

Mental Health Service Access For The Individuals With Depression: Evidence In Thailand

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Abstract

The presence of depression can give rise to significant distress due to the nature of the illness, ultimately leading individuals to potentially miss out on favorable prospects in life. Consequently, it is imperative to ensure that these individuals have access to various treatment options aimed at mitigating their symptoms. The objectives of this research were to investigate the opportunities for accessing treatment among individuals with depression, to identify the problems and barriers encountered by the individuals with depression in accessing treatment and to create a causal model of accessing mental health services for individuals with depression. This was the quantitative research involving the data collection from 453 individuals with depression. The descriptive statistical analysis, Confirmatory Factor Analysis, Structural Equation Modeling, the AMOS statistical analysis software, and Path Analysis were utilized. The research findings revealed that individuals with depression have unequal opportunities for accessing treatment due to barriers in accessing services. There are causal factors influencing the access to services, including barriers that directly affect mental health policy. Both direct and indirect factors have an influence on accessing services. Social factors have a direct impact on barriers to access mental health services and have both direct and indirect effects on mental health policy and access to services. As for mental health policy, it directly influences the access to mental health services for individuals with depression. In conclusion, the greatest barriers to access services are the limitation of accessibility to equality, segregation in the access to physical and mental health, shortage of psychiatric doctors and social stigma. These barriers directly and indirectly affect access to mental health services for people with depression. Thus, the solution is to minimize these barriers.

Keywords: Depression, Accessibility to mental health services, Social determinants of mental health, Barriers to access services, and Mental health policy.

Introduction

The World Health Organization (WHO) has stated that globally, people of all age groups collectively have 322 million individuals suffering from depression, which is equivalent to 4.4% of the total population. Almost half of this number resides in the densely populated regions of Southeast Asia and the Pacific (World Health Organization: WHO, 2017). Every year, approximately 800,000 individuals worldwide die by suicide, with an average of one person suiciding every 40 seconds (WHO, 2018). In addition, the study conducted by Wang et al. (2021) reveals that the global prevalence of depression has been increasing significantly. The major contributing factors include stress and pressure, which are influenced by individual, social, and environmental factors, that have detrimental effects on both physical and mental health, ultimately leading to the development of depression. Treating depression is a challenging task, making it crucial for researchers to strive for long-term preventive measures. Part of the important causes of suicide is derived from depressive conditions. Depression is a significant contributing factor to this alarming statistic as it can lead individuals to a state of incapacity and eventually result in suicide (WHO, 2020). Depression is the most prevalent mental health issue and is responsible for up to 67% of the cases. One of the main causes is the pressure from modern society, leading to a continuous increase in the number of individuals affected. Among the global population of 7.7 billion people, around 450 million individuals are experiencing mental health disorders. This means that for every 17 people, one person is affected by a mental health condition. The average age of individuals with mental illness is 20 years. These individuals often face challenges and difficulties, as they struggle to maintain employment or find suitable job opportunities due to their depressive condition (World Economic Forum: WEF, 8 November, 2018).

In case of Thailand, the Department of Mental Health (2019) discovered that the suicide rate among Thai people was an average of 14.4 per 100,000 population, ranking 32nd highest in the world. It was also found that there were 1.5 million Thai individuals aged 15 and above suffering from depression, with only 28% of them having access to treatment. Over the past few years, there have been approximately 6 suicide attempts per hour in Thailand, and depression is considered a leading cause of death, accounting for over 70% of suicides. This situation leads to premature deaths among Thai

individuals who should otherwise have lived longer lives. (Department of Mental Health, 2022). It is worth noting that the average age of individuals with depression who die by suicide is 45 years old. That is evident these individuals predominantly fall within the working-age group and are vital contributors to their families and society.

