

# **KIBOGORA POLYTECHNIC**

**FACULTY OF HEALTH SCIENCES**

**DEPARTMENT OF GENERAL NURSING A0**

## **NURSE'S AWARENESS ON DELAY FACTORS IN INITIAL TREATMENT CONTACT AMONG PATIENTS WITH DEPRESSION ATTENDING NEUROPSYCHIATRIC HOSPITAL CARAES NDERA.**

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A Research project Submitted in Partial Fulfillment of the Requirements for the Bachelor's  
degree with honor in General Nursing.

### **PAPER PREPARED BY:**

UWIKUNDA Joyeuse: 2000601

NISHIMWE Olive: 1800066

### **SUPERVISOR**

UWAMARIYA Therese

Kibogora, July2022

**DECLARATION**

We, UWIKUNDA Joyeuse and NISHIMWE Olive, declare that this research study titled Nurse Awareness on Delay Factors in initial Treatment Contact among Patients with Depression Attending Neuropsychiatric Hospital Caraes Ndera” is our original work and has not been presented to any Institution or University.

Names: .....

Signed: ..... Date: .....

Names: .....

Signed: ..... Date.....

**Declaration by the Supervisor**

I declare that this work has been submitted for examination with my approval as KP Supervisor.

SUPERVISOR’S NAME: .....

SIGNED: ..... DATE.....

## ABSTRACT

**Background:** As many as 450 million people worldwide are estimated to be suffering at any given time from depression. Worldwide it is estimated that lifetime prevalence range from 12.2% to 48.6% of people suffering from depression without seeking mental health service(Benti et al., 2016). Barriers to mental health intervention globally remain a health concern. However, these are more prominent in low and middle income countries. The barriers to accessibility to mental health services include poor awareness, fear of stigmatization, social cultural and religious influence, and geographical accessibility and affordable influence.

**Methodology:** The aim of this study was to assess the nurse's awareness on delay factors in initial treatment contact among patients with depression attending Neuropsychiatric Hospital caraes Ndera. The specific objective was (1) to assess the level of nurse's awareness on delay factors in initial Treatment Contact among patients with Depression attending Neuropsychiatric Hospital Caraes Ndera. This study used descriptive cross sectional study design using a quantitative approach. Data was collected from population of 50 participants working closely with the Patient in Neuropsychiatric Hospital Caraes Ndera. Data was collected using a structured questionnaire with closed ended questions and analyzed using statistical package for social science (SPSS) version 26.

**Findings:** Generally the findings showed that, 44.125% of nurses have good understanding on delay factor in initial treatment contact among Patient with depression but 10.444% of nurse's were not aware on factors delay patient to seek early treatment.

**Conclusion and recommendations:** Institution should work with Community health workers by community outreach in order to improve their awareness about depression because they work closely with the People in the community and Nurses should increase level of curiosity by documenting all challenges met by the Patient.

## **DEDICATION**

To almighty God firstly, secondary we dedicate this work to our family members for encouragement and materials support during all period of our studies. We also dedicate it to our Lectures, Classmates and our friends for proper support to us during the time of studies.

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## **ACRONYMS**

**A0:** Bachelor degree

**A1:** Diploma degree

**DSMV:** Diagnostic and Statistics Manual of mental disorder V

**HIV:** Human Immunodeficiency Virus

**NCS:** National Comorbidity Survey

**SASH:** South African Stress and Health study

**SPSS:** Statistical Package for Social Science

**WHO:** World Health Organization



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## **CHAPTER ONE: GENERAL INTRODUCTION**

### **1.0 Introduction**

There is no health without mental health(Vladimir, 1967). Mental health is more than the merely lack of mental disorders and mental health is an essential indicator of health according to World Health Organization(WHO) definition of health as state of complete physical, mental and social well-being and not merely the absence of disease or infirmity(Shepherd & Parker, 2017).

Mental disorder include depression inflict enormous morbidity, mortality and impairment through complicated to serious health condition if it isn't treated resulting in emotional, behavioral and health problems that affect different area of their life(Analysis & Luo, 2021).

Indeed, the majority people with depression continue to go untreated, even in economically-advantage societies(Horackova et al., 2019).

The major barrier to mental healthcare access comprise limited availability and affordability of mental health services, lack of education about depression, insufficient mental health care strategies, negative attitudes toward patient with depression and stigma(Muhorakeye & Biracyaza, 2021).

This chapter is concerned with the background of the study, statement of the problem, purpose of the study, research questions, significance of the study, limitation of the study and scope of the study about the assessing of nurses awareness on delay factors in initial treatment contact among patient with depression.

### **1.1 Background of the study**

Depression is a common and serious medical illness that negatively affects how you feel the way you think and how you act. Fortunately it is also treatable(Patel et al., 2015). Despite the recent worldwide focus on mental health, the burden of mental disorder is still on the increase with the projection with the depression alone to be the second cause of disability in 2020(Ali & Agyapong, 2020). As many as 450 million people worldwide are estimated to be suffering at any given time from depression. Worldwide it is estimated that lifetime prevalence range from 12.2% to 48.6% of people suffering from depression without seeking mental health service(Benti et al., 2016).

Moreover, about three quarter of those with depression, mainly in low- income countries have no access to treatment(Shepherd & Parker, 2017). Previous studies documented that only 32% of peoples worldwide use community intervention facilities, and this include any type of care to patient with depression seeking a health intervention outside of the hospital(Muhorakeye & Biracyaza, 2021).

The baseline National Comorbidity Survey (NCS), for example estimated that approximately 80% of all people in the united states with a mental disorder eventually seek treatment, but that the median delay between first onset of the disorder and first treatment contact is near decade(Analysis & Luo, 2021).

One in four adults in England experience depression at any one time and it is approximate that 68% of all lifetime mental health difficulties emerge by the age(Velasco et al., 2020). A result the prevalence of delay in seeking treatment of depression was 29% in four European regions, the highest is southern Europe (35%), followed by central and eastern Europe (32%), Western Europe (26%) and lowest in Scandinavia (17%)(Horackova et al., 2019).

In spite of this, not all people suffering from depression are treated(Salaheddin & Mason, 2016). In the study carried out in Norwegian, only 12% of respondents with symptoms of depression had ever sought help and Canadian study revealed that 40% of respondents with symptoms of depression or anxiety perceived an unmet need for care(Sareen, 2009).

Again study carried out in Ethiopia out of total study participant, 304(37%) were found to have poor awareness about depression especially were less educated, private workers, old aged and those unable to access mental health information(Benti et al., 2016).

Furthermore, 30% of countries worldwide do not have a budget for mental health at all, this problem has been found in sub-Saharan African countries, such as in Uganda where the budget spent on mental health service remain low(Mugisha et al., 2019). Studies carried out in sub-Saharan African countries, 68% of health professional shows that barrier such as poor awareness about depression, negative belief about health care provision, social culture, poor quality of services limits peoples with depression to seek early treatment(Færden, 2016).

The study carried out in Tanzania, among 286 Health Care Provider in different Hospital include Mirembe Hospital and Ocean road cancer Institution by using Qualitative approach were asked about perception about factors delay patient with depression to seek mental health services; 48% respondents report sociocultural barrier including traditional healers, 24% reported poor awareness about depression while 28% reported the problem of poverty which limit people to seek medical treatment because of lack of health insurance(Ambikile & Iseselo, 2017).

The study carried out in Rwanda about constant struggles to receive mental health care; Health Care Professional” acquired experience of barriers to mental health care services showed that barriers include poverty and lack of family support, poor community of awareness of mental disorder, societal belief in traditional healers and pray(Rugema et al., 2015).

Generally, treatment of patients suffering from depression is insufficient even in high income countries(Franklin, 2022).

