

HEALTH-SEEKING BEHAVIOR FOR MENTAL DISORDER PATIENTS

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ABSTRACT

The belief of the Balinese people towards the causes of mental disorders and the quality of medical health services for mental disorder patients affects the community in seeking health for them. The purpose of this study is to explore in-depth the meaning of health-seeking behavior for mental disorder patients. This study used a qualitative research design with an interpretive phenomenological approach. Data collection strategies used in-depth interview techniques with semi-structured interview guidelines. Researchers conducted data analysis using Interpretative Phenomenological Analysis (IPA). There were four themes in this study, namely 1) Seeking healing in Balian (traditional medicine); 2) Seeking medical health services after treatment at Balian (traditional medicine); 3) Seeking healing in medical and traditional health services together; 4) Reluctant to go to Public Health Center. The results of this study indicate that people are seeking healing to Balian because they believe that possessed by spirits and ancestral curses are the causes of mental disorders, and they are reluctant to go to Public Health Center because of the lack of mental health service quality.

Keywords: mental disorder, traditional medicine, medical health services, health-seeking behavior

I. INTRODUCTION

Mental disorder is a syndrome or behavior pattern that is clinically related to suffering or distress, and it can cause interference with one or more functions of human life [1]. Mental health is one of the health problems in the world, including in Indonesia, and the number of mental disorders cases continues to increase [2]. The prevalence of people affected by schizophrenia is 21 million [3]. Whereas, the prevalence of mental disorders in Indonesia has increased very significantly compared to 2013, rising from 1.7% to 7% in 2018 [4].

Mental disorders in ancient times are believed to be caused by supernatural powers, or magical spirits (like magic or demons) that disturb a person's mind. This concept is still trusted until now [5]. Spiritual phenomena and supernatural causes are believed to be the leading causes of mental disorders [6]. Non-western cultures, such as Nigeria, believe in supernatural powers, such as possessing spirits and curses as a cause of mental disorders [7]. Families who have family members with mental disorders believe that evil spirits or witchcraft are the cause of mental disorders, so they use non-medical treatment for family members who have mental disorders [8]. Spiritual beliefs are the primary determinant in treatment options in Africa [9]. The influence of cultural ties is relatively stronger with the use of traditional medicine [10].

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Health seeking behavior is action or inaction of individuals who respond to the stimuli to achieve optimal health [11]. Perception is one of the factors that shape the behavior pattern of health-seeking [12]. Balinese beliefs about the causes of mental disorders between naturalistic (scientific) and personalistic (supernatural) are the main significant factors in the use of traditional medicine (Balian) [13]. Traditional treatment (Balian) is an initial treatment for Balinese people; after treatment to Balian, 76% of the community will go to a psychiatrist to continue treatment; however, after going to a psychiatrist, 80% will return to continue treatment to Balian [14]. Patients with mental disorders in India seek treatment from various services, such as psychiatrists, non-psychiatric doctors, traditional, and alternative. In recent years, the costs of visits to traditional and alternative medicine are enormous, around two-thirds of those incurred at psychiatrist visits, so patients are more likely to seek treatment from a psychiatrist [15].

Mental disorder patient services, based on the Mental Health Act No. 18 of 2014, must be done with a tiered service system from primary health facilities, such as Puskesmas (Community Health Centers) to Regency level Hospitals. Regency health centers and hospitals are required to serve people with a mental health condition without exception [16]. Primary health care is the most accessible service to the community, and if mental health is integrated into it, mental disorders will be easily identified and treated [17]. Research conducted in the uThungulu Health Region in the Northern Territory of KwaZulu-Natal Province shows that nurses' knowledge and skills in primary health care are lacking in caring for mental disorder patients [18]. The lack of families using Puskesmas services is due to the unavailability of medicines for mental disorder patients and the unpreparedness of Puskesmas staffs to provide mental health services [19]

II. EXPERIMENTAL, MATERIALS AND METHODS

This research used a qualitative research design with an interpretative phenomenology approach. This research used a sampling technique, which was purposive sampling. The inclusion criteria in this research were: having a family member with a mental disorder, caring family member as well as decision-maker in the patient care, and willing to be a participant by signing the participant agreement sheet (informed consent). The exclusion criterion was a family member who also treated patients other than mental disorder patients.

The sample of this research consisted of nine participants. The age range of most participants was 36-45 years old. Most participants were Elementary School (SD) and Senior High School (SLTA) graduates, but there was one participant who was not attending school. Most of them are married, only one of them is not. All of the participants are Hindu. The main instrument in this research was the researcher herself. The supporting instruments were paper media and electronic, which were used to help take notes and to record the experiences conveyed by the participants. The data in this research were collected by using an in-depth interview technique with semi-structured interview guidelines. This research had been approved by the Research Ethics Committee of Udayana University Medical Faculty/Central General Hospital Sanglah Denpasar with approval number: 119/UN.14.2/KEP/2018.

