

Systematic Barriers to Quality Mental Health Care and Services in Selected Mental Hospitals in West Bengal

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Abstract: *The quality of mental health services is crucial for the overall wellbeing of individuals with mental illness. This study investigates the quality and barriers of mental health services in all mental hospitals of West Bengal through a descriptive survey. The assessment covered various aspects such as infrastructure, protocols, policies, human resources, training, treatment, direct patient care services, and community linkage. The conceptual framework utilized the Quality Assurance Cycle of DySSSy, with data collected from four hospitals over six weeks using validated observation checklists, interviews, and record analysis. Findings indicated comprehensive indoor outdoor services, referral transport systems, and availability of psychotropic drugs. However, there were significant gaps in laboratory facilities, legal services, counseling, outreach services, psychosocial interventions, and community linkage post discharge. Inadequate human resources and partially trained staff were common issues. The study found a strong positive correlation between patient care services and staff training, while an inverse relationship existed between patient load and the quality of nursing care. The results highlight the need for targeted intervention to improve the quality mental health services*

Keywords: Mental health services, West Bengal, quality Care, staff training

1. Introduction

Quality mental health service of a mental hospital is one of the important aspects of the physical, emotional, social wellbeing of people with mental illness. The treatment gap (the number of individuals with the disease who are not in treatment) of mental disorders in developing countries was around 76%–85%¹. A study was conducted to investigate the quality of mental health services and its barrier in all mental hospitals of West Bengal.

2. Materials and Methods

A descriptive survey was done to assess the types and quality of mental health services provided by health care providers by analyzing the infrastructure, protocols and policies, human resources, training status, treatment and direct patient care services, and community linkage.

The conceptual framework was based on the Quality Assurance Cycle of DySSSy. Clearance from the institutional ethics committee was taken. The sample was four hospitals with indoor facilities. Final data were collected for 6 weeks. A validated and reliable observation checklist ($r=0.90$), interview schedule ($r=0.92$), and record analysis proforma ($r=1$) was used.

3. Study Findings

The first observation was done for indoor nursing services followed by OPD and pharmacy. A visit was done for protocol, policies, and interviews for barriers and human resources which was recorded. Results showed that all the facilities had indoor - outdoor services (100%), referral transport system (100%), partial recreational and vocational services (100%), availability of basic amenities (100%), compound wall (100%), fire prevention plan (100%), separate male and female ward (100%), separate pharmacy (100%), protocols regarding treating physical illness (100%), pregnancy tests and adherence to dress codes (100%), availability of psychotropic drugs (100%). There were lacking in laboratory facility (75%), legal services (50%) counseling services (25%) outreach services (50%), and psychosocial intervention (25%), complete daycare services (25%). No services available in the area of modified ECT services (0%), Ayurveda services (0%), community linkage after discharge from hospital (0%). In all the facilities human resources were not adequate (100%) and doctors, nurses were partially trained (100%)

Description of findings regarding treatment and direct patient care services in selected facilities, n=4

