

Primary Health Worker's Perception on the Need of Integrating Mental Health in Primary Health Care Settings of Kaski District

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ABSTRACT

Introduction: The most effective way to close the treatment gap is to integrate mental health services with primary care to ensure that people receive mental health care they need in their place. Understanding providers' perceptions of evidence-based intervention have an undeniable role in improving their dissemination, implementation, and sustained use.

Methods: This study was carried out to assess primary health workers' perception of the need of integrating mental health in primary health care settings in which 200 health workers from all the PHC, HP and UHC of the Kaski district were given a self-administered Likert scale having 5 points to assess the perception of health workers on need of integrating mental health in primary health care settings. The median score of Likert scale of perception of need was calculated then the chi square test was done to find the association which was followed by calculating adjusted odds ratio using binary logistic regression analysis.

Results: Health workers who had gained information on mental health from course of study are 2.316 [CI:1.124-4.770] times more likely to perceive need of mental health integration into the primary health care setting and those who have provided mental health service are 2.801 [CI: 1.495-5.249] times more likely to be positive towards need.

Conclusions: The majority of the health workers working at the primary health care level at Kaski district are positive towards mental health integration with the high number of health workers interested in receiving mental health training thus they should be provided with basic training in mental health to enhance their knowledge and skills for being able to provide mental health care to patients seeking help at the primary health care level.

Keyword: *Mental health, integration, perception, primary, health workers*

INTRODUCTION

Noncommunicable disease has occupied a place as the number one cause of mortality and disability with huge economic loss globally, accounting for 37% of all healthy life years lost through disease 1 of which mental disorders are one affecting hundreds of millions of people.^{1,2} The World Health Organization (WHO) describes mental health as an integral part of health and there is no health without mental health therefore indicators for recording mental health disorders have been included in the health management information system (HMIS) but still mental health services are not available properly.³ According to the World Health Organization (WHO) Mental Health Gap Action Program (MHGAP), over 90 percent population who need mental health services have no access to effective treatment⁴ and mental health is often one of the lowest health priorities in those settings³ due to the wide gap between available health systems capacity and resources.^{5,6} The most viable way of closing this treatment gap to ensure that people are getting mental health care they need at their place is integrating mental health services into primary care.⁶⁻⁹

Primary health centers are expected to be first line of contact with

the communities and provide services for persons with health conditions and have capacity to refer to a higher level promptly.^{7,10} Being the key actor primary care practitioners play an important role in integration process¹¹, recognizing and managing mental health problems.^{10,12,13} Studies have emphasized the need to involve primary healthcare professionals to address limited number and unequal distribution of mental health specialists⁸ and shows promise for achieving better outcomes at lower cost.¹⁴ It has to be noted that majority of the health care services are delivered by these mid-level health workers (health assistants, nurses, auxiliary health workers and auxiliary nurse midwives). Also service provided at the primary health care (PHC) level supported by health workers aids in reduction of stigma and discrimination¹⁵ thus it is important to understand how primary care practitioners perceive and manage mental health problems and the barriers they face.¹² Understanding providers' perceptions on evidence-based intervention have an undeniable

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role in improving their dissemination, implementation, and sustained use.¹⁶

The study conducted to assess the opinions and experiences of primary care providers and their support staff before and after implementation of expanded on-site mental health services revealed expanding integrated mental health services resulted in increased staff and provider satisfaction.¹⁷ Mixed method structured survey conducted on health service providers in primary health care centers in one from urban setting (Lusaka) and one from rural setting (Mumbwa) revealed strong support for integrating mental health into primary health care from care providers, as a way of facilitating early detection and intervention for mental health problems which will reduce stigma and the promotion of human rights for people with mental health problems¹⁸ similarly study among the workforce in primary care settings of Kern County, California revealed that integration is highly valued among all staff types and all were interested in training.¹⁹

Objective

To assess health worker's perception in need of integration of mental health in primary health care settings.

Hypothesis

H₁: Health workers have a positive perception of the need for integration of mental health in primary health care.

