

Surbhi Task 3

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INTRODUCTION

“Mental health incorporates our emotional, psychological and social well-being. It impacts how we think, feel, and act”. (mentalhealth.gov, n.d.) It furthermore adopts to handle pressure, recognize with others, and settle on choices. Emotional well-being is important at each point of life, from youth and adolescence till maturity. Mental health vigorously impacts our quality of life. So, it bodes well that mental health, much the same as physical wellbeing, should be dealt with and maintained.

STUDY BACKGROUND

Countries across globe are encountering a critical 'treatment gap' in mental health care. Individuals with mental ailments do not generally get proper cure because of scope of individual and physical issues, with stigma and destitution.

In worldwide, one out of five individuals encounter a mental health issue in their life so it is a major concern for all the countries.

This study centers explicitly around demand and access to care, and aims to recognize barriers and possible solutions for contacting individuals with priority mental disorders.

TITLE: BARRIERS OR CHALLENGES TO ACCESSING MENTAL HEALTH SERVICES

OBJECTIVE: TO REVIEW AND COMPARE STUDIES TO EMPHASISE ON THE BARRIERS OR CHALLENGES TO ACCESSING MENTAL HEALTH SYSTEM IN DIFFERENT COUNTRIES.

Research design: literature review-based study

Key words: mental health, services, systems, barriers, access, challenges, integrated care, policy and systems, governances.

Time period: 2014-2018

CRITERION SELECTION

Search strategy

The search strategy here involves online publications and journal articles related to mental illness, burden of mental health illness, funding of mental health facilities, personnel, governance, and conveyance of mental health services.

Study selection

Appropriate studies were selected by abstract and title screening.

Inclusion criteria:

The articles included in the study were restricted to those issued in English within 10 years.

The journal articles with different geographical location focusing on their mental health structure (barriers and challenges to accessing mental health services) was included.

Exclusion criteria:

The study omitted articles that do not focus on the parameters of interest.

Articles published before 2010 were also excluded.

RESULT: The 5 articles selected were based on geographic distribution across the globe. The studies the various barriers and challenges to accessing mental health services as well as health system factors contributing to these barriers.

The parameters considered where objectives of the study, research method, location of the study, participation, exclusion and inclusion criteria.

AUTHOR	COUNTRY	OBJECTIVES	METHODOLOGY	TIME HORIZON
NagendraLuitel, Natassia F Brenman, Sumaya Mall, Mark J D Jordans	Nepal	The aim of the study is to update development of the "PRIME (Programme for Improving Mental Health Care) It emphasizes especially on matters of demand and access to care, and aims to recognize barriers and possible solutions for individuals with mental disorders". (Natassia F Brenman, 2014)	Qualitative study	
Akiko Kanehara, Norito Kawakami, Maki Umeda, Akiko Kanehara, and on behalf	Japan	The aim of the study it to identify "late access to, and explanations for dropping out from mental	"An interview survey was conducted with a random sample of residents living in 11	2002 to 2006

of the World Mental Health Japan Survey Collaborator		health care in a Japanese community-based sample'. (Akiko Kanehara, 2015)	communities across Japan during the years 2002–2006. Data from 4,130 participants were analysed". (Akiko Kanehara, 2015)	
L. Kola, O. Gureje, J. Abdulmalik,	Nigeria	To assess the mental Health system governance of Nigeria with a sight to understanding the difficulties, opportunities and policies for strengthening it.	multi-method study design	
Vickie Mays, Wei-Chin Hwang and Di Liang	China	To evaluate possible opportunities and "barriers to implementation of a community-based mental health system that assimilates hospital and community mental health services into the general healthcare system". (Di Liang, 2017)	WHO Health Systems Framework (WHO 2007). Systematic review	2015-2020
Anthony Paul O'Brien, Eric Badu,	Ghana	The purpose is to recognize and synthesise	mixed method approach	

and Rebecca Mitchell		prevailing evidence on the “barriers and enablers to accessing mental health services in Ghana”. (Eric Badu, 2018)		

CONCLUSION

The study adds to the talk of mental health by giving a complete outline of the unique difficulties, challenges, prospects and strategies faced by these countries. Out of which Social stigma and lack of awareness was the common barrier that was found in all these studies.

A solid and functional mental Health system structure is ought to translate into an increasingly proficient, integrated and accessible psychological health care facilities and lead to a decline in the treatment gap for mental ailments.

DISCUSSION

In the forecasting studies, the objectives were to know the barriers and challenges to accessing mental health services and what were the strategies they came up with to overcome these barriers.

The barriers or challenges where almost the same in these countries which were as follows:

- Partial knowledge about prevailing services and attitude towards services are two of the major challenges faced in Ghana.
- Social stigma was the most important challenge faced by all the countries
- In **Nepal**, they explained stigma in three components: ignorance, prejudice and discrimination.
Absence of mental health Education in schools means that even who went to schools are not aware about the mental health issues.
And misinformation services are also stated.
- In **china** they suffer not only because of absence of resources but also from the unequal dispersal of those resources.

