

## Factors Contributing To Utilization Of Mental Health Care Service Among Mental Health Patients

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## To cite this article:

Authors: Abdifitah, Atanga D. Funwie. Paper Title: Factors Contributing To Utilization Of Mental Health Care Service Among Mental Health Patients

*IQ Research Journal of IQ res. j. (2022)1(2): pp 01-11. Vol. 001, Issue 002, 02-2022, pp. 0823-0834*

Received: 26 02, 2022; Accepted: 26 02, 2022; Published: 27 02, 2022

### Keyword

Utilization, Mental Health Care, Service, Patients

### Received:

26 02, 2022

### Accepted:

26 02, 2022

### Published:

27 02, 2022

### Abstract

The main title of this study was focused on factors contributing to utilization of mental Health care service among mental health patients. As stated by the World Health Organization (WHO), most of the African countries who are classified as low-income countries perceive mental health as a challenge to their communities. The specific objectives of this study were (i) To evaluate perception of utilization mental health care services among mental health patients in Somalia (ii) To analyze barriers of utilization mental health care services among mental health patients in Somalia (iii) To describe national health polity of mental health care services among mental health patients in Somalia & (iv) To identify the best practices of mental health system towards health care providers in Somalia.

**Methodology:** The study design used descriptive and cross-sectional due to this study was not take more than one year after that the type will be mixed quantitative and qualitative. The study population were those who are mental health patients with different types . The primary data collection used was structured questionnaire so that questionnaire filling the patients and also key informant interview filling to the mental health care providers. The sample size was 120 participants among mental health center in Somalia. The sampling techniques was used purposive sampling. The mental health centers includes: Berbera Mental Hospital, Hargeysia Mental Health Hospital, Sahan Voluntary Organization, Nasrullahi Mental Hospital, Mental Health Department Berbera & Habeb Public Mental Health Hospital.

**Results:** The majority of the respondents 63(52.2%) replied they were seek mental health services when they felt mental problem, the majority of the respondents 88(73.3%) replied they belief mental health was one of the leading causes of death among Somalis, the majority of the respondents 76(63.3%) replied they given enough time to discuss your condition and treatment while the majority of the respondents 65(54.2%) replied they were worrying something that they missed, the majority of respondents 60(50.0%) replied country have a national suicide prevention strategy, the majority of respondents 89(74.2%) were replied someone else close to give them enough information from health and social services about their mental health problems.

## 1.1 Introduction

The term “mental health issues” mostly used to indicate a broader category of disabilities, such as depression and dysthymia, and various types of anxiety disorder, including post-traumatic disorder. Some of the vital signs and attributes associated with anxiety are disturbance in emotions, which often accompanied by negative thinking, over thinking and worrying, and many other cognitive distortions (WHO, 2019).

As stated by the World Health Organization (WHO), most of the African countries who are classified as low-income countries perceive mental health as a challenge to their communities. Hence, the majority of those low-income countries accomplishing adequate population treatment with any mental health care provider has been problematic, resulting in high treatment gaps for even the most severe mental disorders (Hanlon et al.: 2017:185).

The paper intends to explain how mental illness is viewed in the Somalia community and what type of improvement is needed to help people with mental disabilities get proper treatment.

## 1.2 The importance of mental health service

Meanwhile mental health is important to the worldwide it is crucial to identify the early stage signs. For example, not eating well or sleeping patterns, avoiding people and activities, less of energy, feeling of hopelessness, becoming forgetful, nervous and confusing. Mental illness has symptoms just like all other diseases and it's important to get treatment and seek out for help, such as friends, family, and if possible, professionals. Mental health service is important, thus getting treatment at the right time (early stage) can lower health costs and decrease the risk of unbearable stages of mental illness (World Health Organization 2004:17).

According, mental health services save lives by helping people who feel lonely and hopelessness. As mentioned previously, reaching out to the people because we as humans as socially being and we need

feel included rather excluded, therefore community is important for people to survive and not feel lonely. In other word, community is important for those with mental health who experience symptoms like isolation and loneliness.

The concept community provides many things which are critical to mental health, such as belonging, support, and purpose (ibid).

- Belonging: when feeling lonely a community offers as a sense of belonging, and it helps us to find a group with which we can identify and feel a part of.
- Support: ask help those who you trust because tendency of knowing people who can support you protects one from isolation and it makes one feel wanted and loved by others.
- Purpose: in this world we all are different from one another and it's important for each of us to find its own purpose and unique skills.

To decrease the illness each country, community or government should have mental health services as a big part of their general health services. This means that each state should have the capacity to tackle and prioritize mental illness the same as other physical illness by providing admitted, casualty and emergency hospital and community mental health care, which are free at the point of service (cattan et.al 2006: 2).

As stated by the WHO, Mental health promotion intends encourage positive mental health by rising psychological well-being, resilience and by also supporting living conditions both the humans and the environment.