## **1.2 Statement of the problem**

Depression is a highly prevalent mental disorder and is associated with substantial personal and economic burden(Biswas et al., 2019). About 50% patients with depression visits general Hospital due to somatic expression of the disease like chronic headache, palpitation, weakness, pain in joint, burning like sensation and vague pain which made them for likely to see neurologists, gastroenterologists and cardiologists(Schwenk et al., 2011).

Depression is documented as medical and mental problem which affect all age of life but increases in adolescence and adults(Radez et al., 2021). In study carried out in Kenya established that many patients with depression mistrust the health care providers, experience stigma related to their mental disorder, experiencing sociocultural misunderstanding, experience barriers to low awareness about depression resulting in their difficulty in access to and use of mental health services(Musyimi et al., 2017).

It is found that delay in seeking medical help among patient with mental health problem greatly contribute to the development of depression and suicide attempt(Velasco et al., 2020). In the study done in Tanzania among health care providers about perception on factors delay patient with depression to seek mental health services; demonstrated 48% of nurses reported

sociocultural barrier including traditional healers, 24% reported poor awareness about depression while 28% reported the problem of poverty which limit people to seek medical treatment because of lack of health insurance(Iseselo & Ambikile, 2017).

In Rwanda, limited resources for mental health care especially in health center, persons with depression still experience stigma and discrimination, therefore may not actively seek help(Muhorakeye & Biracyaza, 2021) and a high number of peoples attempted suicide with 12 death per 100,000 persons per year from 2017-2022(Id et al., 2022).

The study done at Kabutare hospital about exploration of barriers to mental health services utilization among patients identified fear of stigmatization, lack of awareness of mental health, sociocultural barriers, and financial and geographical difficulties to mental health services as the most prominent barriers to seeking medical attention among the patient with mental health problem(Muhorakeye & Biracyaza, 2021).

There is no published studies showing the awareness of nurse on delay factors in treatment among patient with depression in Neuropsychiatric Hospital Caraes Ndera concerning. Therefore we conducted this study with curious to assess awareness of nurses on delay factors that limits people to seek treatment among patient depression.

### **1.3 General objective**

The aim of this study is to assess nurse's awareness and knowledge on delay factors in initial treatment contact among patients with depression attending Neuropsychiatric Hospital Caraes Ndera.

### **1.4 Research questions**

What is the Level of nurse's awareness on delay factors in initial Treatment Contact among Patients with Depression attending Neuropsychiatric Hospital Caraes Ndera?

### **1.5 Objective of the study**

To assess the Level of nurse's awareness on delay factors in initial Treatment Contact among patients with Depression attending Neuropsychiatric Hospital Caraes Ndera.



## **1.6 Significant of study**

### **Scientific interest**

This study will provide data that will act as a reference for the future research paper to be done concerning this area of the study, not only that but will also provide researchers and students with new knowledge that has been gained from carrying out this study.

### **Society interest**

After the completion of the study, there will be awareness to the society according to the data which will be collected. This study wills the government to establish relevant measures and policies to curd this problem.

### **Site of research interest**

Focused on the results of the study, the administration of neuropsychiatric hospital caraes Ndera will know the awareness of nurses on different factors limit people to seek treatment, after onset of depression and will take appropriate preventive measures and their adequate managements.

### **Personal interest**

Through doing this study we will be able to meet academic requirement as set by the university teaching board. We acquired skills in doing research as this was the first experience.

## **1.7 Limitation of the study**

Given the limited time allocated to the research project, the study didn't cover all aspects of depression as a disease and didn't provide information on other mental health disorders which may not be associated with depression. The study was neither covers all Neuropsychiatric Health Institution in Rwanda nor cover all about nursing management including holistic assessment. Our study was conducted in Neuropsychiatric Hospital Caraes Ndera and we worked on Nurse's awareness on factors delay people to seek Treatment among Patients with Depression.

## **1.8 Scope of the study**

This study was carried out in Neuropsychiatric Hospital Caraes Ndera located in Gasabo District, Ndera Sector from April to May 2022. It aimed to Assess Nurse's awareness on delay factors in initial Treatment Contact among Patient with Depression attending the Neuropsychiatric Hospital Caraes Ndera.

## **CHAPTER TWO: LITERATURE RIVIEW**

### **2.0 Introduction**

This chapter is representing a review of existing literature on Nurse's awareness and Delay factor in initial Treatment Contact among Patient with Depression. It will contain key terms and reviews different explanations from different studies conducted on factors delay in initial treatment contact among Patients with Depression.

### **2.1 Definition of key concept**

#### **2.1.1 Assessment**

It is the process of collecting, reviewing and using data for the purpose of improvement in the current performance through measuring terms, the knowledge skills and attitudes(Lundquist, 2009).

#### **2.1.2 Nurses**

They are mental health professional whose field of nursing involves care for patients dealing with mental health disorder and they are trained to give care to people who are sick or injured(Id et al., 2022).

#### **2.1.3 Awareness**

It is defined as perceiving, knowing, feeling or being conscious about something or information(Goldman et al., 1991).

#### **2.1.4 Delay factors in initial treatment**

It is all factors limits/hold peoples from seeking health services(*Mental Health ATLAS 2017 Member State Profile*, 2018). Due to complex nature of psychological disorders successful treatment often require regular access to mental health care professional and a variety of support in mental health services. Therefore mental health care services are often not available or are under -utilized particular in developing countries(Hansen et al., 2021) in developed countries, the treatment gap range from 44% to 70% while developing countries the treatment gap can be as high as 90%.

#### **2.1.5 Patient**

A person who is suffering from disease or any injury(Liu & Xun, 2021).

### **2.1.6 Neuropsychiatric**

This is branch of medicine dealing with disease involving the mind and nervous system(Hunt & Sine, 2015).

### **2.1.7 Depression**

Depression known as major depressive disorder or clinical depression is a common and serious mood disorder. Those who suffer from depression experience persistent feelings of sadness and hopelessness and lose interest in activities they once enjoyed. Aside from the emotional problems caused by depression individual can also present with physical symptoms such as chronic pain or digestive issues to be diagnosed with depression, symptoms must be present at least 2 weeks(Semrau et al., 2020).

### **2.2 Clinical manifestation of depression**

Depression is the most common mood disorder and is represented as an emerging public health problem. According to the Diagnostic and Statistics Manual of Mental disorder V (DSMV), depression is characterized by the presence of five or more signs and symptoms for a period of two weeks and present with at least one of the symptoms of depressed mood or loss of interest(Oguchi et al., 2014).

Other symptoms include feeling of hopelessness, feeling of guilt, decreased energy, significant weight loss when not dieting or weight gain, fatigue, insomnia or hypersomnia, difficulty concentrating, headache, sadness, nausea or diarrhea, dizziness and isolation(Cheung et al., 2017).

### **2.3 Risk factors of depression**

Depression often begins in the teens, 20s or 30 s, but it can happen at any age. More women are diagnosed with depression than men, but this may be due in part because women are more likely to seek treatment. There are different factors that increase the risk of developing or triggering depression including: family history of depression, genetics, chronic stress, history of trauma, gender, unsolved grief or loss, personality threat and substance use(Razzak et al., 2019).

## **2.4 Management of depression**

Depression is under-diagnosed and under treated because of competing in the primary care with other chronic medical conditions, patient stigma and variability in health care provider and interest. Mild major depression can be treated effectively with either medication or psychotherapy. Moderate to severe or chronic depression may require an approach combining medication and psychotherapy.

### **2.4.1 Drug treatment**

Choice is often guided by matching patient symptoms to side effect profile, present of medical and psychiatric comorbidity and prior response.

### **2.4.2 Frequent initial visits**

Patients require frequent visits early in treatment to assess response to intervention, suicidal ideation, side effect and psychosocial support system.