The mental health strategy of **Nigeria** is grounded on the ideologies of social injustice and impartiality. poor execution of prevailing mental health policy and lack of work force, inadequate data to direct mental health policy planning.

Also, Cash transfer incentives for mental health circumstances are not accessible thus it reduces the financial access to care.

- In **Japan**, the present study showed that low professional help was the main reason for not looking for and late access to, opting out of mental health facilities which were correlated with handling one's problem on their own.

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Being a woman and of younger age were main social demographic aspects connecting the barrier to usage of mental health facilities for the following reasons: financial difficulties, deficiency of finding time for care.

Alternatively, some of these countries came up with strategies and some features that helped to enable access to mental health services which were:

Support facilities for those who were in need, the mental health regulation, augmenting reorganization and integration, delegation of duty and improvement of prevailing referral system where the factors which Ghana's mental health system implemented.

In **Nepal**, they projected strategies to expand awareness, by guiding education through reliable and esteemed public authorities, and answering to the want for openness or confidentiality in educative programs.

Altering to local observations of stigmatised cures appeared as added crucial approach to progress demand, increasing training and funds, building conviction in services, shielding personal status with privacy and awareness raising: public and private channels.

In **Nigeria**, they came up with forth strategies for strengthening mental health system governance:

"Strategic direction and legislation: confirming effective execution and distribution of reviewed mental health policy.

Effectiveness and responsiveness: The recognized challenges here comprises inadequate facts to direct mental health facilities planning, and insufficient figures of experts.

Information accountability and transparency: A unified and hierarchical arrangement and management structure is what presently functions in the Nigerian health structure.

"It is unified since it starts from the lowermost tier of the crown of primary health care (PHC) element, to the medical officer of health, to the state ministry of health, and lastly to the federal ministry of health". (J. Abdulmalik, 2016)

Participation and collaboration: Build up on prevailing nationwide partnerships related ministries and government activities. Strengthen prevailing participation of service user groups and empower them to contribute in support and mindfulness rising about mental health by training and supportive partnerships

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Ethics and equity: Inspire the progress of society-based insurance systems for long-lasting health settings, like mental illness, to lessen the financial difficulties.

Engage with the society to encourage understanding on mental illness, to decrease stigma, to involve caregivers and service users to give feedback on quality of facilities.

Enhance society enlightening initiatives with meek announcements to obvise extensive stigma and discrimination against people with mental illnesses.

Capacity Building: There is a strong request for capacity building involvements from the talks, it could be suitable as a pre-condition for the achievement of goals like well-planned way and legislation; effectiveness and responsiveness; and empowerment of service users, among others". (J. Abdulmalik, 2016)

This practical way for enhancing health system solidification by analysis, as a way of attaining universal health coverage and guaranteeing unbiased access is suggested.

All these countries faced challenges which were almost similar among which awareness raising was a frequent subject concerning explanations to known problems, and included of numerous ways of data propagation and stigma lessening initiatives.

LIMITATION

- It does not involve the vulnerable and distant community that the matter of need and access is worried: persons living in maximum shortage or isolation.
- The time period of the studies when it was conducted were also missing.

References

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ORIGINALITY REPORT

11 %	6 %	10 %	5 %
SIMILARITY INDEX	INTERNET SOURCES	PUBLICATIONS	STUDENT PAPERS

PRIMARY SOURCES

1	bmcinthealthhumrights.biomedcentral.com Internet Source	3 %
2	J. Abdulmalik, L. Kola, O. Gureje. "Mental health system governance in Nigeria: challenges, opportunities and strategies for improvement", <i>Global Mental Health</i> , 2016 Publication	2 %
3	Sarah Kye Price, Saba W. Masho. "What Does It Mean When We Screen? A Closer Examination of Perinatal Depression and Psychosocial Risk Screening Within One MCH Home Visiting Program", <i>Maternal and Child Health Journal</i> , 2013 Publication	2 %
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7 Sepali Guruge, Mary Susan Thomson, Sadaf Grace Seifi. "Mental Health and Service Issues Faced by Older Immigrants in Canada: A Scoping Review", Canadian Journal on Aging / La Revue canadienne du vieillissement, 2015
Publication 1%

8 Eric Badu, Anthony Paul O'Brien, Rebecca Mitchell. "An integrative review of potential enablers and barriers to accessing mental health services in Ghana", Health Research Policy and Systems, 2018
Publication <1%

9 Di Liang, Vickie M Mays, Wei-Chin Hwang. "Integrated mental health services in China: challenges and planning for the future", Health Policy and Planning, 2018
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