

SOCIOCULTURAL FACTORS AFFECTING MENTAL HEALTH SERVICE DELIVERY IN NEUROPSYCHIATRIC HOSPITAL, PORT HARCOURT, RIVERS STATE, NIGERIA.

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ABSTRACT

The study was conducted to find out the socio-cultural factors affecting the delivery of mental health services in Neuropsychiatric Hospital, Port Harcourt. Mental health care providers encounter in everyday practice a diversity in socio-cultural beliefs and practices of their consumers which quite often serve as barriers to their effective and efficient service delivery. 50 mental health care providers participated in the study; five hypotheses were tested using chi-square measure at the significance level of 0.05. The results showed that all the variables were significant indicating that socio-cultural factors affect the service delivery of mental health care providers. Hence, it is hereby recommended that clinicians must be well vast in the cultural diversities, to be culturally responsive to the needs of their consumers and be aware of their own cultures in order to provide culturally relevant services to their clients/patients and their relations.

KEYWORDS: belief system, culturally competent care, perception and environmental mastery, sociocultural factors.

INTRODUCTION

Hundreds of millions of people worldwide are affected by mental, behavioural, neurological and substance use disorders. Estimate by World Health Organization (2002), showed that 154 million people globally suffers from depression, 21 million from schizophrenia, 91 million from alcohol use disorders and another 15 million from drug use disorders.

The report further indicated 50 million suffering from migraine, 61 million from cerebrovascular disease and 18 million from neuroinfections. One in four patients visiting a health service centre has at least one mental, neurological or behavioral disorder, most of which are neither diagnosed nor treated.

The delivery of health care in any setting varies with the dominant culture resulting to different health care systems making comparison between the systems difficult.

Minas and Cohen (2007) argued that a major impediment to the achievement of focusing on the development of effective, appropriate, affordable and equitable mental health care delivery system is the lack of evidence for what kinds of mental health systems are appropriate and effective in varying political, social and economic contexts.

Ho, All and Bedford (2002), Ministry of Health (2004) and Nursing Council of New Zealand (2002) asserted that as population becomes more diverse, so is the need for the delivering of culturally competent and appropriate health care services becoming paramount.

The delivering of culturally competent care to clients is possible by understanding of client's cultural beliefs, interpretation of mental illness and wellbeing, their help-seeking patterns and choice of traditional alternative health practices. As the demands of the populations are increasing, if the number of trained health personnel do not meet these demands, there is every tendency of the people seeking help of faith healers as the first step thereby leading to a significant under-detection and long delay in medical help for those in need.

However to Sylvan (2009), mental health care is faced with several challenges and factors that affect its delivery. Factors such as finance, language, age, gender, personal and ethnic beliefs and geography which affect the choice of service delivery in any care setting.

Some other factors for noncompliance to therapeutic interventions include lack of understanding, access to treatment care and support networks. Therefore, cultural competence of the health care providers is essential in the provision of equitable access to appropriate and high quality care to the populace regardless of disparity between groups.

OBJECTIVE OF THE STUDY

The study aimed at identifying socio-cultural factors that affect the delivery of mental health care giving the varying cultural backgrounds of both the consumers and the providers of health care service. Therefore, the following are the outlined objectives:

- i. To identify the sociocultural factors affecting mental health care delivery and
- ii. To investigate the relationship between the associated variables and mental health care.

SIGNIFICANCE OF THE STUDY

The study focused on identifying the impact of sociocultural factors on mental health care which is to aid both the health policy makers and the health care providers in implementing measures to facilitate improved access to health care services so as to decrease the burden of mental illness on the society.

Also, it will help to improve the cultural knowledge base of the care providers in provision of holistic care to the mentally ill individuals from different cultural backgrounds.