METHODS

The quantitative study based on the institution was adopted and carried out from March- August 2019. Health workers from the primary health care centers, health post and urban health centers of Kaski district who were present at the day of data collection and interested were included in the study and lab technicians were excluded as they are not in direct contact with the clients.

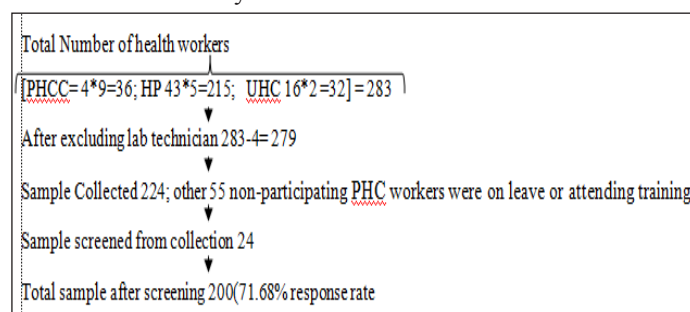


Fig1: Process of health workers selected for the study the study

Development of study tool

After the detailed review of literatures and informal discussions, self-administered five point Likert scale was developed. Socio-demographic variable had 4 items, health service related had 9 items and for measuring perception of need Likert scale with 8 items was constructed and used. Scoring of the scale: Total score

on the perception need = 40. Score more than or equal to median = Positive; Score less than median = Negative

Pre-testing was done in Sukla Gandaki health post on Tanahun district. In order to measure the reliability Cronbach's Alpha was calculated for Likert scales for measuring perception of need which was 0.752. Expert consultation was incorporated for content validity.

Data collection, management and analysis

Ethical approval was taken from the NHRC, approval from Health office was received, then visits, health post, primary health centers, urban health centers of Kaski district, each participant was explained about objective of the study, informed consent was taken from them and provided self-administered questionnaire.

Data were entered in epi data and extracted in SPSS version 20 for statistical analysis. Descriptive analysis was done for social, demographic and health service related variables, the total score was calculated for Likert scales of perception of need, then median score was calculated by total score then categorized into two groups i.e. negative for the score less than median and positive for score equal to or more than median. Chi square test was calculated to find the association of social-demographic variables, health service related variables with perception of need.

Binary logistic regression was done to assess the relationship between perception on need with socio-demographic variable and health service related variables where the adjusted odds ratio was calculated to those variable which were found having a significant association in chi square test to measure the likeliness of the effect of those variable on causing a positive perception of need.

RESULTS

The mean±SD age of the participants was 34±10.458 with majority being female (n=132), most of the participants were from health post (n=148). 66 participants had done Auxiliary Nursing Midwifery course and were working as Auxiliary Nursing Midwife (n=69) followed by Auxiliary Health Worker (n=51). The mean± SD of working experience of participants in the health field was 11.09±9.753 years. More than seventy percentage of health workers have received information about mental health from course of study (n=137). Only one by eighth of the health workers in this study had received training on mental health either from government or non-government organization. Interestingly more than 90% of the participants had shown their interest to receive training on mental health. Only 94 participants had provided mental health service in the form of counselling and 78% of the participants know someone with mental illness and more than 60% of the participants have met anyone with Mental Illness in working organization.

Table No 1: Number of health workers selecting different score for items on scale for perception on need

S.N	Scale	Strongly agree	Agree	Neutral	Disagree	Strongly disagree
1	It is beneficial to integrate mental health care in primary health care	93	100	5	0	2
2	Integration brings mental health closer to the communities	74	115	9	0	3
3	Mental health service is required in this area	82	107	9	1	1
4	Mental health integration in primary health care reduces stigma in service user	62	118	8	10	2
5	Integrated mental health in Primary health care increases the access to service user	65	127	7	1	0
6	Integrating service ensures that mental patients receive appropriate care	75	112	7	4	2
7	Mental health is as important as physical health	122	71	5	2	0
8	Mental health problems should be addressed in same place with physical health problem	54	109	20	15	2

Median =34; Positive = 112 (56%); Negative = 88 (44%)

From findings of table 1 it was concluded that more than half of health workers perceived need of the mental health integration in primary health care setting.

