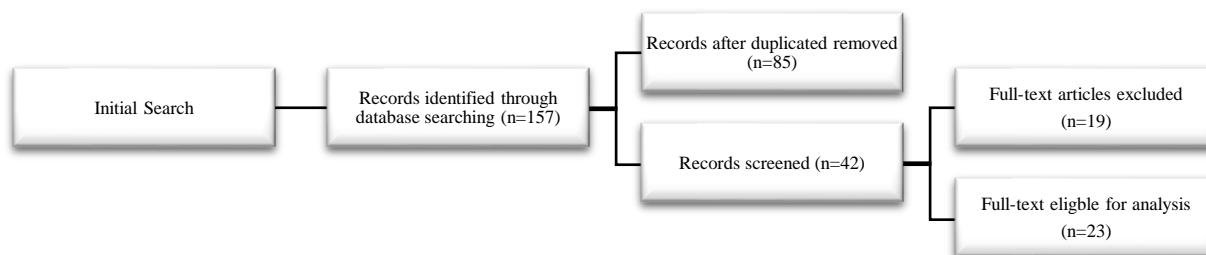


Figure 1. Selection process of the articles for literature review

RESULTS

The 23 (100%) papers included in this review were organized based on their methodological outline. There were six (26.08%) quantitative papers, nine (39.13%) works of qualitative character, two (8.69%) case reports, four (17.39%) editorials and two (8.69%) review of related literature. Each were synthesized and based on the 23 eligible studies, two broad inter-related themes emerged as barriers to accessing mental health services: (1) personal and, (2) environmental barriers. Each theme was comprised of sub-themes.

Personal barriers are particular factors that prevent and individual in gaining access to health. In this study, personal barriers include (a) health-seeking behavior/s, (b) awareness of available services, (c) cultural identity and stigma, and (d) financial factors.

Environmental barriers are factors surrounding and directly affecting the individual and the family in accessing mental health care. In this review, three subthemes were included: (1) facilities and human resource, (2) fragmented health care system, and (3) legal/governmental policy.

DISCUSSION

Personal Barriers

Health-seeking behavior has been defined as a “sequence of remedial actions that individuals undertake to rectify perceived ill-health”. Appropriate *health seeking behavior* is important to minimize complications and improve quality of life. However, people suffering from psychiatric symptoms, even if severe, often do not seek professional help⁽³⁶⁾. The most frequently reported reason for not seeking mental health care was low perceived need; and the most common reason for delaying access to help was the wish to handle the problem themselves⁽¹⁸⁾.

General lack of awareness of the disease, the services available within mental health care and how to effectively access them is another barrier. There were eight papers which included this sub-theme as one barrier to mental health care access. Deficiency in available community-based educational programs affects the community knowledge on mental health disorders and obstructing access to the needed care, thereby contributing to delays⁽¹⁹⁾. Lack of information regarding existing healthcare services was identified as a significant obstacle to care⁽¹³⁾.

Poor awareness was reported to underpin other problems to mental health, thus the third subtheme – cultural identity and stigma. Seeking help from traditional healers as a part of the culture was discussed as a common phenomenon among people with mental health disorder⁽¹⁹⁾. Some cultural perceptions – particularly psychosis – makes patients inclined first to seek the help of traditional healers rather than visiting a medical clinic⁽²²⁾. Exorcism and prolonged prayers were mentioned as a part of the traditional practice. Consequently, mental health care was regarded as the last resort when no other actions are taken had caused improvement⁽¹⁹⁾.

Another barrier relating to awareness, information, and knowledge is stigmatization, which is reflected in 10 studies. People with mental disabilities are at risk of being ridiculed, abused, and excluded by the community. The extent and form in which stigmatization shows itself varies between cultural groups, but is nevertheless present in all sectors of society, meaning that people with mental disabilities, and friends and relatives of such persons, might be reluctant to seek help from healthcare institutions⁽²²⁾. Fear of stigma/ discrimination is a major factor for not seeking or sustaining treatment. The experiences associated with stigma posits negative impact on the emotional/social well-being, affecting the families’ perceptions and ability in seeking appropriate help⁽²¹⁾.

As poverty is correlated with poor physical and mental health, this also leads to poor access to needed resources to care⁽²⁰⁾. Financial factors which include health care services and medication cost, loss of productive income and geographical locations were among the identified personal barriers to mental health; reflected in seven studies. Family members reported that financial difficulties because a loss of job either of the ill-member or significant other who cares for the ill-member resulted in economic strain⁽¹⁴⁾. Participants perceived that poverty, in general, constituted a barrier to health care seeking for mental disorders⁽¹⁹⁾. Poverty implied lack of necessary resources, such as transport and health insurance; and the cost of services and medicines resulted in the inability to utilize mental health services⁽²¹⁾. The physician who were respondents identified financial problems – specifically the cost of medications – a challenge facing people and hindering them from accessing mental health care⁽¹⁴⁾. Furthermore, an individual with a mental health problem might be regarded as someone not contributing to the financial needs of the family and merely causing increased burden. Consequently, poverty results in loss of family support which led to further deterioration of the mental status. Thus, these individuals with no family support often wandered the streets in a worsened mental state, and with even smaller chances of receiving health care⁽¹⁹⁾.

