Research Paper

Factors Associated with Delayed Mental Healthcare Services for Adult Psychiatric Patients at Sally Mugabe Psychiatric Hospital in Zimbabwe

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ABSTRACT : *The study focused on factors associated with delayed mental healthcare services for adult psychiatric patients at Sally Mugabe Psychiatric Hospital. The target population used was of patients with mental disorders being attended to at Sally Mugabe Psychiatric Hospital. The study used qualitative research method which enables the researcher and the participants to jointly collaborate to interrogate the existing meaning behind the factors associated with delayed mental healthcare services for adult psychiatric patients. Purposive sampling method was used in the study. The study found out that older adults who delayed seeking mental health services were from high density suburbs and have encountered tragic events in their lives. The study showed that clients had to first seek help from traditional healers and faith healers before they come for medical treatment. Moreover, the study showed clients who do not have good relationships with relatives, friends and the community due to unpredictable behaviors delayed in seeking medical help. Therefore, the study recommends that there is a need for general population awareness of mental illness causes, signs and symptoms and psychological interventions which are available, as well as all psychiatric services that are available in the healthcare system.*

I.   INTRODUCTION

Delaying in seeking for mental healthcare for adult psychiatric patients is a challenge as it defeats the sustainable development goals of 2015 by United Nations, which focuses on eradication of mental illness, drug abuse and HIV/AIDS infection [1]. An improved understanding of factors associated with delayed diagnosis would inform the development of strategies to reduce them [2]. Unpublished statistics in Records Department at Sally Mugabe Psychiatric Hospital indicate a rise in patients who are visiting the Psychiatric Hospital. In 2021 a total of 6389 patients were attended to, 1033 were new cases and 345 patients were admitted. In 2022 a total of 7796 patients were attended to, 2076 were new cases, 433 were admitted hence there is a rise of cases as well as number of admissions. Among these patients 3 in 5 patients had visible bruises or injuries or a complaint of being harassed by people who had brought him or her to the hospital. Hence bruises were sustained from mishandling by unprofessional individuals from the community. Mental illness has no abrupt onset, however, there are behavioral changes which an individual starts to portray before an acute phase or onset. Dr Austin Lin stated that 60% of people with a diagnosable mental health condition don't get treatment, while on the other hand they would not think twice about seeing a doctor for a broken bone or a fever [5].

Several international studies have attempted to quantify the average time to a diagnosis and explore potential factors involved in delayed diagnosis and treatment after the initial symptom of onset among those with mood and / or anxiety disorders [15].

There are approximately 16 million patients with severe mental disorders in China [7]. In terms of social and family factors, low mental health literacy of family members, lack of social support and financial support are also factors that affect delayed diagnosis [8]. In a report of severe mental disorder (SMD) patients in

Vietnam, economy, age and the adjustment of national community mental health policy also have an impact on delayed diagnosis [9].

Other studies found that age and sex were associated with the delay [10]. Other factors, such as financial burden on family members with SMD were a factor [10]. Although all countries have made progress in mental health work, in some developing countries, there is a general shortage of mental health professionals [11]. There is still a widespread phenomenon of low understanding of mental health and high stigmatization of mental illness in the society [12].

Despite the recognition of psychiatric disorders as a major cause of impairment in children and adolescents, with lasting effects and burden for caregivers, mental health is still neglected [13]. In addition, many social consequences are associated with early onset of untreated mental disorder, including school failure, teenage pregnancy, marital violence and inability to maintain employment and / or relationships. Countries like Zimbabwe in Africa and regionally are experiencing the problem of brain drain especially for those trained psychiatric nurses and then problems come in on the healthcare services provided thereof. Lund establishes that mental health research has been historically neglected on Africa's health and development policy agendas and this trend is often compounded by three main factors: ignorance about the extent of mental health problems, stigma and misinformed beliefs or misconceptions. In many low and middle-income countries, the high cost of psychiatric treatment, often due to high medication prices, poses significant financial barriers to patient care [18].

