

2004

## An exploratory study of mental health problems and types of treatment used in Papua New Guinea

Betty E. Koka  
*University of Wollongong*

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**AN EXPLORATORY STUDY OF MENTAL HEALTH  
PROBLEMS AND TYPES OF TREATMENT USED IN  
PAPUA NEW GUINEA.**

A thesis submitted in partial fulfilment of the  
requirement for the award of the degree of

**DOCTOR OF PUBLIC HEALTH**

from

**UNIVERSITY OF WOLLONGONG**

by

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**GRADUATE SCHOOL OF PUBLIC HEALTH  
September 2004**

## **THESIS CERTIFICATION**

I, Betty Etami Koka, declare that this thesis, submitted in partial fulfillment of the requirements for the award of Doctor of Public Health, in the Graduate School of Public Health, University of Wollongong, is wholly my own work unless otherwise referenced or acknowledged. The document has not been submitted for qualifications at any other academic institution.

Betty Etami Koka

6th September 2004

**RELEVANT MANUSCRIPT AND CONFERENCE  
PRESENTATION IN THE COURSE OF THE  
CANDIDATURE**

**Manuscript:**

Koka, B. E., Deane, F. P., & Lambert, G. (2004). Health worker confidence in diagnosing and treating mental health problems in Papua New Guinea. *South Pacific Journal of Psychology*, 15(1), 29-42

**Conference Presentation:**

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# TABLE OF CONTENTS

THESIS CERTIFICATION .....	i
RELEVANT MANUSCRIPT AND CONFERENCE PRESENTATION IN THE COURSE OF THE CANDIDATURE .....	ii
TABLE OF CONTENTS.....	iii
LIST OF APPENDICES.....	viii
LIST OF TABLES.....	ix
LIST OF FIGURES .....	x
ABBREVIATIONS .....	xi
ABSTRACT.....	xii
ACKNOWLEDGEMENT .....	xiv

## CHAPTER ONE

INTRODUCTION AND OVERVIEW OF THE STUDY .....	1
--	---

## CHAPTER TWO

BACKGROUND: THE HEALTH CARE SYSTEM IN PAPUA NEW GUINEA .....	8
2.1. Introduction.....	8
2.2. Demography and Topography .....	8
2.3. The Health Administrative Structure .....	11
2.3.1. The Health Care Delivery System .....	13
2.3.2. The Patient Referral System .....	17
2.3.2.1. Referral of Persons With Mental Health Problems.....	19
2.4. Clinical Health Workforce and Training .....	21
2.5. Mental Health Services.....	25
2.5.1. A Brief History .....	25
2.5.2. Current Mental Health Services .....	28
2.5.2.1. Mental Health Workforce .....	32
2.5.2.2. Mental Health Information System.....	34
2.5.2.3. Government Approved Psychotherapeutic Medication Available in the Public Health System. ....	35

## **CHAPTER THREE**

### **BACKGROUND: CULTURAL BELIEFS AND THEIR INFLUENCE ON MENTAL ILLNESS AND TREATMENT**.....39

3.1. Introduction .....	39
3.2. Cultural beliefs regarding causes of mental illness.....	40
3.2.1. Spirit Possession and Sorcery .....	41
3.2.1.1. Spirit Possession .....	42
3.2.1.2. Sorcery .....	46
3.2.2. Other Cultural Beliefs .....	49
3.3. The Influence of Cultural Beliefs on Help-Seeking Behaviour.....	50
3.4. Main Types of Traditional Treatment Approaches Used .....	52
3.5. The Influence of Cultural Beliefs’ on Presentation of Bodily Symptoms .....	53
3.5.1. Other Cultural Phenomena that are likely to Complicate Psychiatric Diagnosis Making .....	57
3.5.2. Gender Differences in Mental Health Problem Presentation.....	58
3.5.3. Language and Terminologists Describing Mental Illness .....	59
3.6. Utilisation of General Versus Specialist Health Services.....	61
3.7. Knowledge and Understanding of Mental Health Issues is Necessary for General Health Workers.....	63
3.8. The Present Study .....	65
3.9. The Aims of the Present Study .....	68