HYPOTHESIS FOR THE STUDY

The following hypotheses were used for the study at the significance level of 0.05

- i. Belief system of the participants will not influence their mental health service delivery to the patients.
- ii. Social factors of the participants will influence their mental health service delivery to the patients.
- iii. Age of the participants will significantly affect their mental health service delivery to the patients.
- iv. Gender of the participants will significantly influence their mental health service delivery to the patients.
- v. Religion will not influence the participants' mental health service delivery to the patients.
- vi. The rank of the participants will not significantly influence their mental health service delivery.

LITERATURE REVIEW

Every society is associated with a given culture. Culture and society play a pivotal role in mental health, mental illness and mental health services. Understanding the wide-ranging roles of culture and society enable the mental health field to design and deliver services that are more responsive to the needs of even the least group in the populace. The prevalence of mental illness is increasing with the growing population and diversified cultures causing mental illness to become a part of the Global Burden for Disease.

Culture does not only apply to the patients but also the professionals who treat them. These health professionals are trained and to practice in western medicine, meaning that most clinicians share a worldview of interrelatedness between the minds, body and environment informed by knowledge acquired. When both consumers and providers especially of dissimilar cultural backgrounds meet, it could lead to barriers of effective care.

The culture of the clinician and the larger health care system govern the societal response to a patient with mental illness which influences many aspects of the service delivery. Just as culture shapes a patient's mental health and service use, it also affects the care providers and the service system, with relation to diagnosis, treatment and the organization and financing of services, hence cultural differences must be accounted for, to ensure that all receive mental health care tailored to their needs (Tse, Bhui & Thapliyal, 2005).

Culture influences the diagnosis and treatment of mental disorders. However, there's tremendous cultural variability among groups and heterogeneity within groups causing different effects, depending on the individual's degree of acculturation, socio - economic status and immigration status. Sherer (2002) identified key cultural factors of mental health service delivery as age, gender, level of acculturation or culture of orientation, ethnic culture, belief systems and language.

The consideration of the client's belief system either naturalistic or personalistic on his health and the ability of using this knowledge by the service provider will lead to a considerable therapeutic outcome of a culturally sensitive care.

It is important that in the delivery of a culturally sensitive care, understanding of clients' cultural explanation of his behaviour and appearance aids the provider of such service in establishing therapeutic alliance, identify patient's symptoms and develop treatment plan which is enhanced by understanding of his own belief system.

To provide culturally safe and effective care, the nurse needs to understand the potential variations in who, what and when of seeking care. The nurse needs to determine what behaviours, feelings or states would be abnormal depending on subgroup, at what point or in what circumstances the individual will seek care and from whom care will be sought and what care or treatment will be acceptable.

Edelman and Mandle (2002) identified some cultural barriers that prevent the delivery or receiving of appropriate care including: Mistrust and fear of treatment, alternative ideas about what constitutes illness and health, language barriers and ineffective communication, access barriers such as inadequate coverage and lack of diversity in mental health workforce

But six criteria of mental health across the diversified cultural backgrounds are essential, these are: positive attitude towards self, growth, development and self-actualization, integration, autonomy, reality, perception and environmental mastery.

CONCEPTUAL FRAMEWORK

Camphincta-Bacote (2003) proposed the cultural competent model of care which viewed cultural awareness, cultural knowledge, cultural skills and cultural encounter as parts of cultural competence. The health care providers in the varying cultural setting of health care facilities must be able to identify their culture as different from their clients and put into actions, skills that when faced with diversities of culture can be able to proffer a sensitive care to mental health problems without stereotyping the individuals.

It is therefore important to note here that since culture determines the health seeking behaviour and inter-relationship between a client and his care provider which may either positively or negatively influence the quality of services rendered, cultural biases will be erased from the delivery of mental health services in spite of the cultural diversities and associated factors.

This can only be achieved when the practitioners view themselves as ongoing learners, developing communication skills and self-reflection. By this model, practitioners are able to build confidence in quality care-giving based on clients' needs and distinctive cultural features.