Zimbabwe's mental health care system has several apparent strengths and challenges according to the World Bank. In one study, approximately 75% of people seeking mental health care in Harare consulted both traditional and biomedical care providers. Several studies have documented the physical, psychological, emotional, social and financial burdens of caring for family members with mental health issues [14].

The researcher was working with adult psychiatric patients daily at Sally Mugabe Psychiatric Hospital in Harare. The researcher realized that there was a delay in seeking for mental healthcare services for adult psychiatric patients. Over time, the researcher observed that the number of patients, especially those with inorganic and organic psychotic disorders, was increasing, which showed that there is a delay in seeking mental healthcare services.

Lately seeking medical assistance from adult psychiatric patients has seen a rise in mental disorders, suicide and deaths in the local communities. Delayed mental healthcare services for adult psychiatric patients were a problem as indicated that factors associated with delays were demographic, sociocultural, socioeconomic and the institutional factors which are the main causes of delays in seeking for mental health care services according to Roy's Adaptation Model Theory of 1976. Despite all the government efforts to improve mental healthcare services by offering free services for mental health issues, building of rehabilitation center for substance abuse patients, creation of old people's homes to cater for their psychological well-being and the road shows for prevention and control methods and holistic approach to health problems, delay is continuing. Thus, this study focused on exploring factors associated with delayed mental healthcare services for adult psychiatric patients and the challenges faced by public healthcare systems.

The overall purpose of the study was to investigate the factors associated with delay in seeking mental healthcare services for adult psychiatric patients at Sally Mugabe Psychiatric Hospital.

II.   METHODOLOGY

This study utilized a qualitative research approach which provided abundant data about real life situations. The researcher used multiple case studies to avoid errors and strengthen trustworthy of the results.

Study Setting

The study was carried out at Sally Mugabe Psychiatric Hospital in Harare, Zimbabwe. The psychiatric hospital is the only one tertiary referral psychiatric hospital in Harare, Zimbabwe serving the public after closure of Parirenyatwa Group of Hospitals' Annex Psychiatric Hospital for renovations. By using this study site, it was therefore easy to capture intended participants with the intended attributes who came from different parts of the country as referrals.

Sampling and data collection

The target population was all the patients with mental health disorders and their caregivers being attended to at Sally Mugabe Psychiatric Hospital in Harare, Zimbabwe during the period of the study. Some of the patients came from peri-urban areas surrounding Harare like Seke in Chitungwiza and some from rural areas closer to Harare like Mhondoro. In this study the target population was the caregivers of psychiatric patients being attended to who were between the ages of 18 years up to 45 years being attended to at Sally Mugabe Psychiatric Hospital with mental health disorders or problems during the period of the study.

The researcher chose a total number of 10 participants, who were selected on the basis that it was their first time seeking mental healthcare treatment. A sample was drawn from this aggregate number of caregivers to patients or patients who are attended to Sally Mugabe Psychiatric Hospital for mental healthcare treatment. Purposive sampling was used as a tool for participant selection. The researcher used an interview guide to obtain an in-depth detail about a phenomenon of interest.

The researcher sought permission to collect data from Sally Mugabe Central Hospital Research Committee by presenting the documents that authorized the researcher to carry out the study. The researcher applied for clearance by Ministry of Health and Childcare Permanent Secretary through the Research Council. Permission to do the study was also sought from The Medical Research Council of Zimbabwe.

The researcher used the case study approach. A case study to obtain an in-depth study of factors associated with delays in seeking mental healthcare services by adults' psychiatric patients was done. Audio recordings were done to capture the entire interview. However, recording timeframe of 20-30 minutes was observed by the researcher. Conducting interviews was part of data collection procedure in addition to history taking, health assessment, and other healthcare records. The researcher collected data from the selected participants until the researcher gets the information from the participants about what caused them to delay in seeking for mental healthcare until getting to data saturation.