### **2.4.3 Continuation therapy**

Continuation therapies (9-12 months after acute symptoms resolve) decrease the incidence of relapse of major depression. Long term maintenance drug therapy should be considered for selected patients based on their history of relapse and other clinical features.

### **2.4.4 Education therapy**

Patient education and support are essential. Social stigma and patient reluctance to accept a diagnosis of depression or enter treatment continue to be problem(Shepherd & Parker, 2017). Talking therapies have been found to be an effective way to treat depression. If depression is moderate or severe, antidepressant medication must be used(Liu & Xun, 2021).

## **2.5 Nursing management of depression**

The functions of nurse in treating patient with depression include: assessment of depression education patient and family members, promoting social change, enhancing treatment compliance, and monitoring clinical progress(Velasco et al., 2020). Nurse who work in general hospital, outpatient, or community setting must use therapeutic alliance and communication can incorporate several effective elements, including psycho education through assistance in identifying early signs and symptoms of depression and coping skills(Bernstein, 2014).

## **2.6 Barriers to mental health care**

The common barriers to mental health care access include limited availability and affordability of mental health services, insufficient mental health care policies, stigma, and lack of education about depression(Boerema et al., 2017).

### **2.6.1 Lack of education**

In developing and developed countries, limited knowledge about depression can prevent individuals from recognizing depression and seeking treatment(Addis et al., 2021). Data from national comorbidity survey revealed that 6.2% of who had serious mental illness in 12 months prior to survey, fewer than 40% had received stable treatment while majority of individual with an untreated severe mental illness include depression did not seek care because they believed they did not have condition that require treatment(Roberts et al., 2018)

Several studies examining the level of public knowledge about the nature and dynamic of mental illness in Sub-Saharan Africa in the last decade had concluded that such knowledge was poor and had called for further public enlightenment(Mckinnon et al., 2013).

### **2.6.2 Affordability**

The cost of mental health services has always been a great barrier to accessing care for people with mental health problems. Common mental illness such as depression can be extraordinarily disabling, yet many people with that illness do not receive treatment. In fact, three out of five adults with recent mental health disorder did not receive care from mental health nurses(Qureshi et al., 2021).

In many low and middle income countries, the high cost of psychiatric treatment, often due to high medication prices, poses significant financial barriers to patients care. The WHO also reported that 25%of all countries do not provide disability benefits to patients with mental disorders and one third of the world population lives in countries that allocate less than 1 %of their health budget to mental health(Wang, P. S. et al., 2007).

### **2.6.3 Limited Availability of services and mental health professional**

Unavailability of essential medicines is particular problem in some developing countries and severely restricts access to treatment for mood disorders. The World Health Organization

reported that nearly 20% of countries do not have at least one common antidepressant(Cheung et al., 2017).

#### **2.6.4 Policies limitation**

The World Health Organization cites a global lack of comprehensive mental health policies which are crucial for implementing and coordinating mental health care services, as a key barrier to public access to mental health care(Scott et al., 2020).

The study showed that nearly one third of all countries and almost half of all African national, have no comprehensive mental health care policies or plan, in the countries with mental health care policies in place approximately 40% have not been revised since 1990 and do not address recent development in mental health service(Peltzer & Phaswana-Mafuya, 2013).

#### **2.6.5 Stigma**

A person own belief about mental about mental illness can prevent them from acknowledging their illness or sticking with treatment(Arnaez et al., 2020)the risk of facing discrimination in cultural, social and professional circles creates a huge barriers. People may fear that family and friends will avoid them or treat them differently(Hao, 2021).

### **2.7 Nurse's awareness on factors delay patient to seek early treatment**

In countries of all income levels, people who experience depression are often not correctly diagnosed and others who do not have the disorder are too often misdiagnosed and prescribed antidepressants(Id et al., 2022). People fail or delay to know that they developed depression until complicated to major mental disorder include suicidal feeling, alcohol abuse, schizophrenia (Patel et al., 2015). Some people in neuropsychiatric with major depression developed signs and symptoms like headache, feeling sad, loss of appetite. Seek help from physician many time without thought about mental disorder due to lack of knowledge, poor access to mental health services and lack of information about mental health problem support(Nguyen et al., 2019).

#### **2.7.1 Limited awareness**

Poor awareness of mental disorders is the barrier that hampers the access and use of mental health service in most people with mental disorder. Some patients with mental disorder like depression seek health care support lately because different family members fear to bring patients at the health facility since they have poor awareness on the cause of depression and also

dispel the myths around the predictors of these disorder and their psychotherapies or therapy options(Muhorakeye & Biracyaza, 2021).

The study conducted in Palestine about awareness, diagnosis and management of depression among health care provider documented that 88% of nurses has good knowledge about factors limit patient with depression to seek early treatment. Among those factors, lack of education among the patient with depression presented at 52% as factors limited people to seek early treatment in 2015(Fashafsheh Ahmad Ayed & Eqtait Lubna Harazneh, 2015).

The Health Care Provider in Vietnam estimated that general mental health literacy need improvement due to the spread of incorrect or misleading information regarding depression, their symptoms, and treatment options(Franklin, 2022). Several country wide campaigns have been launched to address this issue, and discussions concerning mental health have been printed in new papers and disseminated on social media especially on different television and radio especially in cooperation with WHO on international mental health day programs were broad casted under the theme” depression: let’s talk” in 2017in the way of increasing population about awareness and reduce the number of people with depression refuse to seek mental health services(Franklin, 2022).

In 2020 similar campaign in Africa focused on suicidal prevention that includes public distribution in the daily press and social media. Yet, the Health Care Provider in Uganda reported that public awareness for symptoms of mental health problems that needs professional help is still insufficient(Semrau et al., 2020).

Poor awareness of mental disorder within the community was a factor perceived to delay health care seeking. The lack of trained staff in rural area and low community awareness obstructed access to the needed care and contributed to delay. The health care provider discussed and made comparisons with the available community-based education programs successful improving knowledge of Gender-Based Violence, Malaria and HIV. No such resources were available for improving community knowledge on mental health disorder(Rugema et al., 2015).

The community has poor awareness of how mental health service help people with depression until there is any improvement The community members consider one patient with mental

disorder to have been affected by the devil and then start harassing the patient by calling him non-appropriate names(Benti et al., 2016).

A research carried out revealed that the main impediments to non-adherence to mental health services are that the mentally ill people denied taking mental health services because they think that they will get better later, and that they also want to solve their mental problem without seeking the help from health care provider(Negash et al., 2020).

### **2.7.2 Social cultural and religious influence**

Traditional healers are present in almost every community in Africa. They are the first health care provider to be consulted in up to 80 % of cases, especially in rural areas(Mbendana et al., 2019). South African studies show that 70% to 84% of patients with different mental disorder consult traditional healers at some time. The South African Stress and Health Study(SASH) reported that only 5.7% of persons with a mental disorder had received any conventional mental health care in the preceding 12 months(Sareen, 2009).

Seeking mental health from traditional healers was importantly discussed as a common phenomenon among the patients. Society believe that mental disorders should be treated effectively by traditional and faith healers than professional from the hospital. This is because they think that whatever happens to person who affects the nervous system is related to the devil and witchcraft. While, exorcism to get health improvement was stated as another means due to their belief in evil spirits whom they believe that they have power to chase away(Muhorakeye & Biracyaza, 2021).

Additionally, Depressed patient expressed that they seek health intervention from church prayers where they believe that involving in prayer for a long time helps them to get recovery according to the study done in different District Hospital(Mugisha et al., 2019) thus Nurse's reported that depressed person seek mental health care at the medical or psychiatric facility after failing to get an improvement through traditional healers and prayers(Lanka & Pdr, 2010).