Environmental Barriers

Insufficiency of both mental health infrastructure and supply of mental health professionals especially in rural areas greatly affect access to care⁽³⁵⁾. Insufficient facilities and the number of beds were reported⁽¹⁴⁾.

An undersized, poorly distributed and unprepared workforce was seen as one of the environmental barriers, seen in nine studies. Health care workers required to deliver effective mental health care includes physicians/psychiatrist, psychologists, nurses, mental health and substance use counselors, care managers and coordinators, and social workers. The current workforce is undersized and inadequately resourced, and available providers often lack the specific skills and experience to offer effective evidence-based and integrated care⁽³³⁾. As there are currently way more people in need of mental health services than there are service providers, a need for more practitioners, specifically mental health providers were identified⁽²⁷⁾. Moreover, an extreme maldistribution of behavioral health professionals exists; where people in rural and impoverished areas have limited access⁽³³⁾. By federal definition of mental health professional shortages, rural areas disproportionately suffer from a shortage of mental health providers⁽³⁵⁾. Approximately one-third of smallest rural areas may not have any health professionals available to address mental health needs, and some may have no immediate available choice for professional mental health services beyond the local physician⁽³⁵⁾.

Aside from the shortage of workforce, information of unhealthy relationships between the patient and his family with the health care workers were reported. Concerns about lack of cross-cultural understanding among staff^(22,26); poor communication and not recognizing and responding to the patient's needs^(26,27) were noted.

The fragmented system in mental health was seen as another environmental barrier in accessing care. Being considered as a systemic issue, a fragmented care system results in a disorganized patient care activities and inappropriate delivery of health care services. Fragmentation of care exists across health care providers wherein there is lack of integration and communication between medicine and psychiatry, as well as lack of continuity of care⁽³⁴⁾. The existing resource separation of physical and mental health facilities, with each system having its regulations, financial incentives and priorities amplify psychological health care fragmentation⁽³³⁾.

The third environmental barrier subtheme is the legal/governmental policy. Many developing nations have no policies to address the basic needs and rights of individuals with mental illness, which contributes to limited prioritization of mental health in health planning, resource allocation, and workforce development, further increasing unmet mental health needs⁽⁶⁾. In other nations, although with existing mental health policies, have scarce resources and infrastructure, ineffective advocacy and the lack of political will limits effective mental health legislation and interventions⁽³⁷⁾. In the study on barriers to mental health utilization, both the carer respondents ($n= 103$) and psychiatric consultant respondents ($n=6$) agreed that mental health is not a government priority, and the budget allocation is almost zero⁽¹⁴⁾.

The Mental Health Atlas 2011⁽³⁸⁾ pointed out that expenditures on mental health amount to less than US\$2 per person. In low-income nations, the same amount is less than US25 cents. Global median spending in mental health stands at 2.8% of total government health spending, more than two-thirds of which is on average allocated to neuropsychiatric hospitals. Low-income countries spend a very modest 0.5% of the national health budget, with up to 90% intended for psychiatric institutions that provide, in population terms, very low rates of treatment coverage⁽³⁹⁾.

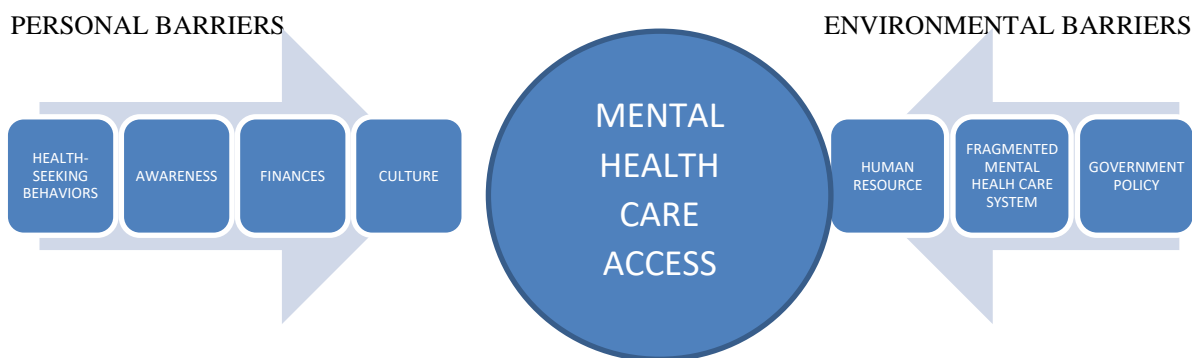


Figure 2. Conceptual model

CONCLUSION

As mental illness affects the individual, family, and community; mental health care access should be strengthened. This literature review showed that personal factors – health-seeking behaviors, awareness, finances and culture – and environmental factors that include human resource issues, fragmented mental health care system and non-existent or weak government policy influences program implementation and thereby affects mental health access. As many developing countries suffer from the effects of mental illness in the community, the government may formulate and improve existing services towards promotion, prevention, curative and rehabilitative aspects of mental health, thereby improving access to care.

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