The researcher transcribed word by word from interviews that were recorded and coded manually by the researcher. After data encoding, the researcher conducted data analysis by using Interpretative Phenomenological Analysis (IPA) [20]. In the first step, the researcher reread the transcript result until the researcher found information that had not been recorded in the initial reading. The researcher used different fonts or underlining to identify the information related to their research in each text. In the second step, the researcher identified which theme appeared by referring to the three types of comments that had been made in the first step. In the third step, the researcher looked for the connection from the various themes that had been found and created a chart, so that the connection to the theme was obvious. In the fourth step, the researcher did a

repetition from step one to step four for the following participant. In the last step, the researcher searched the patterns and connections between cases and themes found.

The credibility of the data in this study was obtained through peer checking, where researchers conducted discussions related to data that had been obtained with other researchers who were experts in qualitative research and researchers who had nursing education backgrounds.

III. RESULTS AND DISCUSSION

From nine participants, the researcher found four themes which were correlated to health service seeking behavior for mental disorder patients, there were:

Theme 1: Seeking healing in Balian (traditional medicine)

Participants believed that Balian could handle family members who had mental disorders. It can be seen from the participant's statement.

"The reason is that it wasn't healed, because there is no change, so in order that I **can be healed, I bring it to the Balian**" (P6).

It wasn't healed; keep **seeking Balian to be healed**" (P9).

"Yes, **in order to be healed**. There is no change in Batubulan; then, I have a family from Celuk, I just try, who **knows that it can be healed**" (P8).

Theme 2: Seek medical health services after treatment at Balian (traditional medicine)

Participants considered that changes in the behavior of family members were due to magical power, so Balian became their first choice. They went to the medical health service because there was no change when seeking treatment at the Balian. It can be seen from the participant's statement.

"**First, I brought it to the Balian** because I saw it as someone possessed, there was also no change. Metetawuran (ritual activity) has already been done, twice already, to the Balian in Peguyangan. Then my friend advised to **take me to a psychiatrist**" (P3)

"At first it was like that, it was afflicted like when we were in the village being hurt by someone else (being afflicted by a spirit/possessed by the spirit), being hurt by my family then I brought it to the Balian and puskesmas (Community Health Centers). **Initially to the Balian first, I didn't go to the puskesmas and then to the hospital**. I'd rather go to the hospital. I'd been better" (P9)

Theme 3: Seeking healing in medical and traditional health services together

Participants used medical and traditional medicine together because participants knew that medical drugs could provide healing. However, they still follow the belief in their environment of treatment in Balian. It can be seen from the participant's statement.

"**Yes ... medical treatment at the hospital as well, in Balian too**" (P2)

"Yes, because of panic, but **I still went to Bali medic, meant to Sanglah**" (P4)

"**Yes, at the same time**, I still don't dare to give medical drugs because it is more proof that the drugs are given sedatives and if they go to Balian because they believe here" (P7).

Theme 4: Being reluctant to go to Puskesmas.

Participants said they were reluctant to seek treatment at Puskesmas because mental health services at the Puskesmas were not the same as the servants at the Mental Hospital. It can be seen from the participant's statement.

"**In the past, there was a psychiatrist who came to Puskesmas**, so it was easier for me to ask for control because it was close now that the **mental doctor was no longer in the Puskesmas**" (P5).

"**There's only basic medicine ... not the same**" (P2)

"Once, **the medicine was not suitable, so I went directly to Bangli (RSJ)**. With the medicine from Bangli (RSJ), It could make him calm down" (P9).

The results of this study indicate that the search behavior of public health services was to seek healing for family members who experienced mental disorders to *Balian* (traditional medicine). It supports other researches that Balinese beliefs about the causes of mental disorders between naturalistic (scientific) and personalistic (supernatural) are the main significant factors in the use of traditional medicine (*Balian*) [13]. Culture influences the understanding of health sickness, treatment methods, and healthcare-seeking behavior. Differences between cultures will provide a different understanding of the cause or nature of the disease [21]. The relationship between culture and one's perception of mental illness is firm [22]. Western culture is more likely to link mental illness with environmental and biological social factors, while non-western culture tends to connect supernatural forces as a cause of mental disorders [23].