The traditional healers are often from the families with historical background of providing traditional healing for several patients with various health problems in their respective societies, as the knowledge and experience to treat mental health problem(Iseselo & Ambikile, 2017)This kind of medical practice is taken as the family acquiescence that is transferred from one family to



another. Within this system of traditional healing, traditional healers mostly use the combination of various herbs and the “Secret Knowledge,” and in some circumstances, rituals in the community are used for helping the patients(Musyimi et al., 2017).

The Nurses in Tanzania revealed that traditional healers and faith healers are respected in their communities and societies, and through this respect, they are involved not only in treating the disorders but also in solving disputes and other psychosocial problems within their communities which delay people to seek medical attention(Ambikile & Iseselo, 2017).

The religious healers particularly the Protestants also live in the community and share social-cultural beliefs with the community members. However, in this system of healing patients with mental health problem, the treatments used include religious text that are recited and written on paper or special materials as well as preparing solutions; the solutions mostly used involved washing the body, drinking, and both drinking and washing hands(Muhorakeye & Biracyaza, 2021).

The religious healers are considered as people whose background is religion, and they are mostly respected by people in their society. Most of the time, they intervene in sociocultural events including naming ceremonies, burial services, and teaching and preaching religion. They are mostly in every community and are accepted by the communities(Rugema et al., 2015).

### **2.7.3 Geographical accessibility and affordability influence**

Even if someone is interested in getting mental health treatment, nurses reported that they may not know how to find appropriate professional care. In some underserved area, there may be few or no mental health professional, particularly those who provide treatment for more complex issues(Tapp et al., 2020).

Research documented that Lack of transportation is a serious issue and patient presented this as a barrier for not consulting with mental health service in the health facility because of poverty, so that people decide to look for traditional medicine near them that can help them. Another subject reported by nurse’s is the problem of difficult in trajectory and accommodation because the same health facility is far so it become a big challenge to seek help(Rugema et al., 2015).

Rwanda updated strategic plan for its health sector set new targets for expanding mental healthcare services in 2018. Its purpose was to help increases access to mental health resources

by decentralizing mental health and integrating it into primary care. Also this plan designed for decrease in the cost of mental healthcare and increase in quality of care. Since citizens cannot afford to pay for mental health resources, the government will need to help by providing more free or affordable resources(Mutuyimana et al., 2022).

Recent study obviously indicated multiple barriers to use and the utilization of mental health services in developing countries where three quarter of the patients with mental health disorder do not have access to mental health services. They demonstrated that the treatment gap for mental health in developing country is higher than developed country(Wakida et al., 2018).

Some people with depression are poorly knowledgeable about the availability and accessibility of mental health interventions and treatments. They are uncertain about which suitable settings or health facility they may seek for mental health services, and these obstacles weaken their willingness to seek for mental health services(Franklin, 2022).

#### **2.7.4 Fear of stigmatization and discrimination**

Stigma can be defined as a social process, characterized by exclusion, rejection, or devaluation that results from experience, perception, or reasonable anticipation of an adverse social judgment about a person or group(Picco et al., 2019).

In most societies, mental illness carries a substantial stigma. It is considered as any amalgamation of three related problems: a lack of knowledge, negative attitude, and exclusion and avoidance behaviors. The mental ill are labeled as different from other people and are viewed negatively by others, stigmatization can lower persons self-esteem, contribute to disrupted family relationship and effect employability(Hao, 2021).

Many people with depression, they stigmatize well themselves and many of them experience social stigma related to their mental disorder. Some family member they deny to bring the patient to the hospital so that no one could know that they have patient with depression for them stigma caused them to become marginalized, resulting in delay in receiving mental health service. And refusing to be taken to the hospital(Arnaez et al., 2020). The community lacks empathy and its negatively impacts the families of these patients and cause the patients with mental health conditions to experience psychosocial issue including feeling frustrates, shameful, and socially

neglected(*Facilitators and Barriers to Person-Centered Care in Child and Young People Mental Health Services: A Systematic Review.*, n.d.).

Research indicated that the patient with depression develop self and social stigma from the community and family in which the patient resides. The results revealed that self-stigma occurred when the patients was aware of the mental problem which result in developing hopelessness as well as poor adherence to mental health services(Rugema et al., 2015).

Many health care provider report that their patients described more about negative attitudes of members of their communities who use stigmatized words or names due to their mental health problem. They also expressed social stigma and social exclusion that caused them to marginalize themselves and drop out from social identification or potential social groups(Wakida et al., 2018).

Self-stigma is also a big issue for people with depression. Almost mental ill person develops negative attitudes and behaviors due to being marginalized and stigmatized by their families and communities. Some patient reported to their referee (counselor) that lower accessibility to the services related to the mental health disorders are caused by shame which pushed them to hide their mental health conditions to themselves. The patients sometimes delay to take mental health services and personally stop seeking the mental health services at the hospital(Seeman et al., 2016).

A study conducted in China (2021), involved 1056 participants from nine Colleges/Universities in Hunan Province. The questionnaire addressed the attitude toward depression and the desire for keeping a distance from depressed individuals. Compared with Female students, Male were more likely to agree that if I had this problem, I would not tell anyone. Compared with non-medical students were more likely to agree that the problem is a sign of personal weakness. A lot of respondent would be unwilling to marry into the family of people with depression(71.1%) or work closely with them(45.1%)(Hao, 2021).

There are different perceptions that hesitant people to seek professional treatment, the mainly follow four aspects: attitudinal, cultural, low perceived need and structural barriers. More specifically, first, attitudinal barriers included negative attitude of society toward depression, having previously poor help seeking experiences, distrust of mental health professional and

treatment, preference to handle problems themselves and unwilling to self-disclose problems was different barriers reported by health care providers(Hao, 2021).

A study done in Denmark involved 372 participants from the Lolland- faster Health study 2016-2017. The study included three hundred seventy two Health care provider, total of 314 out of 372(84%) completed the survey questions and reported different barriers to mental health care access. Worry about expenses related to seeking or continuing mental health care was considerable barrier reported by 30% of health care provider responding and, as the greatest problem barrier. 22% perceived stigma as barrier to accessing mental health care. Lack of transportation was not only the barrier of concern for health care provider in general but also the issue with greatest and socio-economic disparity(Packness et al., 2019).

The occurrence of gossiping social networks was raised as an issue that lessened the utilization of mental health services. Information can travel within socially proximate rural areas or rural settings where this gossiping network is due to social influences. The research documented that the community gossip was a significant issue to the extent that they believed that can negatively affect progress of recovery(Picco et al., 2019).

## **CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY**

### **3.0 Introduction**

This chapter describes the methodology of conducting this study. The main elements will include: Research approach and design, target population and sample size, sampling procedures, research instruments for data collection, data collection procedure, ethical issues, data analysis and reliability and validity.

### **3.1 Research approach and design**

The study used the Descriptive cross sectional study design using a Quantitative approach.

### **3.2 Target population**

The Target populations were 87 both mental health nurse and General nurse who worked closely with Patients with Depression in outpatient and admitted in the Hospital.

### **3.3 Sampling procedures**

For this study, Non-probability Convenience Sampling method was used to select Nurses who participated in the study.

### **3.4 Sample size**

All 87 Nurses working closely with the Patient diagnosed with depression were invited to participate in the study. Those who were leave and nurses who refused to participate in the study were excluded. 50 Nurses who had willing to participate in the study were all included in our study due to a small size of population.

### **3.5 Research instruments for data collection**

The data was collected by using a structure questionnaire with closed ended questions in English language as tool for data collection. The questionnaire used contains section A with demographic data of respondent and section B which cover the question of nurses working closely with the patient with depression.

### **3.6 Data collection procedure**

After approval of institution review panel, we introduced our study to in-charge of Neuropsychiatric hospital caraes Ndera, who introduced us to the staff. Then we explained our study to respondents to identify who are eligible for the study.

