

Original Article

Patterns of access to and utilization of mental health services among the Iranian clinical workforce in university hospitals

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Abstract

Background: Mental health among clinical hospital workforce requires thorough assessment due to their vital role in caring for people. Given the scarcity of evidence, our study aims to shed light on various aspects of service utilization within a group of hospital workers and trainees.

Methods: In this cross-sectional study, sampling framework of six governmental hospitals was used. The study population consisted of 300 clinical workers and trainees. Convenience sampling was employed to access study subjects in proportion to the hospital size. All eligible clinical workers within the specified timeframe were enrolled until the predetermined sample size was reached. A self-administered questionnaire was used to collect information.

Results: Among participants who experience some form of mental concern or disorder, 60% do not use any form of care. 29% used psychological drugs (with or without psychiatric prescription), and only 26% utilized mental consultation services. There is no significant relationship between age and service utilization. The main barriers to mental health service use were self-reliance, work overload, and time constraints. Personal concern and belief in treatment effectiveness were key factors that encouraged service utilization.

Conclusion: The findings of this research recognizes that mental health of healthcare providers is not solely a problem within the health sector but a major public health concern. The low rate of mental health care utilization, despite their acquaintance with matter of mental health, highlights the complexity of this issue and need for Further in-depth studies.

Keywords: Barriers to health services; Health Personnel; Health care utilization, Mental health.

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Introduction

Mental health of healthcare workers (HCWs) has received major attention from experts from the field of both psychology and healthcare administration (1). This area has become an increasingly important due to significant effects of the COVID era (2-5).

Mental well-being of healthcare providers not only impacts on major portion of the community population but also as professional workers but also influences the quality and safety of medical care (5-6). Rather than remaining limited concept within the field of healthcare, the alarming

rate of mental health disorders among HCWs has prompted a broader perspective. Consequently, in recent years, mental problems of health care professionals have been increasingly recognized as a major public health concern (1).

In our literature review, we majorly focused on evidence published after 2020, considering due to the impact of COVID. A recently conducted systematic review showed that at least one in five HCWs reported symptoms of depression and anxiety. In addition, milder mood symptoms are common and authors recommended necessity of screening to identify mild and sub-threshold disorders (7).

The reported prevalence of mental symptoms is surprisingly high in certain researches. For example, a study from Egypt in 2022 found that 77% of medical students experienced various forms of mental symptoms (8). In addition, evidence also shows higher prevalence of mental health disorders among medical student in comparison to general population (9). Furthermore, other researcher implies that certain subgroups of HCWs including nurses, female workers, front-line health care workers, and younger medical staff reported more severe psychological symptoms than their counterparts during the COVID era (10).

It seems two groups of HCWs could be considered as more vulnerable segments experiencing more mental health concerns: medical students and non-physician health workers. Despite the significant scope of this issue, evidence indicates low rate of help seeking behavior of HCWs (11).

A study from US reported Between 47% and 60% of medical students who screened positive for mental disorder, including depression, anxiety, or hazardous drinking, reported an unmet need for receiving mental health services (11). Another experience from India highlighted various obstacles to mental care seeking behavior

among medical students. These include preference for self-diagnosis, concerns about confidentiality, and preference for informal consultations (12-13).

Given the high rate of mental health problems among HCWs and their low rate of help-seeking, important questions arise regarding the barriers and predictors of this phenomenon. Based on our search of previously published studies, it appears that the existing evidence on this issue is inadequate. Furthermore, due to paucity of evidence, the debate continues about the best strategies for managing mental health problems among health care providers.

Our study aims to assess the help-seeking behavior of HCWs, including medical students and non-physician healthcare workers, who are likely among the most vulnerable. This paper has two key aims. Firstly, it provides an overview of the factors that influence seeking mental health care among those who experience some degree of mental concern or disorder. Secondly, it attempts to identify barriers to the utilization of mental health services.

The study was conducted in the form of a survey, with data gathered via a self-administered questionnaire filled by HCWs in clinical departments of six educational hospitals. Our research contributes to the growing field of study on addressing mental health problems faced by HCWs in the post-COVID era. Understanding the predictors and barriers related to mental health service utilization provides valuable evidence for policymakers to develop more effective solutions.

Methods

A cross-sectional study approach was employed to identify associated factors related to service utilization and assess barriers to mental care-seeking behavior. The study was conducted in Tehran, the capital of Iran. Tehran has a population of approximately nine million within the city and around 16 million in the broader

metropolitan area, making it the largest city in Iran.

