

**HEALTH SEEKING PATTERN AND BARRIERS TO MENTAL HEALTH SERVICES  
UTILIZATION AMONG MENTAL DISORDER PATIENTS AT OUT-PATIENT  
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**ABSTRACT**

Mental disorders are caused by multi-factorial causes, requiring regular access to mental health care professionals and supportive services. Mental health system resources are scarce and centralized, for scaling up mental health care nationally, barriers to utilization need to be identified and addressed.

**Objective:** The main objective was to study health seeking patterns and barriers to utilization of mental health services among mental disorder patients at out-patient department in Mental Health Hospital, Yangon.

**Methods:** Mixed research method was used in hospital based cross sectional descriptive study. The quantitative part was done in care-givers of mentally ill patients attending on out-patient department and the qualitative part was conducted with the psychiatrists working at the hospital and selected care-givers of mental patients.

**Results:** 120 care-givers for quantitative study and 4 care-givers and 4 psychiatrists for qualitative study were participated. Although patients were mainly taken to medical doctors, their health seeking patterns with alternative ways of supernatural healers were still found. The main barriers includes: false beliefs, centralization of mental health services, inadequate workforce, financial difficulty due to travelling cost and medical cost causing increased out of pocket manner, transportation difficulty, stigma and lack of patient awareness, and median priority by policy makers. Facilitators for care seeking includes: willingness of care-givers for better mental health of their patients, support by others, worried to be arrested, worsening disease

conditions and patients' own desire to seek the service and medical personnel support. Common mental disorders were alcohol used disorders (33.3%), mood disorders (25.80%), schizophrenia (11.7%) and substance used disorders (9.2%). Most care-givers (88.3%) did not know mental health services provided by government in all areas, wanted to provide community mental health services all over the country (45.8%).

**Conclusion:** To overcome barriers and facilitate utilization of mental health services, empowering and strengthening Myanmar mental health system by advocacy, expansion and co-operation among multi-sectored sections should be done. Strong policy and budget are needed to access mental health services locally and affordably, preventing need to travel and promoting service uptake and continued treatment.