After explanations, participants signed the informed consent form, and then we started by distributing structured questionnaire to gather information and checked each questionnaire at the end of completeness in the way of reducing error like missing some information.

### **3.7 Ethical issues**

Ethical consideration is specified as one of the most important parts of the research, conducting the study requires considerable ethical aspects to protect the participants. We got a clearance letter from University of Kibogora Polytechnic to go and carry out research in Neuropsychiatric hospital caraes Ndera.

In the course of the study participants asked questions and confidentiality of them was respected. The protection of the research participant health information was ensured. Any type of communication in relation to the research was done with honesty and transparency.

It was voluntary participation, no funds provided to the participants, either to the patients or the staff that may be involved.

### **3.8 Data analysis**

Data collected was kept safely and confidently saved, and was compiled and data was entered by using SSPS 26 for analysis. Descriptive statistics like frequencies, percentage were used to present data. Tables and figures were also used to present data.

### **3.9 Reliability and variability measures**

We worked with supervisor and other experts in mental health and psychiatric health facilities to ensure that test items cover the concept and variables of interest in the research as to ascertain the content validity.

For this study we adopted test-re-test method of reliability testing. The survey instrument was administered to selected 5 health care providers to test if provided information is accurate.

**CHAPTER FOUR: DATA PRESENTATION, ANALYSIS, INTERPRETATION AND SUMMARY.**

**4.0 Introduction**

This chapter presents the findings of the study, their analysis, interpretation and discussion. Results are presented in summary tables and illustrations using the objective of the study as guidelines. This chapter also includes the discussion of the finding link to the existing evidence that has been found in the same area of interest based on the objectives of the study.

**4.1 Demographic information of respondents**

**Table 4. 1 Demographic information of respondents**

Variables	Categories	N	Percent (%)
Gender	Male	22	44%
	Female	28	56%
Age	20-30	21	42%
	31-41	18	36%
	42-52	11	22%
Level of education	Diploma(A1)	38	76%
	Bachelors(A0)	12	24%
Position	Mental health nurse on bed	32	64%
	General Nurse on bed	18	36%
Working experience	Less than 1 year	5	10%
	Between 1 to 5 years	14	28%
	Between 6 to 10 years	13	26%
	Above 10 years	18	36%

Table 4.1 showed that majority of respondents were 28 female (56%) and 22 males (44%) working closely with the patients in Neuropsychiatric Hospital caraes Ndera. Based on age, The most respondents are in range of 20-30 years old 21(42%), followed by 31-41years old 18(36%), 11(22%) are in range of 42-52 years old. Based on level of education, most respondents were 32(64%) mental health nurses and 18(36%) general nurses. While 38(76%) respondents had diploma (A1) and 12(24%) respondents had bachelors (A0). 18(36%) of respondents had working experience above 10years, 14(28%) had working experience 1 to 5 years, 13(26%) of respondents had working experience 6 to 10 years and 5(10%) of respondents had working experience less than 1 year.

### 4.3 Nurse's awareness on delay factors in initial Treatment contact among Patient with Depression

Table 2 Nurse's awareness on delay factors in initial treatment.

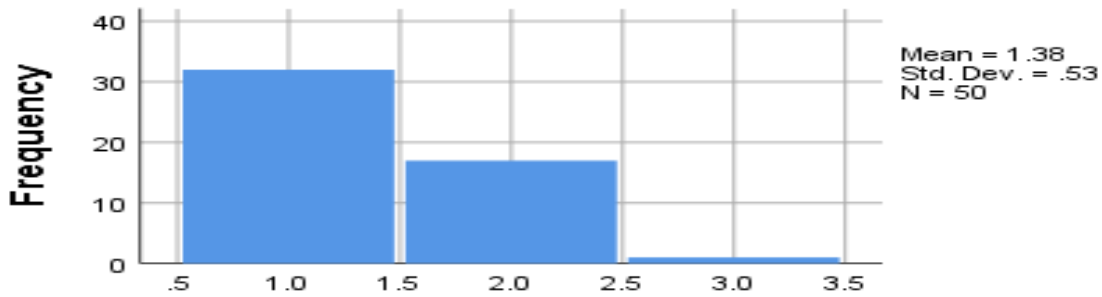
Items	Categories	Frequency	Percent (%)
Lack of awareness about depression among patient.	I strongly agree	32	64%
	I agree	17	34%
	I disagree	1	2%
Social stigma related to depression	I strongly agree	13	26%
	I agree	33	66%
	I disagree	4	8%
People denial that they are depression and use traditional and faith heals	I strongly agree	18	36%
	I agree	23	46%
	I disagree	9	18%
People who are not aware of suitable	I strongly agree	12	24%
	I agree	23	46%



setting(mental health setting)	I disagree	12	24%
	I strongly disagree	3	6%
Lack of early diagnosis of mental health problem	I strongly agree	19	38%
	I agree	31	62%
Some families and patients who are afraid to seek medical treatment due to society isolation	I strongly agree	13	26%
	I agree	34	68%
	I disagree	3	6%
Lack of transportation(poverty)	I strongly agree	9	18%
	I agree	33	66%
	I disagree	6	12%
	I strongly disagree	2	4%
Lack of community services related to mental health	I strongly agree	6	12%
	I agree	37	74%
	I disagree	7	14%

Table 4.3 showed that ; 32(64%) were strongly agree that lack of awareness about depression among patient is the barrier that limit the access and user of mental health services, 17(34%) agreed While 1(2%) , disagreed that lack of information about depression among patient can limit patient to seek early treatment. It also shows the mean of respondents was 1.38, and the standard deviation was 0.53.

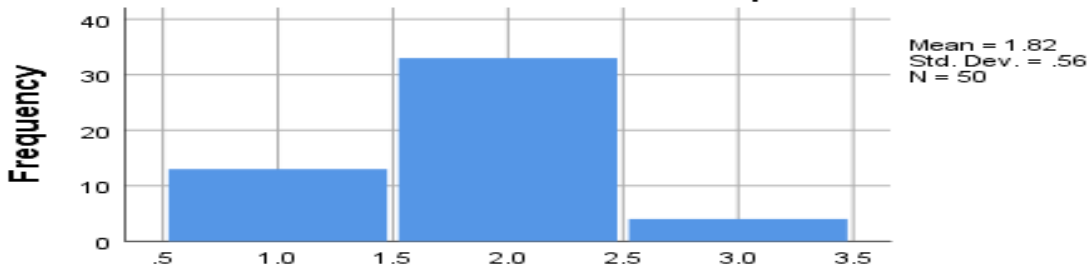
**lack of awareness about depression is important barrier to receive mental health service.**



**Figure 1: Lack of awareness about depression**

Among 33(66%) respondents agreed that social stigma related to depression causing them to become marginalized resulting in delay in seeking treatment and refuse to be taken to the hospital, 13(26%) respondents strongly agreed, while 4(8%) disagreed that social stigma related to depression result in delay in seeking treatment to the hospital. It also shows the mean of respondents was 1.82, and the standard deviation was 0.56.

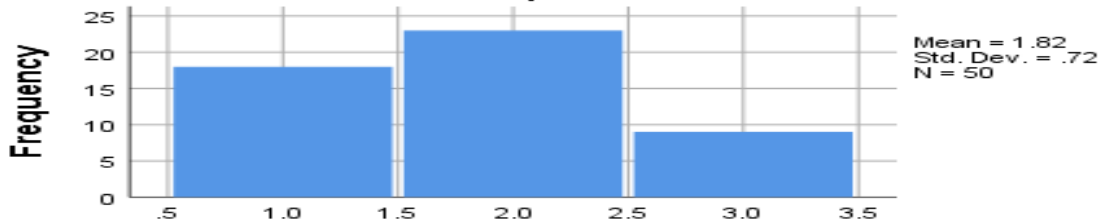
**social stigma related to depression causing them to become marginalized resulting in delay in seeking treatment and refuse to be taken to the hospital**



**Figure 2: Social stigma related to depression**

Among 23(46%) respondents agreed that people denial that they are depressed through believing that all those symptoms results from evil spirits and demons. So they use traditional healers and faith healers as treatment of depression, 18(36%) respondents strongly agreed while 9(18%) disagreed this point. It also shows the mean of respondents was 1.82, and the standard deviation was 0.72.