Moreover, spiritual beliefs are the primary determinant in treatment selection in Africa [9]. Also, Arab people who live in cities and villages come to traditional medicine because they believe traditional medicine can cure and eliminate evil spirits and supernatural powers as a cause of mental disorders [24]. Likewise, Hindu views about mental illness are related to magical, religious, and naturalistic [25]. Most families with Hinduism tend to seek traditional treatment as an initial treatment for people with mental disorders [26]. Further, more than 70% of people in America claim to be affiliated with a religion, and a quarter of religious people seek the help of priests to treat people with mental disorders compared to seeking treatment to psychiatry [27]. Religious methods are often used to treat people with a mental health condition, where priests become advisors who have religious authority with psychological expertise [28]. Traditional medicine systems generally include cultural values, beliefs, religion, and are more widely used by people with mental disorders [29]. Factors influencing Balinese people to use traditional medicine (*Balian*) are the trust in the effectiveness of the actions taken, factors in the closeness of patients to *Balian*, cost factors, the trust in the ability of *Balian* to provide healing, and the same cultural background [30].

Next, the results of this study indicate that the behavior of seeking public health services was to seek medical health services after the treatment of *Balian* (traditional medicine). Traditional medicine (*Balian*) was the first and foremost choice for the community, in addition to the hospital treatment. Balinese people tended to seek compensation for initial treatment. These results are in line with other studies. Approximately 76% of patients will continue treatment to a psychiatrist, and after being treated by a psychiatrist, about 80% will return to Health centers for further treatment [14]. About half of patients seeking formal health services for mental disorders in Africa have chosen traditional medicine (shaman) as the first treatment before they go to formal health services [31]. Traditional medicine was the first choice before the hospital, because of the community's belief in supernatural powers, such as spirit, as a cause of mental disorders and people's trust in the role of traditional healers in treating people with a mental health condition [31-34].

Moreover, the results of this study also indicate that the seeking behavior of public health services was to seek healing in medical and traditional health services together. The Balinese people continued to use traditional medicine even though it did not provide results as they wished. The Balinese believed that *Balian* could provide tranquility for patients even though it was temporary, and by seeking medical treatment, the patient could also be calmer so that people used medical treatment and *Balian* together. These results support other researches. Research conducted in KwaZulu-Natal South Africa involving mental health practitioners and traditional healers stated the need for further communication and dialogue regarding mental health care between biomedicine and traditional medicine. Traditional healers also have an understanding that some mental illnesses cannot be cured and require referral to medical treatment. Biomedical practitioners also recognize the importance of traditional healing, and certain spiritual diseases require the help of traditional healers in handling these diseases [35]. Further, the views of health workers about traditional medicine in patients with mental disorders vary. Psychiatric nurses and psychiatrists have a higher positive opinion on traditional medicine compared to general nurses and doctors. Research conducted in Sudan proves that traditional medicine is effective for people with a mental health condition who are the basis of psychiatric nurses and psychiatrists to give a more favorable opinion on traditional medicine [36]. The results of these studies differ from studies conducted in Jamaica that mental health practitioners tend to have negative views about traditional medicine because they consider this traditional treatment method dangerous for patients [37].

In addition, the results of this study indicate that the seeking behavior of public health services was that people were reluctant to seek treatment at Puskesmas. Less optimal mental health services provided by Puskesmas discouraged people from utilizing Puskesmas services. It is as stated that many people use Puskesmas without offsetting the availability of facilities and infrastructure, as well as the skills of health workers [38]. In India, the shortage of psychiatrists and general practitioners, and the limited knowledge about psychiatric illness are the possibilities that sufferers have not been adequately diagnosed or treated in the medical system, so they seek other treatments, including traditional treatments [39]. Most people with mental disorders seek help from doctors in primary health care, and many of them come with physical symptoms; however, health workers often fail to recognize the symptoms of mental disorders, mainly when simultaneously appearing with physical illness symptoms [40]. Professional health workers are the key to the successful integration of mental health services into primary care. Providing mental health training for health workers in primary care is very effective in increasing knowledge, attitudes, and practices regarding mental disorders [41]. The previous research on the use of mental health services at the Bali Puskesmas has been carried out, in which the results of the study showed that families of people with schizophrenia lack the mental health services at Puskesmas. The services provided by the Puskesmas are different from the services obtained at the Bali Provincial Mental Hospital as there is often no medication at the Puskesmas or the type of medication provided is not the same as the medicine obtained at the Mental Hospital [19].

IV. CONCLUSION

The results of this study indicate that the seeking behaviors of public health services for people with a mental health condition were to seek healing to *Balian*, to seek medical health services after treatment to *Balian*, and to seek healing in medical and traditional health services together. The community behavior was influenced by a community trust in spirits possessed and ancestral curses as the causes of mental disorders. The community also showed reluctance to seek treatment at the Puskemas because of the lack of quality of mental health services.

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