Guided interviews were conducted to obtain data from the target population. The researcher used discourse analysis where the data that was collected from the participants was coded, themed and sub-themed. Verbatim quotations from participants were presented in italics to distinguish them from the researcher's narrative. The data was analyzed relating to the research questions and objectives from the themes created. Data analysis was an important factor to evaluate the meaning of results.

III. RESULTS

The coding method used by the researcher was in form of letters with a number for interview participants. N-1 to N-10 was used to represent the participants who met the screening criteria and presentation of data used themes and sub-themes.

Gender was balanced among the interviewees with 5 females and 5 males. The age groups indicated that the participants from 31-45 years were 8 followed by those ranging 18-30 years who were 2 and they all delayed seeking mental healthcare services. Majority, 6 out of 10 participants were staying with their family followed by 4 out of 10 who stayed with grandparents. In terms of their level education, the majority, 8 of the participants reached secondary level followed by 2 who ended at primary level. 7 of the participants indicated that they come from high density suburbs, followed by 1 from middle density and 2 who came out of Harare.

In this study, there were three themes which are demographic factors, sociocultural factors and institutional factors associated with delays in seeking mental healthcare services for adult psychiatric participants.

Theme: Demographic factors

This theme was subdivided into 4 sub-themes which fully describe the factors associated with delay in seeking mental healthcare service in detail.

These themes came up with sub-sub-themes which included income, number of dependents, number of people depends on one's earnings and lastly, encounter of stressful events.

Sub-theme: Income

In the sub-theme of income, in which most of the people showed that they do not have income for them to survive and that leads them to be unable to seek treatment due to lack of finance. Instead, they rely on seeking help from faith healers where they do not pay. Income is the major point which is causing them to be unable to procure medication for the participants. N-6 said, "*My income is very low savings range from $4-$5 per day hence it is very difficult for me to save as I have three more dependents.*" N-5 posited that "*My daily serving is about $3.50 per day.*" It has been seen that the income savings for most caregivers were $1-10 which was very low, and it was difficult for them to survive and even to go to hospital because the consultation fees for local clinics and institutions ranged from 5 USD to 12 USD at the prevailing bank rate. N-4 stated that "*Incomes are very low and unable to feed the dependents and buy medication*". N -1 postulated that "*We can hardly get enough food to eat with the family*"

Sub-theme: Number of dependents

Majority of the adult psychiatric participants who came in to seek treatment do not have dependents. Their relatives strive to improve their upkeep. In the interview N-10 stated that she had four dependents whom she stayed with, and they relied on her savings. N-8 concur the same sentiments with her colleagues when she

said, "*I have a family of three who are my dependents, and I am taking care of my brother*". N-9 stated that he had two people who are dependent on his savings.

Sub-theme: Number of people depending on your earning.
The results showed that more than half of the participants had a lot of people depending on their earnings for both food, fees and rentals while others need some money for medication and treatment. Although, some of the participants do not have more people who depend on their earnings. N-10 said, "*If the patient had more dependents more stress and burden was going to be on me.*"

Sub-theme: Encounter any stressful events.
One of the sub-themes which played a pivotal role in this research was the encounter of any stressful events and 5 participants indicated that after the death of a relative, loss of jobs, abuses and neglect they encountered this. N-7 posited that she was stressed about her mother who was divorced 10 years ago, and she has been looking after her with his brother alone. Their relatives were not supportive at all, and she doesn't show them love, and she wanted to kill herself. N-4 said "*The client was raped and got pregnant. She dropped from school after the parents noticed that she was pregnant.*" N-9 stated that, "*He started drinking alcohol and smoke marijuana after he had lost his job*".

Theme: Sociocultural factors
The theme was there to answer the research questions "What are the factors leading to the delayed in seeking mental healthcare services? The researcher came up with four sub-themes in the sociocultural factors. The sub-themes are physical illness, relationship with others, relatives and community, encountered any tragic event and your take when helped by traditional healers.