Six educational hospitals with a total of 2750 hospital beds, were included in the sampling frame. These hospitals were situated in various areas of Tehran city: two in the north, two in the east, one in the west, and one in the south of city. Within the clinical departments of the hospitals, including internal medicine and surgery wards, a convenience sample of 300 subjects were recruited including medical interns, residents, and non-physician health workers (such as nurses and nurse assistants) with recruitment proportional to the size of each hospital. All members of the study population—including medical interns, residents, nurses, and nurse assistants—who provided verbal informed consent were eligible to participate. Eligible clinical workers within the specified timeframe were enrolled until the predetermined sample size was achieved. The sample size of 300 individuals was determined based on the estimated proportion of mental health care utilization, which served as the key indicator, using the single proportion sample size formula. Participants were personally invited to fulfill the questionnaire while attending in clinical departments between May 2023 and October 2023.

To gather data, we employed a self-administered questionnaire. The scale consists of four parts as follows:

- Assessing self-perceived mental problems and patterns of mental health service utilization.
- Barriers to mental health care utilization: Using a 5-item Likert scale rated from one (strongly disagree) to five (strongly agree).
- Facilitators to mental health care utilization: Using a 5-item Likert scale rated from one (strongly disagree) to five (strongly agree).
- Demographic variables.

The questionnaire was designed using questions from other similar research studies, which formed the main body of the scale (14). The questionnaire included items derived from the Iranian Mental Health Survey. The validity and reliability of these items were previously assessed in the context of that survey, which the current study relied upon.

The study assessed age group, sex, marital status, and occupational status as independent variables. Descriptive data were generated for all variables. Univariate analysis using the chi-square test was performed to assess the association of binary independent variables with service usage as the dependent variable. To achieve adjusted p-values, the logistic regression method was employed. Significance levels were set at the 5% level. Data management and analysis were conducted using SPSS software version 27.

The procedures of this study were approved by the ethical board of the institute. The assigned national ethical code was IR.SBMU.MSP.REC.1400.367. The codes regarding data security, consent, providing adequate information about the study, and participants' autonomy were met.

Results

A total of 300 respondents were recruited from six educational hospitals, achieving a 100% response rate. All participants willingly completed the questionnaire. The number of unanswered questions in the completed questionnaires was minimal; therefore, further processing of missing data was disregarded.

The mean age for all participants was 28.3 ± 5.5 years (ranged from 22-52); 43.8% were female (mean age 28.3 years) and 56.2% were male (mean age 28.1 years).

Regarding their occupational status, almost half of them were medical interns (undergraduates), 12.3% were residents (postgraduates) and 34.6% were non-physician healthcare workers, including

Table 1. Socio-demographic characteristics of the respondents

Variables	Categories	N(%)
Occupational status	-Medical intern or resident	190 (65.3%)
	-Non-physician healthcare worker	99 (34.6%)
	Missing responses	11 (3.7%)
Marital status	-Currently not married	197 (67.7%)
	-Currently Married	94 (32.3%)
	Missing response	9 (3%)
Current feeling of economic tension	-Very low	8 (2.7%)
	-Low	32 (11.0%)
	-Moderate	84 (28.9%)
	-High	91(31.3%)
	-Very high	76 (26.1%)
	Missing response	9 (3.0%)

nurses, nurse assistants, and para-clinical professionals.

Table 1 presents the socio-demographic and occupational characteristics of the participants.

Situation of mental health problems among participants

87.7% of respondents (N=263) has experienced some form of mental health problems within the past year. Among them, the rates of feeling of depression, feeling of anxiety, self-harm, suicidal thinking, obsession and sleep disorders were reported 68%, 65%, 2.3%, 19.4%, 29.35 and 47%, respectively. However, only 27.8% of who experienced mental health issues reported an established mental health diagnosis by a psychiatrist or psychologist.

Mental health service utilization

Among those who reported some form of mental health problem, 39.9% of participants (N=105) has actively sought mental health care. A minority of them (27.6%: N=29) received continuous care. Conversely, only 25 individuals (23.8%) rarely benefited from mental care, while 51 participants (48.6%) has occasionally received care. Details of service utilization are displayed in Table 2.

While assessing factors affecting mental health service utilization, the univariate analysis reveals a significant association with female gender, being medical student and being less than 25 years old. However, the adjusted P-Value obtained from the multivariate analysis (binary logistic regression) indicates that there is no significant relationship between age and service utilization.

Table 3 presents the results from both univariate and multivariate analyses.