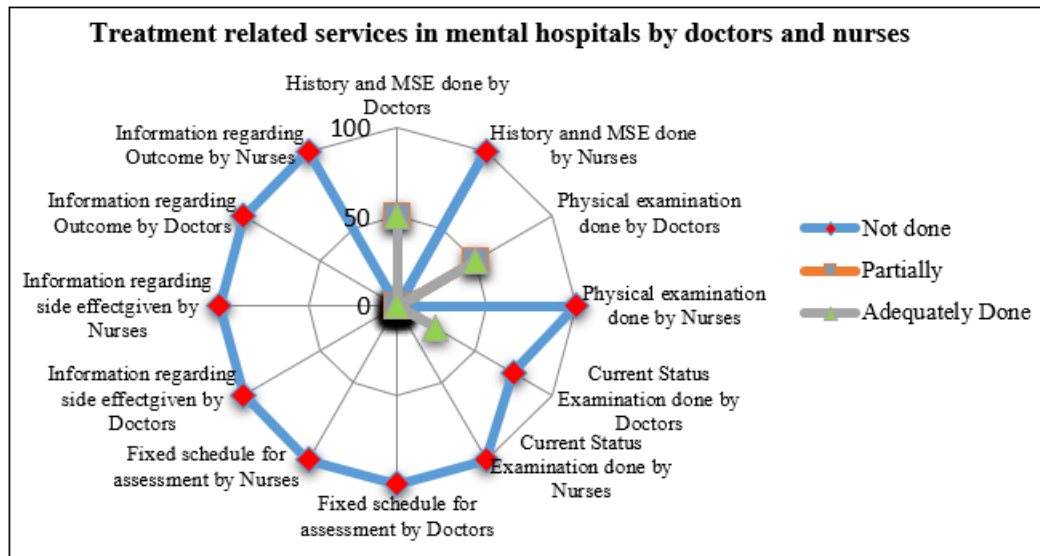


Figure 1: Rader diagram showing the treatment - related services provided by Doctors and Nurses

Data presented in figure 1 shows that in rapid initial assessment in 50% of the facilities doctors are adequately performed history and MSE and in the remaining 50% facilities, doctors are partially doing the same. Nurses are not performed history and MSE, physical examination,

assessment of the patient in an affixed schedule in all (100%) facilities

Description of findings regarding training status, n=4

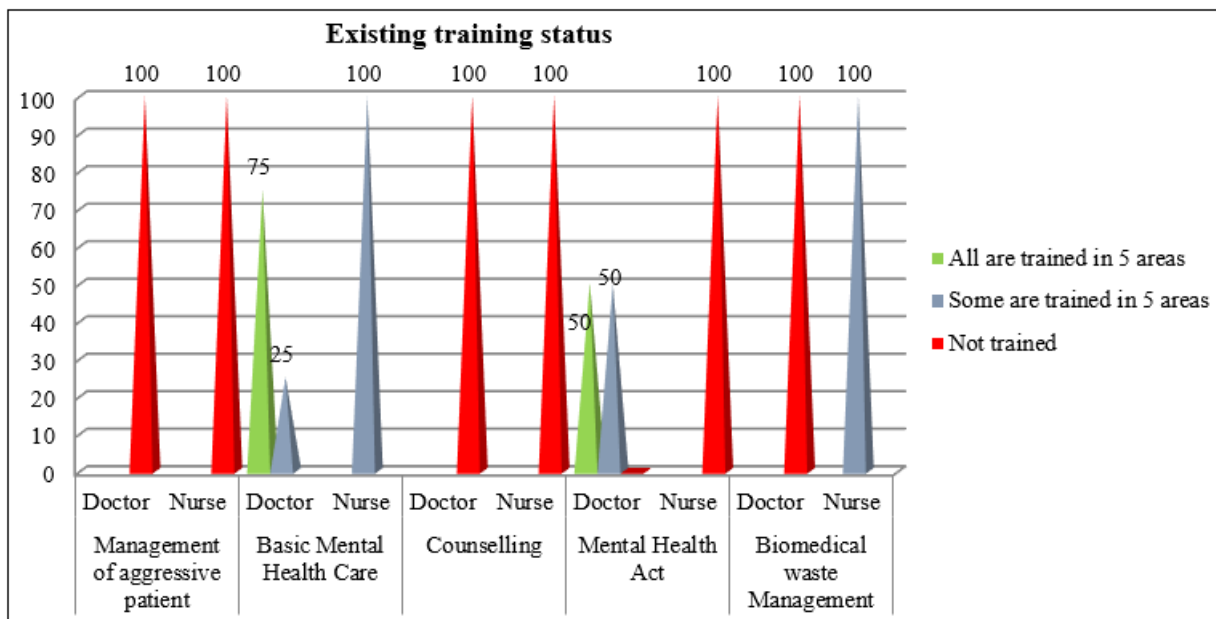


Figure 2: Pyramid diagram showing the training status of doctors and nurses in selected facilities.