## **CHAPTER FOUR**

<b>METHOD</b> .....	71
4.1. Introduction.....	71
4.2. Participants.....	71
4.3. Measures .....	72
4.4. Procedure .....	74
4.5. Ethical Issues .....	74
4.5.1. Informed Consent.....	75
4.5.2. Confidentiality .....	75

## **CHAPTER FIVE**

<b>HEALTH WORKER CONFIDENCE IN DIAGNOSING AND TREATING MENTAL HEALTH PROBLEMS IN PAPUA NEW GUINEA.....</b>	<b>76</b>
5.1. Utilisation of General Health Services .....	76
5.2. Measures .....	76
5.3. Results.....	79
5.3.1. Participant’s (Health Workers) Characteristics .....	79
5.3.2. Health Workers Training in Mental Health .....	80
5.3.3. Mean Level of Confidence in Diagnosing a Range of Mental Disorders.....	81
5.3.4. Understanding Differences Between Modern Diagnostic Categories and Culture Specific Diagnoses/Syndromes.....	82
5.3.5. Level of Confidence in Diagnosis between HEO, NO and CHW .....	83
5.3.6. Use of Different Treatments .....	84
5.4. Discussion.....	86

## **CHAPTER SIX**

<b>RETROSPECTIVE REVIEW OF THREE OF THE MOST RECENT PATIENTS TREATED BY GENERAL HEALTH WORKERS IN THE COMMUNITY .....</b>	<b>89</b>
6.1. Introduction .....	89
6.2. Aims of Part 2 .....	94
6.3. Health Worker Participants.....	94
6.4. Measures .....	95
6.5. Results.....	97
6.5.1. Patient Characteristics.....	98
6.5.1.1. Patient’s Age Distribution.....	98
6.5.1.2. Patient Referral Sources.....	99
6.5.2. Duration of Illness Prior to Treatment.....	99
6.5.3. Presenting Complaints .....	99
6.5.4. Classification of Diagnoses as Made by the General Health Workers ....	100
6.5.5. Validity of Health Worker’s Diagnoses.....	102
6.5.6. Treatment Approaches Used.....	103



6.5.7. Cultural Based Diagnosis and Traditional Treatment.....	105
6.5.8. Length of Time Spent with Patients.....	105
6.5.9. Clinical Outcome of the Patients .....	106
6.5.10. Gender Differences .....	106
6.6. Discussion.....	107

## **CHAPTER SEVEN**

### **ASSESSMENT OF PRE AND POST MENTAL HEALTH WORKSHOP TRAINING: DIAGNOSIS AND TREATMENT OPTIONS USING ASSESSMENT OF VIDEO CASE VIGNETTES. ....**

7.1. Introduction.....	113
7.2. Aim .....	113
7.3. Measure.....	113
7.4. Procedure .....	117
7.5. Results.....	117
7.5.1. Cultural Based Diagnosis and Traditional Treatment.....	118
7.5.2. Endorsement of Diagnoses .....	121
7.5.2.1. Patient Referral Sources.....	125
7.5.3. Endorsements of Treatments.....	126
7.5.3.1. Medication .....	127
7.5.3.2. Counselling .....	130
7.5.3.3. Traditional Treatment .....	131
7.5.3.4. Additional Post-test Questions.....	132
7.6. Discussion .....	132

## **CHAPTER EIGHT**

### **DISCUSSIONS/LIMITATIONS .....**

8.1. Introduction.....	135
8.2. The Study Findings, Aims and Background Literature .....	135
8.3. Integration of Western and Traditional Mental Health Care Approaches .....	138
8.4. Importance of Family Community Support Network.....	141
8.5. Mental Health Information .....	142