Table 2. Pattern of service utilization among respondents

Variables	Categories	N(%)
Patterns of received care	-Visit a psychiatrist	64 (61%)
	-Visit a psychologist	53 (50.5%)
	-Receiving care at Mental consultation center of the university	13 (12.5%)
	-Receiving Web-based care	8 (7.6%)
Types of therapies	-Consumption of Psychologic drugs	66 (62.9%)
	-Receive Consultation	70 (66.7%)
	-Attend for Group therapy	1 (1.0%)

Table 3. Univariate and multivariate analyses of association between independent variables and Mental health service utilization

Variables	Categories	Care utilization N(%)	Univariate P Value	Adjusted P Value
Sex	Male	46 (32.9%)	0.016	0.015
	Female	57 (47.5%)		
Occupational status	Medical students	82 (48.0%)	<0.001	<0.001
	Non-physician health workers	16 (20.3%)		
Age	Less than 25	58 (47.5%)	0.018	0.0159
	More than 25	45 (33.1%)		
Marital status	Single	72(40.4%)	0.708	0.116
	Married	30(38.0%)		
Current feeling of economic tension	Very low/low/moderate	44(41.1%)	0.692	0.365
	High/very high	58(38.7%)		

Barriers of service usage

“Concerns about mental health service costs”, “Preference of self-treatment” and “Busy without free time” were ranked as major three barriers to mental care service. Details on facilitators and barriers of service utilization are displayed in Figures 1 and 2.

Discussion

The purpose of the current study was to explore various aspects of mental healthcare seeking behavior among a potentially vulnerable group of HCWs. Our findings indicate that most of participants has experienced mental problems within the past year, however only a minority of them has sought appropriate care. The second

major finding was that the majority of those benefited from mental healthcare preferred visiting a psychiatrist. Conversely, a small proportion opted for care at the Mental Consultation Center of the university.

In spite of low rate of service usage, the growing field of web-based care should be considered. The results of this study indicates a significant association between female gender and service utilization, as well as between being a medical student (as opposed to a non-physician HCW) and seeking mental health services. The top-ranked obstacle to seeking mental care was the preference for self-treatment, while personal concern about mental health emerged as a major facilitator of service utilization.