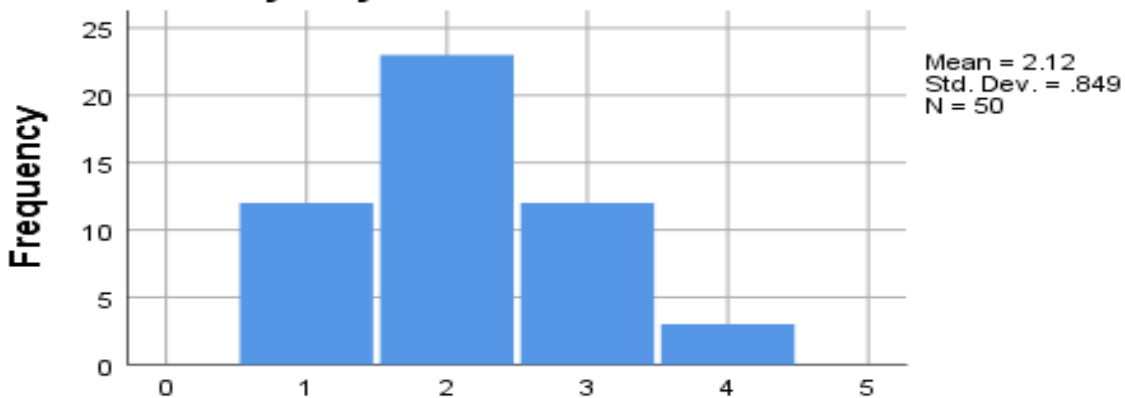
**people denial that they are depressed through believing that all those symptoms results from evil spirits and demons. so they use traditional healers and faith healers as treatment of depression**



**Figure 3: Traditional healers and faith healers**

Among 23(46%) respondents agreed that many people are not aware of suitable setting or health care facility they may seek for mental health service, 12(24%) respondent strongly agreed, 12(24%) respondents disagreed and 3(6%) strongly disagreed that many people are not aware of suitable setting that may seek for mental health services . It also shows the mean of respondents was 2.12, and the standard deviation was 0.849.

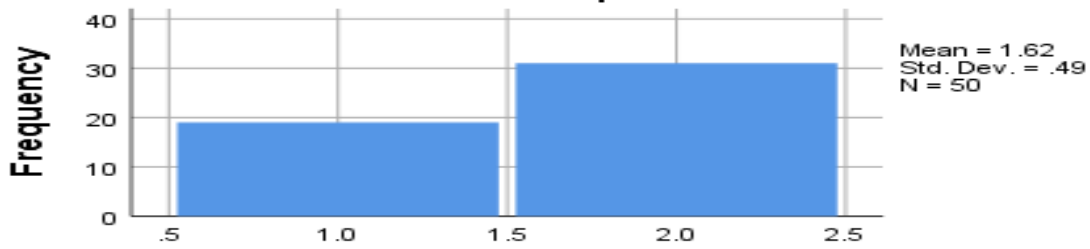
**many people are no aware of suitable setting or health facility they may seek for mental health services**



**Figure 4: Suitable mental health settings**

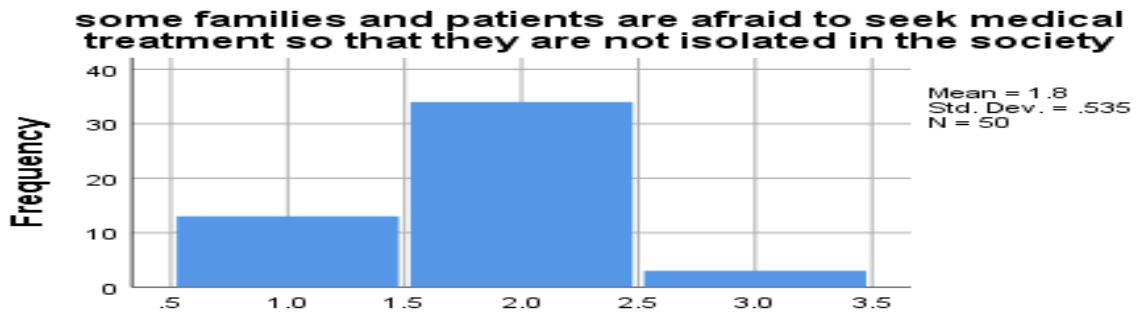
Regarding to early diagnosis, 31(62%) respondents agreed that lack of early diagnosis of mental problem as root causes to somatic symptoms can lead to delay in diagnosis of depression, and thus lead patients to delay in seeking help, 19(38%) strongly agreed that lack of early diagnosis of mental problem can delay patient to seek help. It also shows the mean of respondents was 1.62, and the standard deviation was 0.49.

**lack of early diagnosis of mental problems as root causes to somatic symptoms can lead to delay in diagnosis of depression and thus lead to patients to delay in seeking help**



**Figure 5: Lack of early diagnosis**

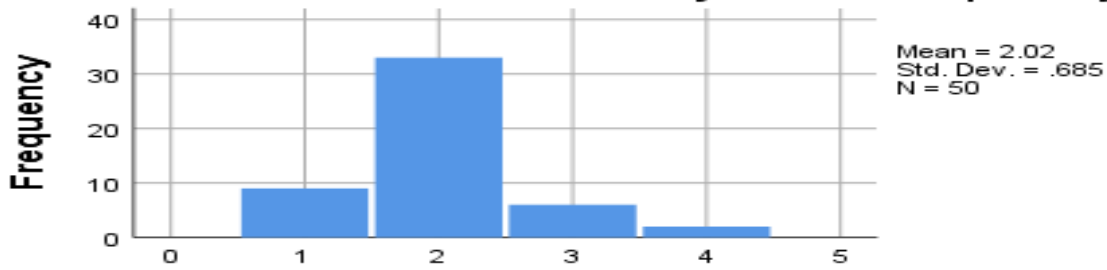
Among 34(68%) respondents agreed that some families and patients are afraid to seek medical treatment so that they are not isolated in the society, 13(26%) strongly agreed while 3(6%) disagreed. It also shows the mean of respondents was 1.8, and the standard deviation was 0.535.



**Figure 6: Families and patient are afraid to be isolated in the society**

Among 33(66%) respondents agreed that lack of transportation is a serious issue because of poverty, 9(18%) strongly agreed, 6(12%) disagreed and 2(4%) strongly disagreed to this point. It also shows the mean of respondents was 2.02, and the standard deviation was 0.685.

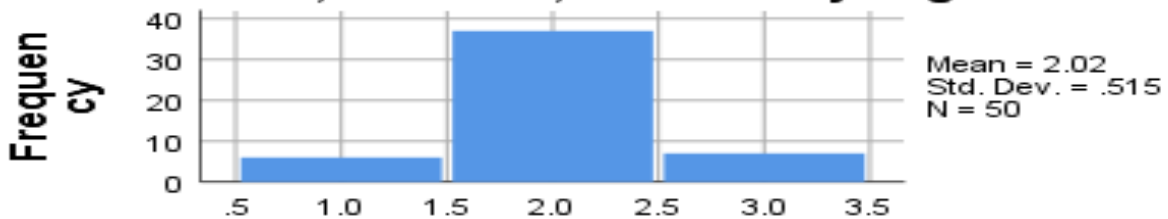
**lack of transportation is a serious issue and people presented this as a barrier for not consulting with mental health service in the health facility because of poverty**



**Figure 7: Lack of transportation**

While 37(74%) respondents agreed that the community lacks of community services and it negatively impacts the families of these patients and cause the patients with mental health conditions to experience psychosocial issue including feeling frustrated, shameful, and socially neglected. 7(14%) disagreed, and 6(12%) strongly agreed to that points. It also shows the mean of respondents was 2.02, and the standard deviation was 0.515.