Data presented in fig 10 shows that none of the doctors and nurses are having training on the management of aggressive patients in all the facilities (100%). In terms of basic mental health care training, in 75% of hospitals, the entire doctor has received that training and in 25% of hospitals, some doctors are being trained.

A significant positive correlation ($r=0.95$) exists between patient care services and the training status of doctors and nurses. Patient load and quality of nursing care are inversely related to each other ($r = - 0.87$)

Table 1: Co - relation between training status with the treatment and direct patient care services, n=4

Variables	Mean	'r' value
Patient care services	15.25	0.95*
Training status of doctors and nurses	49.75	

$p < 0.05$ *

Data presented in Table 1 shows that patient care services and training status of doctors and nurses are positively related. The table value of the correlation coefficient is 0.87 at df (3) at 0.05 level of significance. The data signifies that, if we can provide special training to doctors and nurses on mental health, the patient care services will improve significantly.

Table 2: Co - relation between the qualities of nursing care with the patient load in mental hospitals, n=4

Variables	Mean	r ² value
Patient load	410	- 0.87
Quality of nursing care	41.5	

p<0.05

Table 2 shows that there is a negative correlation between patient load with the quality of nursing care as the value of r = - 0.87. The table value of the correlation coefficient is 0.87 at df (3) at 0.05 level of significance. It is evident from the value that the quality of nursing care is inversely related to the high patient load. That means, with increasing patient load, the quality of patient care deteriorates.

A significant positive correlation (r=0.95) exists between patient care services and the training status of doctors and nurses. Patient load and quality of nursing care are inversely related to each other (r = - 0.87)

Poor infrastructure, inadequate human resources, the load of patients, lack of training, lack of standard protocol was found as barriers to quality care. These findings were similar to a study conducted by Murphy A.2 Based on the findings it may be concluded that the quality of mental care and services are not adequate and need intervention to remove barriers. The study has implications in nursing practice and nursing administration. A similar study can be replicated including private mental hospitals along with Govt. mental hospitals.

4. Conclusion

The study concludes that while certain basic mental health services in West Bengals mental hospitals are well established, there are critical deficiencies in infrastructure, human resources, and specialized services. These barriers significantly hinder the quality of care provided. There is a clear need for improved training programs for healthcare providers, better resource allocation, and the establishment of standard protocols to enhance service delivery. Future research should consider including private mental hospitals to provide a more comprehensive understanding of the mental health service landscape. Addressing these issues is essential for the advancement of mental health care in the region.

References

- [1] Prevalence, Severity, and Unmet Need for Treatment of Mental Disorders in the World Health Organization World Mental Health Surveys. JAMA.2004; 291 (21): 2581.
- [2] Murphy A, Chikovani I, Uchaneishvili M, Makhshvili N, Roberts B. Barriers to mental health care utilization among internally displaced persons in the republic of Georgia: a rapid appraisal study. BMC Health Services Research.2018; 18 (1). <https://doi.org/10.1186/s12913-018-3113-y>.
- [3] Aryani P, Januraga P, Sari K, Gerstel L, Scholte W. Barriers to mental health services at public health centers: Providers' perspectives. Public Health and Preventive Medicine Archive.2019; 7 (1): 66.
- [4] Carbonell Á, Navarro-Pérez J, Mestre M. Challenges and barriers in mental healthcare systems and their

impact on the family: A systematic integrative review. Health & Social Care in the Community.11th Feb, 2020.

- [5] Edlund MJ, Berglund PA, Wang PS, Kalz SJ, Lin E, Kessler RC et al. Dropping Out of Mental Health Treatment: Patterns and Predictors Among Epidemiological Survey Respondents in the United States and Ontario. The American Journal of Psychiatry.1st May 2002 <https://doi.org/10.1176/appi.ajp.159.5.845>.
- [6] Sim K, Lau WK, Sim J, Sum MY, Baldessarini RJ. Prevention of relapse and recurrence in adults with major depressive disorder: systematic review and meta - analysis of controlled trials. Int J Neuropsychopharmacol.2016 Feb; 19 (2). Published online 2015 Jul 7. doi: 10.1093/ijnp/pyv076