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

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

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by

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GRADUATE SCHOOL OF PUBLIC HEALTH
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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
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RELEVANT MANUSCRIPT AND CONFERENCE PRESENTATION IN THE COURSE OF THE CANDIDATURE

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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
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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Dedication

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