

Help-Seeking Behaviors of Turkish Patients Prior to Accessing a Psychiatric Polyclinic

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Despite the high prevalence of mental illness worldwide, people often do not receive adequate care and treatment. This study determined the help-seeking behaviors, prior to attending a psychiatric outpatient clinic, among Turkish patients ($N = 225$) with mental illness. Prior to attending the clinic, 29.3% of patients surveyed indicated they used self-implementation techniques, 17.78% consulted someone other than a physician, and 9.3% visited special healing sites other than hospitals. More than 50% used alternative therapies rather than conventional treatment. Mental health nurses must be aware of these health-seeking behaviors when planning individualized patient care and treatment.

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MENTAL HEALTH PROBLEMS can be encountered at every socioeconomic level and in every ethnic and cultural group of developed and developing countries. It is believed that the incidence of mental health disorders throughout the world and in Turkey is higher than what is assumed (Ocaktan, Özdemir, & Akdur, 2004). According to the World Health Organization (WHO), one of four people has a mental or neurological disorder that remains undiagnosed or untreated (WHO, 2008). The prevalence of mental disorders for the years 2001–2003 was determined to be 30.5% by the National Comorbidity Survey data of the United States (Kessler et al., 2005). A field study in Turkey also established a mental disorder prevalence of about 20% (Küey & Güleç, 1987). The WHO also states that mental health problems constitute 12% of the global disease load (WHO, 2008). Mental health problems should therefore be acknowledged as a major public health issue worldwide.

Data obtained through the WHO World Mental Health Survey show that 35.5%–50.3% of individuals with a serious mental disorder in the last 12 months failed to receive treatment in developed countries, whereas this figure was 76.3%–85.4% in underdeveloped countries (The WHO World

Mental Health Survey Consortium, 2004). Kessler et al. (2005) reported that 32.9% of patients in the United States were reported to receive medical treatment during 2001–2003, whereas most patients with mental health problems failed to receive treatment. The Turkish Mental Health Profile study determined that only 13.7% of individuals with a mental disorder in the last 12 months had applied for a medical treatment (Erol, Kılıç, Ulusoy, Keçeci, & Şimşek, 1998). The use of nonmedical treatments exacerbates this problem and causes many patients who are in need of medical assistance to delay the medical treatment or remain untreated (Kessler et al., 2005; Mackenzie, Gekoski, & Knox, 2006; Roness, Mykletun, & Dahl, 2005; Tang,

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0883-9417/1801-0005\$34.00/0

doi:10.1016/j.apnu.2011.08.002

Sevigny, Mao, Jiang, & Cai, 2007). Studies demonstrate that the time spent before patients seek medical help is long and varies a lot. In a study by Kessler, Olfson, and Berglund (1998) on patients with various mental health problems, the duration of postponing treatment was found to be 6–14 years. In a study by Skeate, Jackson, Birchwood, and Jones (2002) with schizophrenia patients, the duration of untreated psychosis was 15.4 weeks. A recent study by Wang, Berglund, Olfson, and Kessler (2004) conducted on patients with a variety of mental disorders revealed that the time lapse between the onset of symptoms and initiation of treatment was longer than 10 years. There is only one Turkish study done in this area that is conducted with patients having different mental health problems (Kırkpınar, Çayköylü, & Kuloğlu, 1994), and average time between the beginning of a problem and resorting to a mental health service is found to be 110.2 weeks.

Despite the high prevalence of mental disorders, patients and their families often conceal the disorder because of the social stigma and avoid psychiatric therapy because they believe that most psychiatric problems have no effective treatment (Barney, Griffiths, Jorm, & Christensen, 2006; Oliver, Pearson, Coe, & Gunnell, 2005; Otey & Fenton, 2004). Patients and their families can resort to nonmedical practices for these perceived problems because of the difficulties associated with finding a medical treatment, limited resources, or lack of awareness, especially in developing countries (Beşiroğlu & Ağargün, 2006; Oliver et al., 2005; Tang et al., 2007). Nonmedical practices are also thought to be more appealing because they comply with the judgments of the patients pertaining to the meaning and nature of health and illness, their world views, and their religious beliefs (Chadda, Agarwal, Chandra, & Raheja, 2001). The existence of accessible individuals performing nonmedical practices makes their services preferred by the patients and their families (Tang et al., 2007). In a study conducted by Kırkpınar et al. (1994), it is stated that patients turn to a *hodja* most quickly (14.57 weeks) and to a mental health service the latest (74.47).

In Turkey, mental disorders are not adequately recognized, and there is a tendency to resort to nonmedical practices in issues related to their causes and treatments despite regional variations. Studies reveal that the rate of resorting to

nonmedical practices differ between patients with an incidence ranging from 12.3% (Ünal et al., 2001) to 96.6% (Kırkpınar, 1992). With studies yielding different ratios, it is difficult to give a certain prevalence of the patients resorting to nonmedical practices in Turkey.

Literature shows that various socioeconomic groups have different help-seeking behaviors and attitudes toward mental health services (Bayer & Peay, 1997; van Os, Mckenzie, & Jones, 1997). Whereas in developed countries, people with psychiatric problems resort to a general practitioner primarily, in underdeveloped countries, people tend to resort to psychiatry specialists or traditional nonmedical practitioners (Gater et al., 1991). According to Güleç et al. (2006), Alper et al. (1990) indicate that non-medical treatment seeking is still surviving even though the modern medical practices are reached to every corner of Turkey (cited in Güleç et al. 2006). In a study conducted by Yaşan and Gürgen (2004) on psychiatric patients, it is observed that one third of the patients who received sufficient medical treatment and have enough information regarding their illness also resort to nonmedical practices. It is stated that cultural factors, social factors, belief systems, and other factors that cannot be determined could be a reason for that (Yaşan & Gürgen, 2004). The Islamic belief system intermingled with Shamanistic elements reflects itself in the explanations given for the disorders and in the help-seeking behaviors and evidently leads to occasional practices like magic, enhancement, and visiting sacred shrines and tombs (Assion, Dana, & Heinemann, 1999; Güleç et al., 2006; Kırkpınar, Çayköylü, & Kuloğlu, 1994; Özden, Vedi, Yargıç, & Kaya, 1997; Yaşan & Gürgen, 2004). These studies show that patients used a variety of nonmedical interventions and visited many different locations and people for help.

In addition to the reasons for nonmedical help-seeking behaviors, its consequences also influence the individuals who resort to such remedies. The critical time that is lost during the pursuit of a remedy and the nonmedical explanations given for the symptoms compromise the treatment and progress of the disease. This fact is thought to lead to greater suffering in patients with serious psychiatric problems (Marshall et al., 2005; Yaşan & Gürgen, 2004). Apart from delaying the admission to a psychiatric unit, such nonmedical

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