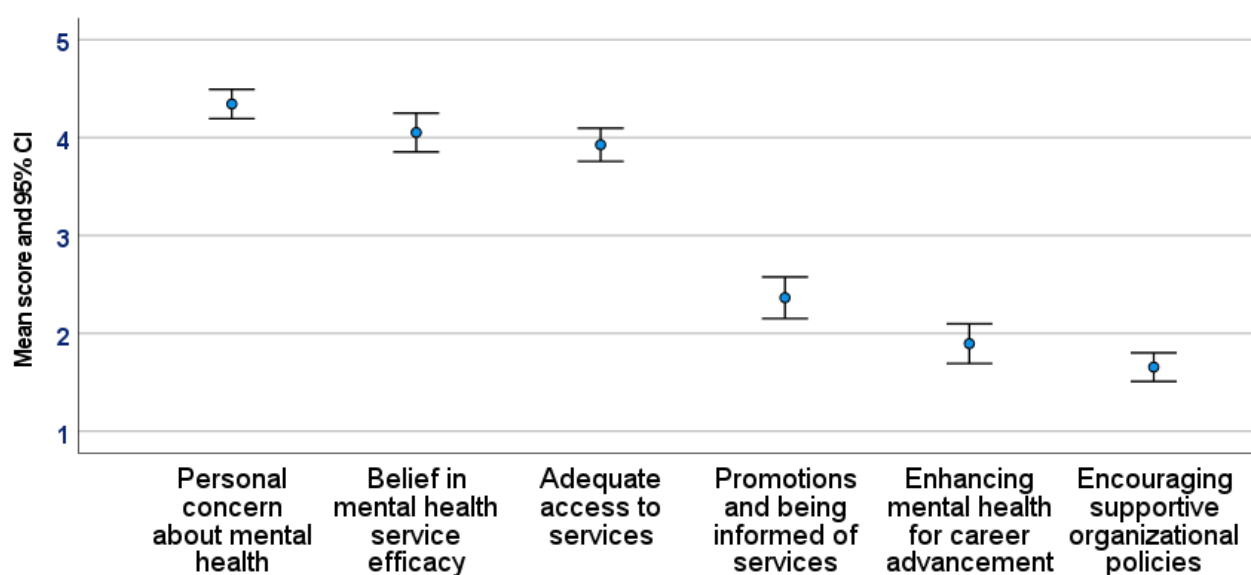


Figure 1. Facilitators of mental care utilization

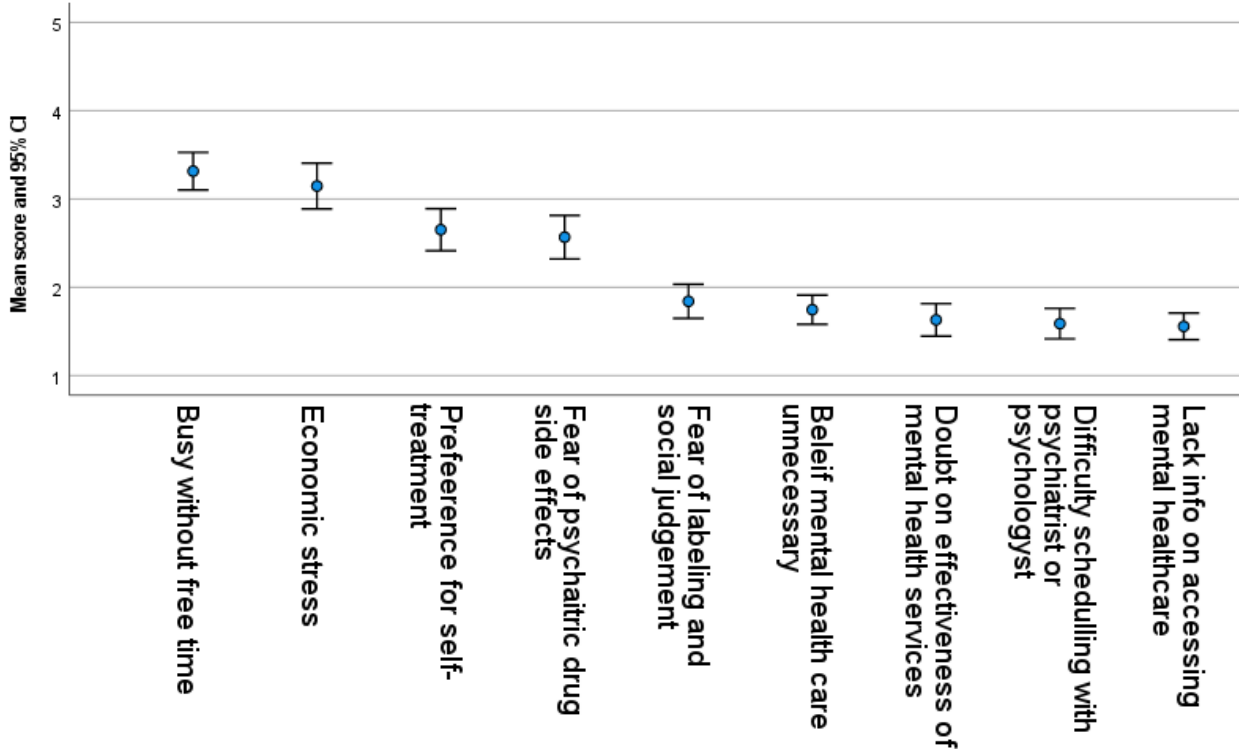


Figure 2. Barriers to mental care utilization

Comparison of the findings with results of other studies confirms the high prevalence of mental health problems among healthcare workers, coupled with low tendency to seek mental care. Notably, the levels observed in our investigation exceed those reported in other studies. Consistent with our present results, previous studies have demonstrated that males and non-physician HCWs exhibit less enthusiasm in seeking care (15)- (18).

There are several possible implications for low utilization of mental health care by HCWs. It seems the stigma associated with having mental health problems among HCWs plays a significant role. In our study, a minority of subjects preferred to receive care in centers affiliated with their organization. This result may be explained by the fact that health care professionals perceive that they can handle mental health issues on their own, possibly due to their knowledge of mental disorders (19), (20). Overall, it appears that the combination of fear of labeling, false beliefs regarding self-competency in problem-solving and inadequate knowledge are the major

contributors to low utilization of mental health service.

With regard to the research methods, some limitations need to be acknowledged. With a small sample size, caution must be applied, as the findings might not be generalized. Furthermore, these findings are limited by the use of a cross-sectional design. However, it is worth noting that this research shed light on the issue of HCWs' mental health through focusing on potentially vulnerable group within the clinical healthcare sector. These aspects could be considered strengths of our study. Furthermore, our work contributes to the existing and growing body of evidence on the care-seeking behavior of HCWs in the post-COVID era."

The findings of this research provide insights for urgent need to dealing with mental health issues of healthcare providers, recognizing that it is not solely a problem within the health sector but a major public health concern. Greater efforts are required to gain deeper insights, including long-term cohort studies, to explore the

care-seeking behavior of HCWs. Furthermore, more research needs to be undertaken to find effective factors that influence service utilization. Ultimately, a key policy priority should be to planning for the long-term provision of active mental care for healthcare providers.

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Authors' contribution

Abachizadeh and Rouhipour developed the study concept and design. Rouhipour acquired the data. Abachizadeh and Rouhipour analyzed and interpreted the data, wrote the article, and contributed to the discussion. Abachizadeh provided administrative support.

Ethical considerations

Ethics Approval and Consent to Participate: Ethical approval was granted by the Institutional Research Board of the Faculty of Medicine of Shahid Beheshti University of Medical Sciences (IR.SBMU.MSP.REC.1400.367).

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Conflicts of interest

The authors declare no conflicts of interest in this study.

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