ABSTRACT

In the quest to explore the usage of integrated mental health services, the research set out to assess the utilization of these services in Masaka district with four specific objectives: Finding out the utilization rate for integrated mental health services, the individual factors that influence utilization of integrated mental health services and the Health system factors that influence utilization of integrated mental health services.

The research methodology undertook a cross sectional survey using a purposive sampling method to reach psychiatric patients in Masaka District. Qualitative and quantitative data was gathered through documentary review, researcher administered questionnaires and interviews with health workers in primary health care as key informants. These were analyzed using univariate analysis

under study themes and presented as percentages and verbatim responses.

The study findings revealed that despite embracing the integrated mental health system and having developed sound policies and implementation programs, little practical realities are being experienced on the ground. The utilization rate for integrated mental health services for rural populace was 62% in the study area.

The major Individual factors influencing utilization of integrated mental health services were violent patient health status (61%) and preference for traditional medicine (70%).

The key Societal factors influencing utilization of integrated mental health services were stigma and discrimination resulting in lack of social support networks (84%), lack of access to regular mental health services (71%), high health expenses (60%) and perceived cost for health services (85%).

The notable health system factors influencing utilization of integrated mental health services were lack of health providers (65%), lack of required amenities (76%), unsatisfactory waiting time (52%) and long distances (66%), with (48%) having the nearest health centre for mental health services at a distance greater or equal to 10 Km.

All these factors influence the way people perceived and interpreted mental illness, and their related general health seeking behavior hence affecting utilization of integrated mental health services.

The perceived need for biomedical treatment is still low due to widespread use of traditional medicine and peoples beliefs. The low education levels influences low incomes, hence level of support patient and the ability to realize patient needs a review.

Lack of adequate health providers, drug supplies, outreaches and long distances to health facility also influenced the utilization of integrated mental health services.

Therefore, policy makers should intensify mental health awareness, demystifying myths and beliefs about mental health that propel patients to prefer traditional medicine. They should also increase prevention of mental health and promotion of the health seeking behavior hence utilization rate.

The rural populace that utilize primary health care services should be provided with education (formal or informal) to facilitate proper mental health understanding and uptake especially for caretakers like in support groups.

There is also need to improve on the health infrastructure in all PHC facilities especially for mental health patients, ensure constant drug supply, skilled health providers and intensify in service trainings for general practitioners to be able to handle mental health conditions.

Although overall health utilization by rural and poor populations has increased, utilization of integrated mental health services still remained low in primary health care. The odds of not utilizing care due to individual, societal and health system factors in rural areas continue to be critical barriers to seeking health services for psychiatric patients from poor, rural households and hard to reach areas.

Key words: Utilization rate, Integrated mental health, Individual factors, Societal factors, Health System factors.