**the community lack of community services and it negatively impacts the families of these atients and cause the patients with mental health conditions to experience psychosocial issue including feeling frustrated, shameful, and socially neglected**



**Figure 8: Lack of community services**

**4.5 Discussion of the findings**

Generally, the current study showed that 44.125% nurse’s has a good understanding on factors that delay people to seek initial treatment contact among patient with depression. While, 10.44 %of them are not aware of different factors delay patient to seek initial treatment.

This study found that 49(98%) respondents were aware that lack of awareness about depression among patient with depression can limit them to seek initial treatment. The similar study carried out in public university located in Sodo town of Wolaita in Ethiopia about community perception toward mental illness showed that two third of interviewed patients presented a problem of poor knowledge about definitions, cause, clinical manifestation and management of depression and also dispel the myths around the prediction of the depression and their psychotherapies or therapy options(Negash et al., 2020). While 1(2%) of nurses were not aware of how lack of awareness about depression can delay depressed patient to seek early treatment.

Regarding Social stigma among depressed patient, 46(92%) from respondents were aware that social stigma related to depression causing them to become marginalized resulting in delay in seeking treatment and refused to be taken to the hospital. It is consistence to the study carried out at kabutare district hospital of Rwanda about exploring barriers to mental health service utilization where 80% of the participants also indicated that they experienced social stigma related to depression and other mental health disorder(Muhorakeye & Biracyaza, 2021). Despite to the 4(8%) nurses who were not aware how social stigma can limit patient to seek treatment on time.

In addition to Social stigma, 41(62%) nurse were aware that people denial that they are depressed through believing that all those symptoms results from evil spirits and demons. So they use traditional healers and faith healers as treatment of depression. Similar study showed that nurses in Tanzania revealed that traditional healers and faith healers are respected in their communities and societies, and through this respect, they are involved not only in treating the disorders but also in solving disputes and other psychosocial problems within their communities which delay people to seek medical attention(Ambikile & Iseselo, 2017). While 9(18%) nurses were not aware that people can denial that they are depressed until they use traditional healers or faith healers as treatment.

Furthermore, 35(70%) nurses were aware that people are not aware of suitable setting or health facility they may seek for mental health services which delay depressed patient to seek early medical attention. Similar to the study conducted in United States about delays before diagnosis and initiation of treatment in patients presenting to mental health services with bipolar disorder revealed that many people with depression are poorly knowledgeable about the availability and

accessibility of mental health interventions and treatments. They are uncertain about which suitable settings or health facility they may seek for mental health services, and these obstacles weaken their willingness to seek for mental health services(Franklin, 2022).

Regarding to Early diagnosis, all 50(100%) nurses were aware that lack of early diagnosis of mental health problems as root causes to somatic symptoms can lead to delay in diagnosis of depression, and thus lead patients to delay in seeking help. Similar study carried out on Health care provider working in outpatient of Internal medicine department of Kigali university teaching hospital about prevalence and associated factors delay people to seek treatment of depression revealed about 50% of patient with depression seek treatment in General Hospital due to somatic expression of their disease including weakness, headache, vague pain, stomachache, dizziness, palpitation are the common somatic complaints of patient with depression which made them more likely to see health care provider more than 1 year with the same complain due to fail of health care provider to diagnose depression early(Semrau et al., 2020).

Hence, 47(94%) respondents agreed that families and patients are afraid to seek medical treatment so that they are not isolated in the society. These results are in line with the preceding studies that documented that many participant reported that they experienced stigma related to the depression which attach to their family members so they deny to bring the patients to the hospital until depression complicated to major mental disorder, the family members consider person with depression to have been affected by the devil and then start harassing the patient calling them non- appropriate names, which cause the patient or family members to deny seeking treatment because they are afraid to be isolated in the society or becoming marginalized(Mutuyimana et al., 2022). While 3(6%) nurses didn't have information on how families can denial to bring patient to the hospital because they are afraid to be isolated in society.

Moreover, 42(84%) respondents agreed that lack of transportation is a serious issue and people presented this as a barrier for not consulting with mental health service in the health facility because of poverty. Similar to the study carried out in Rwanda about exploring barrier to mental health service utilization at Kabutare District Hospital among the patients documented that its harder to get around if you don't have money at all and because patient live in rural area where it hard to find a car, it require to take motorcycle and it is very expensive, so sometimes they

decide to stay at home due to lack of transport because of poverty(Muhorakeye & Biracyaza, 2021). Despite 8(16%) nurses were not aware on how lack of transportation can contribute to delay in initial treatment contact among patient with depression.

This study found that 43(86%) of nurses mostly believed that lack of community health services negatively impact the families and patients with mental health condition. The similar study carried out in Sudan about barriers to mental health services utilization in Sudan: perspectives of cares and psychiatrics revealed that lacking the community psychiatry and primary mental health service in primary health care levels cause many people comes to seek help to the hospital and this limit the resources and facilities to provide the best care for many number of patients most of whom could have been treated in community(Ali & Agyapong, 2020).

Other study also carried out in three District Hospitals and one mental hospital situated in the Southern part of Rwanda and one Psychosocial Center within the Capital City Kigali about “A constant struggle to receive mental health care”: Health care professionals’ acquired experience of barriers to mental health care services in Rwanda revealed that poor awareness about depression in the community was factor perceived to delay health care seeking due to lack of trained health care providers in the community which obstruct the access to the needed care and contribute to delay(Rugema et al., 2015).

#### **4.6 Summary of the findings**

The majority of Nurses working in Neuropsychiatric Hospital are Mental health nurses, with the working experience of above 10 years Significant proportional of nurses working closely with the patient in Neuropsychiatric Hospital Caraes Ndera have a good understanding on factors delay people to seek treatment early. Among participants 100% (50) of nurse were aware that lack of early diagnosis of depression can delay peoples to seek medical attention while 98%(49)of respondents have good perception on factors limit people to seek treatment including lack of knowledge about depression, social cultural and religious influence, geographical accessibility and affordability influence. On the other hand 30 %( 15) Nurses were not aware that People who are not aware of suitable mental health setting can delay to seek initial treatment. While 9(18%) of respondents lack knowledge on how people use traditional healers and faith healers because they denied that they are depressed.



## **CHAPTER FIVE: CONCLUSION AND RECOMMENDATIONS**

### **5.0 Introduction**

This chapter presents the study conclusion and recommendations, based on the purpose of the study, based on the study objectives and research questions, and the chapter end up with recommendation with suggestion on future research studies for Assessing Nurse's awareness on factors delay Patient with Depression to seek early Treatment.

### **5.1 Conclusion**

Based on the findings from this study Assess Nurse's Awareness on factor delay Patient with Depression to seek Treatment, there is also good understanding of nurses about factors delay patients with depression to seek early treatment. Finding demonstrated that nurses working in Neuropsychiatric Hospital have good qualification in caring patient with mental problem and are well experienced. But some of them are not aware on different factors delay patient with depression to seek treatment. Community health Intervention aiming, to improve community mental health services by educating people about depression encourage them to seek early treatment and also dispel the myths around the cause of depression is highly needed.

### **5.2 Recommendations**

Basing on the research findings, we strongly recommend the following:

#### **5.2.1 To Neuropsychiatric Hospital Caraes Ndera**

Institution should work with community health workers by community outreach in order to improve their awareness about depression because they work closely with the people in the community.