METHODOLOGY

The study was conducted at Neuropsychiatric Hospital, Rumuigbo, Portharcourt, Rivers State, Nigeria. The hospital is located in Obio-Akpo Local Government Area of Rivers state, it is the only government owned Neuropsychiatric Hospital serving both Rivers and Bayelsa States and surrounding states; well-equipped as par personnel and materials. It is a specialist centre as well as a referral centre.

STUDY DESIGN

The researchers used a descriptive survey design to examine the sociocultural factors that affect the delivering of mental health care service in the Neuropsychiatric Hospital, Rumuigbo, Port Harcourt, Rivers state.

POPULATION OF THE STUDY

The population consisted of all personnel in the hospital such as psychiatrists, psychiatric nurses, social workers, substance abuse counsellors, case workers, general nurses and midwives, psychologists, activity therapists and clinical therapists.

SAMPLING AND SAMPLING TECHNIQUE

The sample size consisted of 50 health care personnel in the different units, wards and departments of the hospital that had experience or contacts with the mentally ill individuals in the course of rendering professional services.

The sampling technique adopted for the study was a convenient sampling of 50 respondents that were selected by balloting of 'Yes or No' responses at the time of conducting the study but throughout all the unit, wards and departments.

INSTRUMENT FOR DATA COLLECTION

The instrument used for the study was a self-structured questionnaire that consisted of three sections; A, B and C. Section A was made up of six (6) items to elicit demographic data; Section B, eight (8) items focused on the main variable of the study while Section C had six (6) items on the barriers to effective modern mental health service delivery.

METHOD OF DATA COLLECTION

The questionnaire, a 20-item Likert scale was administered to the target population after official permission was granted by the hospital authority through the ethical committee. The researchers gave questionnaires to the fifty (50) workers that picked 'yes' ballots, each respondent was allowed to complete the questionnaire within 20 minutes. Prior to the administration of the questionnaire, the purpose of the study was explained to all participants and their consent obtained. They were also assured that all information would be treated as confidential and used only for research purposes. Anonymity was maintained by not using names of the participants and after completion, they were appreciated.

METHOD OF DATA ANALYSIS

In analyzing the data, simple percentages and Pearson's Chi-square test were used.

RESULTS

A total of 50 questionnaires were administered to the respondents and all were properly filled and returned giving a response rate of 100%.

Table 1: Demographic characteristics of the respondents

Variable	f	%
Gender		
Male	22	44.0
Female	28	56.0
Age		
26-30	9	18.0
31-35	10	20.0
36-40	12	24.0
41 and above	19	38.0
Marital Status		
Single	15	30.0
Married	35	70.0
Religion		
Christianity	42	84.0
Islam	8	16.0
Rank		
Lower Level	12	24.0
Higher level	38	76.0
Years of Experience		
Below 5	6	12.0
5-9	6	12.0
10-14	12	24.0
15-19	10	20.0
20-24	4	8.0
25-29	8	16.0
30 and above	4	8.0

Table 2 : Chi-square testing of the Hypothesis.

Variable Category		Responses										df	X ²	Remark	
		SA f %	A f %	SD f %	D % f	U % f	X ² % f								
Belief system															
1.	Mental illness is caused by spells and witchcraft	1 2.0	24 48.0	10 20.0	15 30.0	0 0.0	18.02	5 10.0						**S	
2.	Mental illness is common to a specific race or tribe	0 0.0	1 2.0	19 38.0	28 56.0	2 4.0		5							
3.	Mental illness does not have a cure	0 0.0	3 6.0	27 54.0	14 28.0	6 12.0									
4.	Culture influences the mental health of its people	7 14.0	28 56.0	2 4.0	10 20.0	3 6.0									
5.	Patients with mental illness are meant to roam the street	0 0.0	2 4.0	25 50.0	23 46.0	0 0.0									
6.	The mentally ill patients do not need medical care and attention	1 2.0	5 10.0	23 46.0	21 42.0	0 0.0									
Social factor															
1.	Poor support system affects mental health delivery	17 34	30 60.0	1 2.0	2 4.0	0 0.0	7.82	4 5.29						*S	
2.	Educational status attached to mentally ill affects service delivery	12 4.0	25 50.0	2 4.0	7 14.0	2 8.0									
3.	Income will affect the choice of mental health service	11 2.0	32 64.0	2 4.0	2 4.0	2 6.0									
4.	Social stigma can affect mental health services	17	25 54.0	2 4.0	2 4.0	2 4.0									
5.	Government health policies can affect mental health service	34.0	27 54.0	5 10.0	5 10.0	1 2.0									