*“Mental disorder prevention has as its target the reduction of symptoms and ultimately of mental disorders. It uses mental health promotion strategies as one of the means to achieve these goals. Mental health promotion when aiming to enhance positive mental health in the community may also have the*

*secondary outcome of decreasing the incidence of mental disorders” (cattan et.al 2006: 2).*

This explains that mental health is fundamental to quality life and promoting good mental health service enables people to achieve and have social cohesion, stability, peace, and productivity.

### **1.3 Planning mental health service**

When planning mental health care service, it's important to ensure that the activities and the treatment are well delivered to those in needs, whilst preventing inefficiencies and fragmentation in health procedure.

According to WHO a mental health plan must be formulated to implement the objectives and the vision which are defined in the policy.

The plan for mental health service must include the tangible tactics and activities that will be employed to tackle mental disorders and other associated disability, as well as identifying the objectives to be achieved by the government or the community (WHO, 2020).

The plan should also simplify the role of different stakeholders when implementing the activities and the objectives of the mental health which are targeted. It's also important for the country or the communities that want to mitigate the issue to integrate mental health into general health care; to know what the priority mental health problems are, the available resources to address the needs, and are the major needs (WHO, 2020).

### **1.4 Mental health in Somalia**

Somalia is one of those low-income countries that generally denies mental illness and, at some point, discriminates against people with mental illness. Things mostly considering hospitalization because of mental illness are highly stigmatized in the Somali tradition/culture (WHO, 2019).

According to the Somali culture and community, mental illness does not exist until someone is seriously ill and cannot take care of her/himself. For instance, the Somali people are more likely to seek

physical treatment than psychological or mental counseling.

Because of the community norms, people explain psychological symptoms in the form of physical illnesses, such as sweating, chest pain, being forgetful, mingled with nightmares, insomnia, and sleep deprivation (ibid).

Surprisingly, concepts such as “mental health” and “depression” do not exist in the Somalia language. In other words, there is no good transition of the word since its unknown in the Somalia community (Schuchman et al., 2004).

To achieve excellent mental health support, there is a need to educate the community and improve their knowledge about this subject. Thus, due to the long neglect of society, there are no many health care organizations that operate in the country.

As stated by (WHO 2019), there is some traditional mental health care in Somalia, which has not only poor quality but in different ways hinders recovery. The staff working there are not trained well and outdated, and the level of understanding and accepting the fundamental human rights of people with mental illness is extremely poor.

For example, it is prevalent for those with mental issues to be locked in a small room like a prison without contact with other humans. They are usually chained in their beds, not being capable of moving. This means that their inhumanity and mistreatment practices are common standard. Because of the community's perception of mental health, many people seeking care from outpatient and social care facilities are disempowered and experience general restrictions on their fundamental human rights.

Hence, to provide suitable mental health services, there has to be an understanding of physiology, biology, psychiatry, social issues, and psychology. In order to improve the mental health care within the community as a policy maker there is a need to establish a mental health plan for the country.

### **1.5 Mental health plan**

As a policy maker, I was first enforce human rights laws that meet the needs of those disempowered by the community's system and norms.

- Firstly, everyone has the right to mental health care support, and every individual in need has to be assured
  - There need to be respected for the rights of mental health service, family members, consumers, and other caregivers
  - Education the whole community to respect individual autonomy involving the freedom for one's own choice's and independence
  - Enforcing the law of no discrimination, to not discriminate people because of their disabilities
  - Empowering people with mental illness for full and efficient participation and inclusion
  - Rising awareness to educate people to respect and accept differences of persons with disabilities as part of human diversity and humanity
  - Equal opportunities for both women and men
  - Free accessibility
  - Making the government invest in mental health care in order to provide good treatment
  - Establishing many health care centers and employing counselors
  - Educating children from a young age that mental illness exists and that its necessary to seek to treatment
  - Creating discussion groups that raise awareness and how serious mental health issues are
- To generate a team consisting of professionals who have acquired the educational and clinical authorizations crucial to meet the standards of their corresponding profession (psychologists, psychiatrists, social workers, psychiatric nurses). Consequently, access to mental health services can be outlined as the prospect and ability to obtain and utilize services through communication with suitable caregivers substantially. Thus, increasing the number of professionals who possess the aptitude, ability, competence, and productivity to provide services. As mentioned previously, a community means a lot for individual and since the Somali community identifies mental health illness as a bad habit people tend to hide their issues which increases the illness in the country. There are a lot of things that needs to be done and it starts within the community if change will take a Place**

**Results Table 4.1 Age of respondents**

Age of respondents	Frequency	Percent
18-27	40	33.3
28-37	41	34.2
38-47	27	22.5
above 48	12	10.0
Total	120	100.0

Above table 4.1 indicates the majority of the respondents 41(34.2%) were aged between 28-37years, while 40(33.3%) were aged between 18-27years, followed by 27(22.5%) were aged between 38-47years and remaining 12(10.0%) were aged above 48years

**Results Table 4.2 Employment respondents**

Employment respondents
Professional staff
Un Employee
Factory worker
Agricultural and related workers
House wife
Total

This table 4.2 the employment shows of the majority of the respondents 40(33.3%) were professional staff, while 33(27.5%) un employee while, 15(12.5%) were factor worker, were 18(15.0%)were House wife, and remaining were 14(11.7%).