8.6. Current Social Changes and Mental Health Services .....	143
8.7. Limitations of the Study.....	145
 <b>CHAPTER NINE</b>	
<b>CONCLUSION/RECOMMENDATIONS</b> .....	149
9.1. Conclusions .....	149
9.2. Recommendations.....	151
9.2.1. Training of Health Workers .....	151
9.2.2. Ongoing Support from Mental Health Services for General Health Workers .....	155
9.2.3. Improved Written Resources .....	156
9.2.4. Integration of Western and Traditional Approaches in Patient Care.....	158
9.2.5. Family and Community Support Networks .....	160
9.2.6. Promotion of Primary Mental Health Care in General Practice .....	161
9.2.7. Mental Health Information System.....	163
9.2.8. Future Research .....	163
REFERENCES .....	165
APPENDICES .....	187

## LIST OF APPENDICES

APPENDIX 1:	The roles and responsibilities of the different levels of Governments.....	187
APPENDIX 2:	The health care delivery system.....	188
APPENDIX 3:	Medical supplies allowed in an aid post.....	189
APPENDIX 4:	Patient referral system.....	191
APPENDIX 5:	Location of specialist services.....	192
APPENDIX 6:	Ethics Approval.....	193
APPENDIX 7:	Consent forms.....	195
APPENDIX 8:	Study Questionnaire.....	199
APPENDIX 9:	Videotaped case studies in English transcript /Video CD.....	228
APPENDIX 10:	Regional Mental Health Training Workshop outline of program...	236
APPENDIX 11:	Researcher's instruction for administering study questionnaire....	237
APPENDIX 12:	Three pages on diagnosis and management of psychosis in the Standard Treatment Manual for Adults used as a diagnostic and treatment guide by health workers in PNG.....	245
APPENDIX 13:	Copy of the PNG Traditional Medicine policy from the PNGNDOH National Strategic Plan for 2001 – 2010.....	248
APPENDIX 14:	PNGNDOH Health information system monthly reporting form.....	252
APPENDIX 15:	Vocabulary Addendum.....	256

ATTACHMENT INSIDE BACK COVER: Video CD of Videotapes Case Studies

## LIST OF TABLES

Table 2.1.	Five Major Causes Of Morbidity And Mortality .....	11
Table 2.2.	Health Care Facilities in PNG 1998 .....	17
Table 2.3.	Distribution Of Clinical Health Workers In Rural And Urban Health Service .....	22
Table 2.4.	List of Psychotherapeutic Drugs Available in PNG .....	36
Table 2.5.	Drug Categories and Health Worker categories allowed to order and prescribe .....	37
Table 5.1.	Mean Level of Confidence in Diagnosing a Range of Mental Disorders .....	81
Table 5.2.	Agreement About Understanding and Confidence of Health Workers Regarding Different Mental Health Issues .....	83
Table 5.3.	Mean Use, Confidence and Familiarity with Medication and Traditional Treatments (N = 209) .....	84
Table 5.4.	Mean and SDs of Health Workers use in Medication.....	85
Table 6.1.	Location of Routine Practice .....	95
Table 6.2.	Patient's Age Distribution.....	98
Table 6.3.	Duration of Illness Prior to Admission .....	99
Table 6.4.	Presenting Complaints by Gender .....	100
Table 6.5.	Five Common Mental Health Problems managed by Participants .....	101
Table 6.6.	Diagnoses Made by Gender (Total Number of Patients = 282). .....	102
Table 6.7.	Frequency of those with a Cultural Specific Diagnosis who also received Traditional Treatments .....	105
Table 6.8.	Frequency Table for Females with a Diagnosis of Depression Versus Males.....	107
Table 7.1.	Summary of Identification of Signs and Symptoms for Each Case.....	120
Table 7.2.	Endorsement of Primary Diagnoses for the Three cases .....	122
Table 7.3.	Summary of Wilcoxon Signed Ranks Tests for Endorsement of Correct Diagnosis.....	123
Table 7.4.	Summary of Any Endorsement of Culture Specific Diagnosis .....	126
Table 7.5.	The Means and SDs for Endorsement of Relative Use of Each of the Medications for Each Case .....	128

Table 7.6.	Frequencies of health workers who endorsed "use" or "not use" for specific medications for each case.....	129
Table 7.7.	Endorsement of Counselling for Each Case .....	131
Table 7.8 .	Endorsement of Traditional Treatment.....	131