Sub-theme: Any physical illness?
During the interviews it was noted that the delay in seeking mental healthcare services by adult psychiatric participants was being affected by physical illnesses and participants had other physical illnesses like epilepsy which needed great attention. On the other hand, people had a strong belief that it was caused by evil spirits, and they used faith healers to manage the condition. In some cases, sexually transmitted infections have a major impact on mental health. N-2 stated that the client had sexually transmitted infections which he was shy to be treated for and that mainly affected him. N-6 stated that "*The client had frequent headaches since 2012 and did not seek treatment*" Seven participants in this study indicated that the patients do not have any physical illness (70 %) and three participants had physical illness (30%).

Sub-theme: Relationship with others, relatives and community
Participants have strained relationships with their relatives and even in the community they are living in. Most of the participants had their relationships with others strained because of the behavior they portrayed, as they became violent and sometimes isolated themselves from the relatives and the community. Two were friendly to their relatives and even in society. N-4 stated that, "*The participant is not friendly she cannot even socialize with family members.*" N-3 posited that, "*He is friendly but can be violent at times.*" N-8 said, "*She accused relatives on doing witchcraft, using her for their rituals to have money*".

Sub-theme: Encountered any tragic event
According to this discourse and to marry the two, mental health illnesses and delay for seeking healthcare services for adult psychiatric patients and the encounter of any tragic events, 7 of the participants indicated that the participant had once encountered a tragic event which led them to have a psychiatric condition like being raped, loss of a job / family member, abuse and neglect. N-6 posited that "*Mental illness started after losing a sister and a well-paying job*". N-4 stated that, "*She was sexually abused when she was 15years.*"

Sub-theme: Your take when helped by traditional healers.
Under this theme about 60% of the key informants stated that their condition was medical but also believed in God and it needed church's intervention and traditional healers to help them. Hence, they were comfortable in following what they believed in. N-7 stated that "*Family went to the traditional healer and did not agree with their meaning, but church members are supportive and encourage us to stay positive and believe in God*".

Theme: Institutional factors
The researcher came up with four sub-themes in the institutional factors. The sub-themes are distance from a healthcare center, problems in reaching a health facility, quality of services rendered by healthcare workers and attitudes towards condition.

Sub-theme: Distance from a healthcare center

Majority of caregivers stated that they travelled a short distance to the healthcare center. N-3 posited that they were closer to a health care center. N-5 stated that "*Not far, it's a walking distance*". As stated, that majority (7) are close to the healthcare center, they usually travel 1-2 kilometers from their homestead, and they are within the Alma Ata declaration of 10-kilometer radius. 3 patients stay far away from the healthcare center. N-1 cited that, "*I stay far away from a healthcare center in resettlement area*".

Sub-theme: Problems in reaching a healthcare facility

Under the institutional factors there was a sub-theme which stated problems in reaching a healthcare facility. Most thus, seven (70%) of the caregivers stated that they do not have any problems in reaching a healthcare facility except a few. N-4 posited that, "*No, they do not have problems in reaching healthcare center*". N-3 stated that, "*There are no problems reaching a healthcare facility*". One of the caregivers said they had challenges in reaching a health facility as patient had difficulties in walking as well as financial constraints to hire a cab to the health center, thence, the patient became violent at times which made it difficult to use the public transport systems.

Sub-theme: Quality of services rendered by healthcare workers.

It had been declared that great quality services and care were being rendered by healthcare workers at Sally Mugabe Psychiatric Hospital. They showed that they are helpful and have good interpersonal relationships with their patients. N-1 posited that, "*All health personal were very helpful and assisted timeously and effectively and we really appreciate*". N-4 stated that, "*They offer quality services, and they show concern*".