On performing chi square test, age, level of education, source of information on mental health, interest in mental health training, provided mental health service were found to be significantly associated with the perception of health worker on need of integrating mental health service in primary health care setting.

Table No 2: Adjusted odds ratio of perception on need of mental health integration

Explanatory variables	Adjusted Odds Ratio	CI
Age		
<32	0.661	(0.662-2.909)
32 and above	ref	
Level of education		
Bachelors	0.520	(0.125-2.166)
Diploma	0.956	(0.442-2.166)
T/SLC	ref	
Source of information		
Course of study	2.316	(1.124-4.770)*
Other than course of study		
Interest In Training		
Yes	2.460	(0.519-10.241)
No	ref	
Provided Mental Health Service		
Yes	2.801	(1.495-5.249)*
No	ref	

*Statistically significant at 95% level of confidence, p-value <0.05

From the table no 2 in reference to other than course of study, those health workers who had gained information on mental health from course of study are 2.316 [CI: 1.124-4.770] times more likely to be positive and with reference to those who have not provided mental health service, those who have are 2.801 [CI: 1.495-5.249] times more likely to be positive towards need of mental health integration into primary health care setting.

DISCUSSION

In the study we have hypothesized health workers have positive perception on need of integrating mental health service in primary health care settings. To support our hypothesis, this study found that majority of health workers had positive perception on need of integrating mental health service in primary health care settings. More than 90% of health workers recommended integration on mental health service in primary health care setting similarly 96% and 71.2% of health workers stated need of mental health service in the study from Ethiopia²⁰ and Zambia.¹⁸ Integration of mental health care of children into routine community based primary care was acceptable for the health worker of the rural sub Saharan Africa.¹⁵ It revealed more than 94% of health workers were interested in mental health training, which is consistent with the previous findings 82.5 %, 91%.^{15,21} The interest of health workers on receiving training on mental health may facilitate the implementation and integration of mental health into primary health care.

Interestingly, our results contradict previous research that higher level of education is also strong predictors of positive attitudes. Level of education was not significant in predicting the perception of health workers on mental health integration in

PHC setting which is supported by²² in which level of education was not found to be significant with the positive attitude when adjusted. It may be because of very few health workers who have completed MBBS and most of the health workers have completed Auxiliary Nursing mid wife course and AHW/CMA course. Receiving the information on mental health from the course of study was associated with the more positive perception towards need of mental health integration into primary health care setting ($\chi^2=10.902$, $p=0.001$) similar to this finding of²³ pre-service training in mental health care was associated with a more favorable attitude towards the integration of mental health care into PHC services ($\chi^2 = 8.57$, $p = 0.003$).

Similar to recent research²² where 81% know and have met people with mental illness in their health facility in this study high proportion of (66.5%) of health workers know and have met people with mental illness in their health facility which is significant with positive attitude. It indicates that the burden of mental health problem is really high. Those who have provided mental health service are more positive towards need of mental health integration into primary health care setting.

CONCLUSION

This study explored the health workers' perception on need of integrating mental health service in primary health care setting. Majority of the health workers were positive towards need of mental health integration in primary health care settings. High proportion of health workers were interested in receiving mental health training and as well as recommend integration. More than 75% of health workers said they know anyone with mental illness and more than 65% of health workers said they have met anyone with mental illness in their working organization. Almost all of the health workers agreed to the statement that mental health integration is beneficial and it brings mental health closer to the community and the service is required in their area. Also they agreed that mental health is as important to physical health and should be addressed in same place. Age, level of education, source of information, interest in mental health training, provided mental health service were found to be associated with the perception on need of mental health integration. Whereas those who have received information from course of study, and have provided mental health service were likely to have positive perception need of mental health integration.

As most of the health workers are interested in mental health training they should be provided with basic training in mental health to enhance their knowledge and skills for being able to provide mental health care to patients seeking help at primary health care level. Since the health workers have positive perception on integrating mental health in primary health care settings it is recommended to integrate as soon as possible it

helps ensure holistic treatment of the people, meeting the mental health needs of people with physical disorders, as well as the physical health needs of people of mental disorders.

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