Help-seeking behaviour, barriers to care and experiences of care among persons with depression in Eastern Cape, South Africa

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Research report

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Part of a larger project

“Barriers to health care and the right to health for persons with mental illness in South Africa: How can access and the right to health be improved?”

Access to care/the right to health - contrasting results?

Health sector analysis: Qualitative interviews with health professionals N=37

Population based-study Cross-sectional study N= 1000

• Financed by the Swedish International Development Cooperation Agency (Sida), Department for Research Cooperation, SAREC (SWE-2010-226) 2.400 000 SKR (343 000 USD)

Setting

The province Eastern Cape (n= 6,500 000).

Urban site:
The Nelson Mandela Bay Metropolitan Municipality of Port Elizabeth (n= 1,200 000).

The Kirkwood area in the Cacadu District Municipality (n= 412 000)

Ethical approval from the Nelson Mandela Metropolitan University Research Ethical Committee (Human) H10-HEA-NUR-002

Background

- Few population-studies on depression in LMIC
- Young persons at risk
- Many do not seek help, large unmet need, not much information about help seeking

Aim with the current study

To investigate among persons with depression, the prevalence, their help-seeking behaviour, their barriers to mental health care and their experiences of care

Method

• Setting: Urban/semi urban Port Elisabeth (Nelson Mandela Bay area) and rural/semi-rural Kirkwood
• Design: Cross-sectional study. N=1000
• Sampling by a professional statistical firm using Hawth’s Analysis Tool for ArcGIS
• Data collection: Trained interviewers
• Statistical analyses; Frequencies, chi2, logistic regression analyses (OR, 95%CI)

Selection of EAs
• SA is divided into enumerator areas (EAs), each EA containing approximately 500 people. The 1196 EA’s was divided into the three large racially dominant geographic areas. 80 EAs was selected from them. In the Port Elizabeth area, 80% of the EA’s were randomly selected from Black residential areas, 10% from White residential areas and 10% from Colored residential areas.

Selection of households
• Ten households were randomly selected per EA.
• Detailed colored maps, designed by the statistical firm, were used by the interviewers that clearly marked all randomly selected households for each of the 93 EA’s.

Selection of participants
• In each household the Kish method was used to randomly select participants.

The Barriers to Care and RTH questionnaire

- Sociodemografics
- Social support
- Physical health
- Mental health
- Psychological well-being
- Experiences of violence
- Experiences of traumatic experiences

Sixty one multiple choice questions

*Have you ever felt so emotionally troubled that you felt a need to seek help?*

- Did you seek help or support from relatives or any trusted people in the community?
- Did you seek care from any health care staff when you felt emotionally troubled?
The Mini International Neuropsychiatric Interview 6.0.0 (DSM-IV)

- Major depressive episode
- Posttraumatic stress disorder
- Alcohol abuse/dependence
- Substance abuse/dependence
- Psychotic disorders

- Translated to Xhosa, Afrikaans – English

Data collection

- Data collection with trained interviewers, n=22, master students speaking Xhosa, Afrikaans, English
- Each interview lasted about 30-40 minutes
- Informed consent
- Data collection started in March and ended in July 2012 when the time limit was reached.

## Results - SES

N=977 (97.7%)

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex:</td>
<td>510 (52%) men &amp; 467 (48%) women</td>
</tr>
<tr>
<td>Location:</td>
<td>85% in PE &amp; 15% in Kirkwood</td>
</tr>
<tr>
<td>Race:</td>
<td>84% Blacks, 9% White, 6% Coloured, Asian 0.9%</td>
</tr>
<tr>
<td>Marital s:</td>
<td>16% married/cohab, 80% single/never married, 4% widowed, separated/divorced</td>
</tr>
<tr>
<td>Schooling:</td>
<td>10% Tertiary, 49% High school, 37% Prim.school, 4% Not completed Prim.school or No schooling</td>
</tr>
<tr>
<td>Employm:</td>
<td>39% Employed(full,part,casual),61% Unemployed</td>
</tr>
<tr>
<td>WHI:</td>
<td>23% 1001 R &gt;,14% 501-1000, 46% 0-500,17% No info</td>
</tr>
<tr>
<td>PSI:</td>
<td>35% Salary/Wage,18% Grants, 40% None,7% No inf</td>
</tr>
<tr>
<td>Nr.PHH:</td>
<td>15% 1-2 , 58% 3-5, 27% 6-16</td>
</tr>
</tbody>
</table>

Prevalence

Lifetime depression: n= 307  31.4%
29.8% men and 33.2% women

Current depression: n= 149  15.2%
14.7% men and 16.1% women

No geographical differences

Where help was sought

Relatives and trusted people in the community
295 persons (91%)
• 1. A parent
• 2. A relative (men) – a friend (women)
• 3. A community health worker

Health staff
126 persons (43%)
• 1. A nurse
• 2. A general medical doctor
• 3. A social worker

## Promotive/hindering factors for help-seeking

<table>
<thead>
<tr>
<th>Predictor</th>
<th>N=292</th>
<th>OR</th>
<th>95% CI</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Women</td>
<td>1.25</td>
<td>0.74-2.10</td>
<td></td>
</tr>
<tr>
<td>Age groups</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>30-40</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-29</td>
<td>0.49</td>
<td>0.28-0.82*</td>
<td></td>
</tr>
<tr>
<td>Employment</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employed, full time, part-time</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unemployed</td>
<td>0.61</td>
<td>0.21-1.75</td>
<td></td>
</tr>
<tr>
<td>Personal income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary or wage</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grants, none, dont want to tell</td>
<td>0.59</td>
<td>0.20-1.69</td>
<td></td>
</tr>
<tr>
<td>TB</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No, dont know, unceartain</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>5.16</td>
<td>1.72-15.47*</td>
<td></td>
</tr>
<tr>
<td>HIV/AIDS</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No, dont know, unceartain</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>2.75</td>
<td>0.90-8.34</td>
<td></td>
</tr>
<tr>
<td>Having social support</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>1.00</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>1.63</td>
<td>1.13-2.34*</td>
<td></td>
</tr>
</tbody>
</table>

Five most common barriers out of 17:

1. I got help from another source
2. I thought my problem was one I should be able to cope with
3. I thought that the problems should disappear by itself
4. The waiting time at the clinic was too long
5. I was too embarrassed to discuss my problems with anyone

## Experience of previous care at health clinics

(n= 126, 41%)

<table>
<thead>
<tr>
<th>How satisfied were you:</th>
<th>Very satisfied/Satisfied %</th>
<th>Dissatisfied/Very Dissatisfied %</th>
</tr>
</thead>
<tbody>
<tr>
<td>When you went for care for emotional troubles at the health care services?</td>
<td>87</td>
<td>13</td>
</tr>
<tr>
<td>That the staff listened and answered when you had questions about the medicines you got?</td>
<td>90</td>
<td>10</td>
</tr>
<tr>
<td>That the staff informed you about the treatment you were to receive?</td>
<td>89</td>
<td>11</td>
</tr>
<tr>
<td>With the chance of participating in discussions which treatment you were to receive?</td>
<td>86</td>
<td>15</td>
</tr>
<tr>
<td>If you have been referred to different clinics for your emotional problems, how satisfied were you with the referrals? (n=64)</td>
<td>95</td>
<td>5</td>
</tr>
</tbody>
</table>

Conclusion

- Depression is highly prevalent among young adults in the Eastern Cape Province; however, many do not seek help. Health planners should increase mental health literacy and improve the competence of the health staff.