<i>Age</i>								
26-30	9	18.0				12.03	3	3.21 *S
31-35	10	20.0						
36-40	12	24.0						
41 and above		38.0						
	19							
<i>Gender</i>								
Male	22	44.0				11.98	1	2.53 *S
Female	28	56.0						
<i>Religion</i>								
Christianity	42	84.0				13.56	1	5.68 *S
Islam	8	16.0						
<i>Rank</i>								
Lower Level	12	24.0				22.49	1	3.71 *S
Higher Level	38	76.0						

Socio-demographic characteristics of the participants as contained in Table 1 showed that 28 (56%) were females as majority and 22 (44%) were males. 9 (18%) were aged between 26 and 30 years, 10 (20%) were between 31 and 35 years, 12 (24%) were between 36 and 40 and 19 (38%) were 41 years and above respectively.

Their marital status showed that 15 (30%) were singles and 35 (70%) were married. By their religious distribution; 42 (84%) were Christians and 8 (16%) were Moslems. In rank, 12 (24%) were of lower level while 38 (76%) were of higher level. As par their years of experience, 6 (12%) were below five years, 6 (12%) had between 5 and 9 years, 12 (24%) had between 10 and 14 years, 10 (20%) had between 15 and 19 years, 4 (8%) had between 20 and 24 years, 8 (16%) had between 25 and 29 years while 4 (8%) had working experience of 30 years and above respectively.

HYPOTHESIS TESTING

Hypothesis 1

The result of chi-square test in Table 2 showed that the belief system of the participants made significant influence in their mental health service delivery as computed chi-square (18.02) is greater than chi-square table (10.05) Cal $X^2 = 18.02$; tab $X^2 = 10.05$; at $P > 0.05$. Hence, the hypothesis was rejected.

Hypothesis 2

Cal. X^2 value (7.82) is greater than Table X^2 value (5.29) at a 0.05 significance level. This indicates that social factors are significant to influence the participants' mental health service delivery to the patient. i.e. $X^2 - \text{calculated} = 7.82$; $X^2 - \text{tab} = 5.29$; $P > 0.05$. Therefore, the hypothesis was accepted.

Hypothesis 3

A comparison of $X^2 - \text{computed}$ value of 12.03 is greater than $X^2 - \text{table}$ value of 3.21 at significant level of 0.05 indicating that age makes significant influence on the participants' rendering mental health service delivery to the patients ($X^2 - \text{computed} = 12.03$; $X^2 - \text{tab} = 3.21$; $P > 0.05$). Hence, the null hypothesis was rejected.

Hypothesis 4

The results of the hypothesis showed that calculated X^2 value (11.98) was greater than table X^2 value (2.53) at 0.05 significant level. This showed that gender is significantly related to mental health service delivery to the patients so the hypothesis was accepted. (i.e. Cal $X^2 = 11.98$; Tab $X^2 = 2.53$; $P > 0.05$)

Hypothesis 5

Table 2 showed that Cal. X^2 value (13.56) is greater than Table X^2 value (5.68) at the significance level of 0.05, indicating that religion is significant to mental health service delivery of the participants. Therefore, the null hypothesis was rejected (Cal. $X^2 = 13.56$; Tab $X^2 = 5.68$; $P > 0.05$)

Hypothesis 6

The result of the hypothesis indicated that Cal. X^2 value (22.49) is greater than tab. X^2 value (3.71) at significance level of 0.05. The result showed that there existed a significant influence of the rank of the participants on their mental health service delivery. Hence, the null hypothesis was rejected (Cal. $X^2 = 22.49$; Tab $X^2 = 3.71$; $P > 0.05$)

