Treatment gap and barriers for mental health care: a cross-sectional community survey in Nepal

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INTRODUCTION

In Nepal, there is a scarcity of population-wide mental health services. Existing mental health resources are allocated unequally.

There is limited research on the gap between the burden of mental disorders and treatment use in low- and middle-income countries. Most prior studies have focused on the mental health problems of populations affected by armed conflict, and none have attempted to estimate the treatment gap for mental health care or identify potential barriers to treatment.

This study aims to assess the treatment gap among adults with depressive disorder (DD) and alcohol use disorder (AUD) and to examine possible barriers to initiation and continuation of mental health treatment in Nepal.

SETTING

This study was conducted in Chitwan, a district in southern Nepal. The total population of Chitwan is 579,984 (279,087 male and 300,897 female) with about 132,462 households.

The literacy rate of Chitwan district is 78.9%, which is higher than the national average of 67%. In Nepal, mental health services are restricted to a few government hospitals located in big cities and private hospitals; however, in Chitwan mental health services including treatment for AUD (both inpatient and outpatient services) are also available in the district hospital and medical colleges operating in the district.

Therefore, we selected Chitwan district in order to assess the treatment gap and barriers to initiating
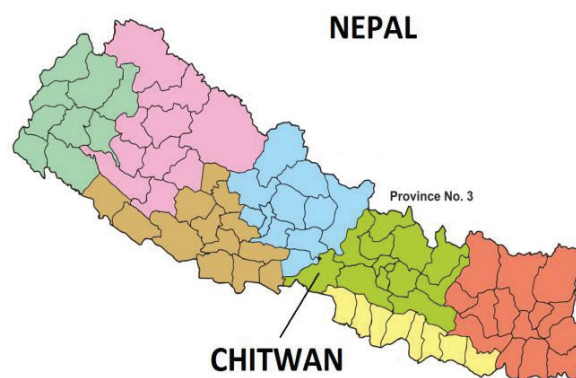
treatment among a community sample where specialist services are available in the district hospital and private hospitals.

METHOD

Participants and Sampling

A three-stage sampling technique was used in the study to select one adult from each of 1983 households across 10 Village Development Committees (VDCs) in Chitwan district.

1. Total target sample was stratified in proportion to the population size of each of the 90 wards from 10 VDCs
2. Households from each ward were selected using a systematic random sampling technique
3. One adult from each household was selected using (simple) random sampling procedure

Instruments

• Patient Health Questionnaire (PHQ-9) to assess depression
• Alcohol Use Disorder Identification Test
• (AUDIT) to assess alcohol use problems
• Barriers to Access to Care Evaluation (BACE) to assess barriers for mental health care

Analysis

First, the design-based analysis was adjusted for the stratified sampling procedure.

Participant data was weighted according to the inverse probability of sampling. The BACE scale was analyzed in two steps.

First, frequency data for each BACE item was calculated separately for DD and AUD.

Then, association of the total BACE score with the sociodemographic characteristics of the participants was assessed.

RESULTS

The prevalence of depression and alcohol use disorder in the sample was 11.2% and 5.0% respectively.

The prevalence rates reported in this study are relatively lower than that found in studies conducted with specific groups or populations affected by conflict in Nepal. The treatment gap found in the sample for both DD and AUD is very high (91.5% and 94.9% respectively).

Only 8.1% of those with DD and 5.1% of those with AUD reported that they had received treatment from any provider in the past 12 months.

The major reported barriers to treatment were lacking financial means to afford care, fear of being perceived as weak for having mental health problems, fear of being perceived as crazy and being too unwell to ask for help. Barriers to care did not differ based on demographic characteristics such as age, sex, marital status, education, or caste/ethnicity.

	Depression (N=228) % (n)	AUD (N=96) % (n)
Receiving treatment in the past year from any providers	8.1 (18)	5.1 (5)
Type of service providers		
Mental health specialists (e.g. psychiatrists, psychologists)	3.6 (9)	0
Generalists (e.g. Doctors and PHC workers)	1.8 (5)	1.3 (2)
Others (Traditional healers, religious leaders)	4.2 (8)	4.5 (4)

Five most commonly reported major barriers for receiving depression care
- Not being able to afford the financial cost
- Concern that I might be seen as crazy
- Dislike of talking about own feelings, emotions or thoughts
- Concerns that I might be seen as weak for having mental health problems
- Having no one who could help me get mental health care

Five most commonly reported major barriers for receiving AUD care
- Not being able to afford the financial cost
- Being unsure where to go to get mental health care
- Concern that I might be seen as crazy
- Concern that it might harm my chances when applying for jobs
- Concerns that I might be seen as weak for having mental health problems

RECOMMENDATIONS

Despite the availability of mental health services in both public hospital and medical colleges, the treatment gap for DD and AUD is high in Chitwan district.

This indicates that the treatment gap is likely to be even more pronounced in other districts where formal mental health services are non-existent.

The results in this study may be useful in developing a strategy to minimize barriers to care and the treatment gap.

- Integrate mental health services within the routine health care system and include basic mental health drugs in the free drugs list
- Develop a comprehensive strategy to reduce stigma associated with mental health
- Adopt general population-wide approaches to promote service use and improve clinical care

REFERENCES

Luitel, N. P., Jordans, M. J. D., Kohrt, B. A., Rathod, S. D., & Komproe, I. H. (2017). Treatment gap and barriers for mental health care: A cross-sectional community survey in Nepal. PLOS ONE, 12(8), e0183223. doi:10.1371/journal.pone.0183223

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About PRIME
PRIME is a Research Programme Consortium (RPC) led by the Centre for Public Mental Health at the University of Cape Town (South Africa), and funded by the UK government's Department for International Development (UKAID). The programme aims to develop world-class research evidence on the implementation, and scaling-up of treatment programmes for priority mental disorders in primary and maternal health care contexts, in low resource settings.

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