**Results 4.3 Gender of respondents**

Gender of respondents	Frequency	Percent
Male	65	54.2
Female	55	45.8
Total	120	100.0

Above table 4.3 indicates the majority of the respondents 65(54.2%) were male and remaining 55(45.8%) were female

Results Table 4.4 Do you seek mental health service when you are feeling mental problem condition?

Do you seek mental health service when you are feeling mental problem condition?	Frequency	Percent
Yes	63	52.5
No	57	47.5
Total	120	100.0

Above table 4.4 indicates the majority of the respondents 63(52.2%) replied they were seek mental health services when they felt mental problem and remaining 57(47.5%) replied they were not seek any mental health services

Results Table 4.5 Do you belief mental health is one leading causes of death among Somalis?

Do you belief mental health is one leading causes of death among Somalis?	Frequency	Percent
Yes	88	73.3
No	32	26.7
Total	120	100.0

Above table 4.5 indicates the majority of the respondents 88(73.3%) replied they belief mental health was one of the leading causes of death among Somalis and remaining 32(26.%) replied they did not belief mental health was one of the leading death.

**Results Table 4.6 Do you feel sometimes anxiety and depression?**

Do you feel sometimes anxiety and depression?	Frequency	Percent
Yes	74	61.7
No	46	38.3
Total	120	100.0

Above table 4.4 indicates the majority of the respondents 74(61.7%) answered they feel sometimes anxiety and depression and remaining 46(38.3%) answered they did not feel any anxiety and also depression

**Results Table 4.7 Do you aware Strengthening health systems to provide such interventions to your live?**

Do you aware Strengthening health systems to provide such interventions to your live?	Frequency	Percent
Yes	70	58.3
No	50	41.7
Total	120	100.0

Above table 4.7 indicates the majority of the respondents 70(58.3%) answered they knew Strengthening health systems to provide such interventions to your live and remaining 50(41.7%) answered they did not know Strengthening health systems to provide such interventions to your live

**Results 4.8 Do you take any medical drugs that use reduction of depression or anxiety that you feel sometimes?**

Do you take any medical drugs that use reduction of depression or anxiety that you feel sometimes?	Frequency	Percent
Yes	82	68.3
No	38	31.7
Total	120	100.0

Above table 4.8 indicates the majority of the respondents 82(68.3%) replied they took medical drugs that use reduction of depression or anxiety that and remaining 38(31.7%) replied they were not take any medical drugs that use reduction of depression or anxiety that.

**Results Table 4.9 Do you visit regular at mental health center near for your?**

Do you visit regular at mental health center near for your?	Frequency	Percent
Yes	65	54.2
No	55	45.8
Total	120	100.0

Above table 4.9 indicates the majority of the respondents 65(54.2%) answered visit regular at mental health center near for them and remaining 55(45.8%) answered they were not visit regular at mental health center near.



**Results Table 4.10 Does your country have a national suicide prevention strategy?**

Does your country have a national suicide prevention strategy?	Frequency	Percent
Yes	60	50.0
No	60	50.0
Total	120	100.0

Above table 4.10 shows the majority of respondents 60(50.0%) replied country have a national suicide prevention strategy and remaining 60(50.0%) replied country have not a national suicide prevention strategy.

**Conclusion of the study**

Socio-demographic factors related to the factors contributing to utilization of mental health care service among mental health patients showed that majority of respondents were aged between 28-37 years, other hand the majority of respondents were, according to their educational level the majority of respondents were primary school. According to seeking mental health service majority of participants were said that they seek mental health service when they feel mental problem condition, and majority of participants were said that they belief mental health is one of leading causes of death among Somalis, majority of participants were said that they have enough say in decisions about their care and treatment while others were haven't. According to psychiatrist behavior around two third of participants were said that the psychiatrist treat them with respect and dignity and around one third of participants were said that the psychiatrist didn't treat them with respect and dignity in other hand around two third of participants were said that they

haven't a say in decisions about the medication they take, while majority of participants were said that a member of their family or someone else close to them been given enough information from health and social services about their mental health problems.

**Recommendations**

The following things which recommended after data analyzed and concluded

- Somali Mental Health Centers receiving centers should work to enhance mental health care seekers' living conditions and provide them with increased access to mental healthcare treatments, including rehabilitative interventions to help mentally ill mental health care seekers manage their mental health while they await a decision. It's crucial to remember that mental health care seekers and refugees have mental health needs, including anxiety and depression.

- It's crucial to remember that mental health care seekers and refugees have mental health issues, such as a lack of or loss of family relationships., the Mental Health healthcare sectors should put in place adequate mental health rehabilitation measures.
- Policies that will aid the improvement and organization of mental health rehabilitation of mental health seekers and refugees are really needed in Somalia countries. A more precise psychological mental health screening should be done upon their arrival to the host country even if their access to mental health services is quite limited due to their mental health and well-being.
- In addition, I believe that should be integrated into the health services provided to asylum seekers in order to ensure that they have unrestricted access to high-quality mental health care and rehabilitation.

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