DISCUSSION

The study showed that socio-cultural factors are significant to the mental health service delivery of the participants in the study. Despite the knowledge base of the respondents, their cultural values still reflect on their attitudes towards their care of the mentally ill and that mental health is being shaped by culture and the notion of illness which is shaped by culture and the notion of illness which is in conformity with Nzewi (1989) where he noted that witchcraft, sorcery, spells and spirits can lead to mental illness although, Gigho (2003) reported that a belief system that is adaptive can enhance the well-being of its people.

This study further revealed that certain factors like religion, gender and rank of the individual mental health service provider affect the service rendered. It was discovered that higher Chi-square values were observed as to the effect of support network which could hamper or enhance service delivery which further confirmed the study of Prince and Prince (2002) where they identified that a strong support network significantly improved an

effective service delivery.

Income as a social factor was observed to affect the mental health service delivery of the participants which is attributed to economic cost as where the service delivery cost is on the high side, the services will be left to those that can afford it as the availability and affordability of resources at ones' disposal will determine the utilization of mental health service as middle or upper level clients would want to go for superior health care institutions (Iwundu, 2004).

Social stigma and government health policies were also identified as part of social factors affecting the quality of mental health service rendered.

Yamada and Brekke (2009) also asserted that researchers have documented a reduced quality of care and poorer outcomes when the impact of socio-cultural factors or treatment of mental illness.

Carrillo, Green and Betancourt (1999) were of the view that if mental health service delivery must be effective and efficient, several key socio-cultural issues that are relevant to the provision of cultural responsive services must be considered.

These include; salience of family and social support, importance of religion or spirituality, stress of migration, barriers of language or literacy and impact of socio-economic factors on independent living and functioning.

Bernal and Saez-Santiago (2006), Hwang, Myers, Abe-Kim and Ting (2008) and Lopez and Guarnaccia (2005) asserted that there are many ways that socio-cultural issues affect the provision of mental health services such as socio-cultural issues affecting consumers' preference for setting and for achieving treatment goals and outcomes. Ethnic disparities in service use vary in accordance to the responsiveness of mental health services to the socio-cultural needs of ethnic minorities (USDHHS, 2001; Snowden & Hu, 1997).

Individualized services have been linked to better treatment outcomes (Arns & Linney, 1995, Test, 1981). Socio-cultural differences between the provider and customer may also be associated with systematic biases and misunderstandings by providers who are not aware of applicable socio-cultural issues have an adverse effect on the interaction between providers and consumers (Betancourt & Maina, 2007; Takeuchi, Sue & Yeh, 1995). And no doubt these misunderstandings reflect differences in socio-cultural values that impair the development of trust and undermine the treatment relationship.

IMPLICATION OF STUDY TO NURSING PROFESSION

Since the health workers and the patients are members of the society having relatively the same cultural backgrounds which determine the rendering and consuming of health care service can negatively or positively affect the quality of care.

Therefore, it is imperative for the health care providers to take into cognizance these socio-cultural factors while assessing the clients as well as providing health service for them and that of the health workers' culture also. Hence, the health workers are to encourage good support networks as an understanding of clients' belief system, social factors and level of acculturation so as to minimize cultural biases in treatment modalities.

The nurse and other health care providers should be culturally sensitive and must receive appropriate education and training to acquire relevant knowledge, effectively and efficiently in a cultural diversified setting.

RECOMMENDATIONS

The following recommendations are made by the researchers based on the findings:

- Clinicians must perceive cultural competence as a distinct set of skills.
- There must be adequate research on cultural competence training for the clinicians.
- Mental health care providers need to be educated in culturally responsive practices.
- Providers must have an awareness of their own culture in order to provide culturally relevant services to their patients/ clients.
- Socio-cultural issues affect the effectiveness of communication between providers and consumers, so providers must adopt proper communication style that will establish relational bond between the consumers and them (providers).

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