## **LIST OF FIGURES**

Figure 7.1.	Future Mental Health Training Needs .....	132
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## ABBREVIATIONS

APO:	Aid Post Orderly
AUSAID:	Australian Assistance for International Development.
CHW:	Community Health Worker
DSM-IV:	Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (American Psychiatric Association, 1994)
EM:	Explanatory Model
GP:	General Practitioner
HEO:	Health Extension Officer
ICD-10:	The ICD-10 Classification of Mental Disorders. Diagnostic Criteria for Research (WHO, 1993)
MONAPH:	Medical Officers, Nurses and Allied Health Professionals.
MP:	Medical Practitioner
NDOH:	National Department of Health
NO:	Nursing Officer
PNG:	Papua New Guinea
PNGNDOH:	Papua New Guinea National Department of Health
SPSS:	Statistical Program for Social Science (SPSS Inc. Chicago, Illinois, 2000).
WHO:	World Health Organization

## ABSTRACT

Papua New Guinea (PNG) is culturally diverse with an estimated 800 distinct languages and a population of 5 million people. These diverse cultures and languages influence help-seeking behaviour, expressions of illness, presentation of symptoms, diagnosis and treatment decisions. In addition to the complex influence of cultural-linguistic factors on mental health and illness, inadequate resources limit PNG's specialist mental health services. PNG has one psychiatrist per million people and one registered psychiatric nurse for every 70,000 people. As a result, the bulk of mental health care is provided by general health workers in various types of health care facilities in the community.

Little is known about the types of mental health problems and treatment approaches adopted by health workers in the field. There is evidence from studies in other developing countries that general health workers lack understanding and knowledge in mental health issues and this limits their ability to make appropriate diagnoses and deliver appropriate treatments. Earlier studies in Papua New Guinea (PNG) have described mental health problems seen by psychiatrists. However, the types of mental health problems and treatment approaches used by general health workers have not been assessed. Therefore, this study aimed to explore the types of mental health problems and treatments that general health workers work with in PNG. The study also sought to assess general health workers levels of knowledge and confidence in understanding and managing mental health problems. The study recruited 209 general health workers including, health extension officers (HEOs), nursing officers (NOs) and community health workers (CHWs) from a range of health care settings.

This study used a three-part questionnaire that included a combination of structured questions written in both English and Neo-Melanesian (*Tok Pisin*). Part 1 assessed health workers knowledge and confidence in diagnosis and treatment of mental disorders. Part 2 asked them to provide a detailed review of the three most recent mental health cases they had managed. Part 3 involved pre-post workshop assessment of knowledge and skill using participant responses to three video case vignettes that were role-played in *Tok Pisin*.

Data was collected from the four regions of PNG at four 5-day long regional mental health-training workshops. Pre-post training measures were collected to evaluate the difference of training at improving diagnosis and treatment approaches suggested by participants in response to the video-case vignettes.

The results showed that general health workers had received little training in mental health issues and that they tended to lack confidence in identifying and managing mental health problems. Respondents provided data on 282 patients and results indicated that patients on their caseloads frequently received both western and culture specific diagnoses. The most common diagnoses were schizophrenia, depression, substance use disorder, sorcery and spirit possession. The most common treatment approach used was medication. Medication use appeared to be based on what was available rather than effectiveness and appropriateness. Those diagnosed with a culture specific disorder were almost twice as likely to receive traditional treatment and even half of those who did not receive a culture specific diagnosis went on to receive some form of traditional treatment. Psychological treatment (counselling) was also commonly used as part of the treatment process.

Pre-training measures assessing video case vignettes had high numbers of “don’t know” responses suggesting a lack of confidence and knowledge regarding diagnosis and treatment planning. At the post-training assessments the number of “don’t know” responses decreased suggesting increases in confidence, but there were also increases in the provision of the “correct” diagnosis and more appropriate treatments for some cases.

The implications of these findings are discussed in relation to training needs of general health workers and the provision of culturally appropriate treatment approaches. Specifically, suggestions are made for better integrating policy recommendations regarding the implementation of traditional treatment of mental health problems with western mental health approaches.



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