Sub-theme: Attitudes towards your condition

In this sub-theme the researcher had indicated the attitude of healthcare workers towards the condition of the patients. N-5 stated that, "*It differs, some have bad attitude towards the condition, and some are good*" N-8 posited that, "*They are friendly and helpful*". N-3 indicated that patients and relatives are grateful to the healthcare workers. N-6 posited that, "*They are good motivators, encouragers, and they also teach us to be strong and to seek psychological support as early as possible in health institutions to prevent complications*". N=7 stated that, "*Healthcare workers are good to the patients, and they are supportive and encouraging*"

IV. DISCUSSION

The presented study aimed to explore factors associated with delay in seeking mental healthcare services for adult psychiatric patients. 80% of the patients who delayed seeking mental health services are of age group between 31-45 years and 70% are of low-income status and live in high-density suburbs. This conquers with a study done in Egypt which found out that older adults, with low socioeconomic status and less psychological / financial resources for coping with stress tend to experience high levels of psychological distress and a low subjective well-being and seeking treatment becomes difficult. Nevertheless, there is no specific evidence on the correlation between age groups and seeking psychiatric help. On the other hand, some studies shared that older adults possess a negative attitude towards psychiatric help and others totally revealed the opposite. Thus, further investigation needs to be done to identify the effect of age, which may depend on knowledge and cultural contexts.

The study showed that 70% of the clients who had delayed seeking mental health services had encountered tragic events in their lives, this conquers with a study that was done in Rwanda. In Rwanda, they found that the trauma caused by civil war and even anything affecting the humans becomes also a contributing factor to mental illness. There is no communication on disasters that happened and victims do not seek mental health advice or even treatment, hence thus delaying seeking mental healthcare.

The study showed that 60% of clients had first sort for help from traditional healers and faith healers and Kajawu in Zimbabwe had similar findings that showed that people consult African traditional healers, Christian- faith healers and Islamic faith healers [19]. There are many places throughout the country where faith healers practice and deliver services to participants with psychiatric disorders and studied done in Zimbabwe shared the same sentiments. The community culture might affect intentions of seeking assistance and set an example that spiritual diagnosis and clergy treatments may also be a reason for medical help seeking delays.

Turning to other reasons for delay in seeking mental health services, the study showed 80% of clients who do not have good relationships with their relatives, friends and the community due to unpredictable behaviors also tend to delay seeking healthcare. Studies have established that patients with mental disorders mistrusted the healthcare providers, experienced barriers like stigma related to their mental disorders and experienced socio-cultural misunderstandings and hence resisted therapies resulting in them having difficulties in access and utilization of mental healthcare services.

The study showed that 60% of the clients are nearer to a health care facility which was between 1-2 kilometers away as recommended by the Alma-Alta declaration. However, the question lies in the utilization of these facilities. This emphasizes how crucial was psychoeducation / health education regarding early identification of signs and symptoms of mental illness and importance of psychological first aid.

Limitations

Participants, due to cultural practices which involve some sensitive personal and family issues, were not fully open. Additionally, there were no accessible incentives.

Recommendations

Increase the general population's awareness of mental illness causes, signs and symptoms and psychological interventions which are available at psychiatric healthcare facilities and inform participants about psychiatric services that are available in the healthcare system. Psychological first aid initiated at a point of entry of healthcare delivery system may help. This could be done through national campaigns in communities, schools, universities to endorse the importance of early consultation in all health care centers. Campaigns against stigma must be enhanced to develop a positive attitude in these participants towards seeking mental health care services.

AUTHOR DISCLOSURE

The authors declare that there is no conflict of interest arising from this publication

V.   CONCLUSION

Delayed utilization of mental healthcare services among adult psychiatric patients at Sally Mugabe Psychiatric Hospital is largely influenced by low socioeconomic status, sociocultural beliefs, traumatic life events, and limited mental health literacy. Reliance on traditional and faith healers, stigma, strained social relationships, and delayed recognition of symptoms contribute significantly to late presentation. Strengthening community mental health awareness, psychoeducation, and early intervention strategies is therefore critical to reducing delays and improving mental health outcomes in Zimbabwe.

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