#### **5.2.2 To the Health care provider (Nurses)**

The nurses should increase level of curiosity by documenting all challenges met by the patient.

### **5.2.3 To the Minister of health**

Decentralization of mental health service must be improved at the level of each community. Community health workers must be trained about mental health disorder including depression in order to improve awareness and improve ability to diagnose the depression early in order to provide better management.

### **5.2.4 To Researchers**

It is highly recommended that further research about community awareness should be conducted to rule out why patients delay to seek early treatment.

A similar study can be conducted in other health facilities of the country to assess awareness of nurses of delay factors among patient with depression.

A study must be conducted in the community to find out awareness of community health workers about depression.

A study must be conducted in mental health facility in Rwanda to find the access of mental health services among patient with depression.

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## **APPENDICES**

### **APPENDIX 1: Informed consent form**

#### **A. Introduction**

We are UWIKUNDA Joyeuse and NISHIMWE Olive a student nurse in Kibogora Polytechnic University in General nursing bachelor program. We are doing research on assessment of nurse's awareness on delay factors in initial treatment contact among patient with depression attending Neuropsychiatric Hospital Caraes Ndera. I am going to give you information and invite you to be part of this research.

#### **Purpose of the research**

The overall aim of this study is to assess nurse's awareness and knowledge on delay factors in initial treatment contact among patients with depression attending Ndera neuropsychiatric hospital.

#### **Voluntary Participation**

Your participation in this research is entirely voluntary. It is your choice whether to participate or not. You may change your mind later and stop participating even if you agreed earlier.

#### **B. Description of the Process**

During the research you will have to answer all questions on questionnaire.

#### **Duration**

You will be given questionnaire with questions that you have to answer within a minimum time of 30 minutes.

#### **Benefits**

There may not be any benefit for you, but your participation is likely to help us find the answers to the research questions.

#### **Reimbursements**

You will not be given any other money or gifts to take part in this research.

**Confidentiality**

It is possible that if others know that you are participating, they may ask you questions. We will not be sharing the identity of those participating in the research. The information that we collect from this research project will be kept confidential. Information about you that will be collected during the research will be put away and no-one but the researchers only. Any information about you will have a number on it instead of your name. It will not be shared with or given to anyone except UWIKUNDA Joyeuse and NISHIMWE Olive.

**Right to Refuse or Withdraw**

You do not have to take part in this research if you do not wish to do so. It is your choice and all of your rights will still be respected.

**Who to Contact**

If you have any questions you may ask us now or later, even after the study has started. If you wish to ask questions later, you may contact us. Tel: 0788589488/0780756682

You can ask us any more questions about any part of the research study, if you wish to.

**CONENT FORM**

We are UWIKUNDA Joyeuse and NISHIMWE Olive student nurse in Kibogora Polytechnic University in General Nursing Bachelor program.

Dear Respondent,

We, UWIKUNDA Joyeuse and NISHIMWE Olive from Kibogora Polytechnic University conducting this study on Nurse’s awareness on delay factors in initial treatment contact among patients with depression to provide information to help care providers in taking decision to improve care for people with depression. We are requesting that you participate in this study. All information you provide will be kept as confidentiality and will be used for this study. Your identity will be protected.

I ..... agree to participate in this study.

**APPENDIX2. Questionnaires**

Study title: NURSE’S AWARENESS ON DELAY FACTORS IN INITIAL TREATMENT CONTACT AMONG PATIENTS WITH DEPRESSION ATTENDING NEUROPSYCHIATRIC HOSPITAL CARAES NDERA

Names of researchers: UWIKUNDA Joyeuse and NISHIMWE Olive

Phone number of Researchers: 0788589488/0780756682

APPENDIX1. Questionnaire

APPENDIX1 English version QUESTIONNAIRE

**Instructions**

- 1. Please do not write your name anywhere on this questionnaire.
- 2. Complete all questions

**Section A: Demographic information of participant**

- 1. Sex: Female  male
- 2. Level of education.....
- 3. Position .....
- 4. How long have you been working in a mental health institution/ facility .....

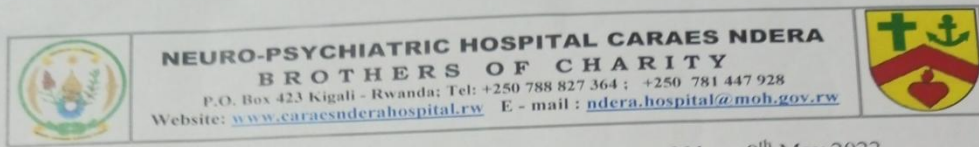
**Section B: The level of nurse’s awareness on delay factors in initial treatment contact among patients with depression**

***QUESTIONS FOR OTHER MENTAL HEALTH PRACTITIONERS WORKING CLOSELY WITH THE PATIENTS***

- 1. Lack of awareness about depression is important barrier to receive mental health service.  
.....I strongly agree .....I agree ..... I disagree .....I strongly disagree
- 2. Social stigma related to depression causing them to become marginalized resulting in delay in seeking treatment and refuse to be taken to the hospital.  
.....I strongly agree .....I agree ..... I disagree .....I strongly disagree

3. People denial that they are depressed through believing that all those symptoms results from evil spirits and demons. So they use traditional healers and faith healers as treatment of depression.  
.....I strongly agree .....I agree ..... I disagree .....I strongly disagree
4. Many people are not aware of suitable setting or health facility they may seek for mental health services  
.....I strongly agree .....I agree ..... I disagree .....I strongly disagree
5. Lack of early diagnosis of mental problems as root causes to somatic symptoms can lead to delay in diagnosis of depression, and thus lead patients to delay in seeking help.  
.....I strongly agree .....I agree ..... I disagree .....I strongly disagree
6. Some families and patients are afraid to seek medical treatment so that they are not isolated in the society.  
.....I strongly agree .....I agree ..... I disagree .....I strongly disagree
7. Lack of transportation is a serious issue and people presented this as a barrier for not consulting with mental health service in the health facility because of poverty.  
.....I strongly agree .....I agree ..... I disagree .....I strongly disagree
8. The community lacks of community services and it negatively impacts the families of these patients and cause the patients with mental health conditions to experience psychosocial issue including feeling frustrated, shameful, and socially neglected  
.....I strongly agree .....I agree ..... I disagree .....I strongly disagree

### APPENDIX 3: Students' project letter



Ndera, 9<sup>th</sup> May 2022  
N<sup>o</sup>. HNP/DG/2022  
8/1

To Mrs. UWIKUNDA Joyeuse & Mrs. NISHIMWE Olive  
AUCA

Dear Madams,

**Re: Approval for DATA Collection for academic purpose**

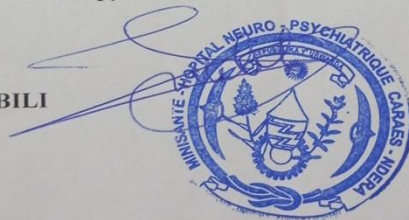
Reference is made to your letter dated on 25<sup>th</sup> April 2022 requesting the permission for data collection on "Assessment of delayed factors in initial treatment contact among patients with depression between 18-65 years old" at Ndera Neuropsychiatric hospital.

We would like to inform you that your request has been granted.

Due to the period of Covid-19, you are asked to observe all preventive measures on Covid-19 and to present a negative Covid-19 (test result within 72hours) before any contact with the hospital.

**Note that your final research copy will be submitted to the management of the hospital.**

Director General  
Brother Charles NKUBILI



**CC:**

- Director of Nursing and Mental health
- Department of Education, Research, CPD and Quality improvement

**APPENDIX 4: Map of neuropsychiatric hospital caraes Ndera**