Additionally, there is empirical evidence indicating an increased suicide rate since 2020 in response to the COVID-19 situation. It is reported that Thai people have experienced higher levels of stress, leading to an elevated prevalence of depression. Furthermore, the prolonged duration of the COVID-19 pandemic has resulted in a state of enduring exhaustion, mental fatigue, and emotional vulnerability among the general population, depleting their resilience to cope with life's challenges. It is anticipated that the suicide rate in 2021 and beyond will be higher compared to previous periods. (work point To Day, 10 September 2021). Moreover, the studies have found that elderly individuals with a history of COVID-19 infection have a higher prevalence of depression and also lower quality of life compared to those without prior infection. Therefore, effective planning and health policy measures aimed at reducing health-related issues should prioritize the mental health of the elderly (Boustani et al., 2023).

In addition, depression is ranked as the sixth major health problem affecting the quality of life and functional abilities of individuals. When considering the overall picture, mental health issues have a broad impact on the working-age population due to their high responsibilities towards family and work. However, mental health problems in adults may not receive timely attention since mental illnesses can manifest from childhood and adolescence (The Institute for Health Metrics and Evaluation: IHME, 2016). The processes in place to address these challenges are necessary including treatment options, prevention strategies, and improving access to mental health services. Therefore, the researcher was interested in studying the causal factors that influence access to mental health services for individuals with depression.

Literature review

Depression is a prevalent condition that can occur in individuals of all genders and age groups, particularly during the transitional period from adolescence to adulthood (Uoratanamanee & Reoksamran, 2017) and (Siengsanoh et al., 2017). Therefore, the creation and promotion of mental health knowledge among educational personnel, such as school administrators, teachers, and stakeholders, can contribute to the promotion of mental health and the prevention of mental health problems, as well as the reduction of severe psychiatric symptoms in adolescents. Additionally, it can also help to reduce

stigmatization towards adolescents with mental health issues and improve access to mental health services, ensuring timely and appropriate treatment (Supriyaporn, 2023). Additionally, Navamawat et al., (2015) found that personal capabilities within the family and community, as well as support for patients to access timely health services, are crucial factors. Furthermore, raising self-awareness and fostering good relationships with peers are negatively associated with depression. However, stress has a significant positive relationship with depression statistically (Makasawat, 2021). At the same time, the challenges of a shortage of personnel and limitations in accessing personal data for monitoring outcomes pose obstacles to the mental health screening system (Tanthawat & Phiankhuntod, 2023). Therefore, the researcher aimed to conduct a study to integrate and expand on the aforementioned knowledge by examining various variables, including:

By investigating these variables, this study aimed to contribute to the existing body of knowledge and further develop the understanding of these factors in relation to depression and mental health promotion.

Mental Health Access (MHA) refers to the provision of care and services for individuals diagnosed with depression, including monitoring and management guidelines for general practitioners (CPG, MDD, GP) or appropriate assistance from depression service units nationwide. The study aims to examine mental health service access in 4 dimensions; parity of esteem, quality of care, sufficient specialized personnel, and personal recovery.

Social Determinant of Mental Health (SOD) is an environmental factor associated with individuals at different stages of life that contribute to the risk of mental health problems (WHO, 2020). Allen et al. (2014) discovered that mental health and various mental disorders are influenced by social, economic, and physical environmental factors within each person's life stage. This context examines social determinants of mental health in 3 dimensions; poverty, social inequality, and social support.

Barriers to Access (BTA) affect many individuals who face challenges in accessing mental health services, resulting in inadequate mental health care (Heath, August 7, 2019). There are numerous gaps in accessing mental health services, such as inconveniently located hospitals, patients not wanting to spend time visiting doctors, negative experiences with previous service providers, and a preference for alternative treatments (Luitel et al., 2017). Patients with comorbid physical illnesses like diabetes or hypertension may incur higher medication and treatment costs compared to those with a single illness (Sporinova et al., 2019). Mental health services should be reformed, including public education, improved health insurance, empowered and capacitated primary care physicians, and a more integrated

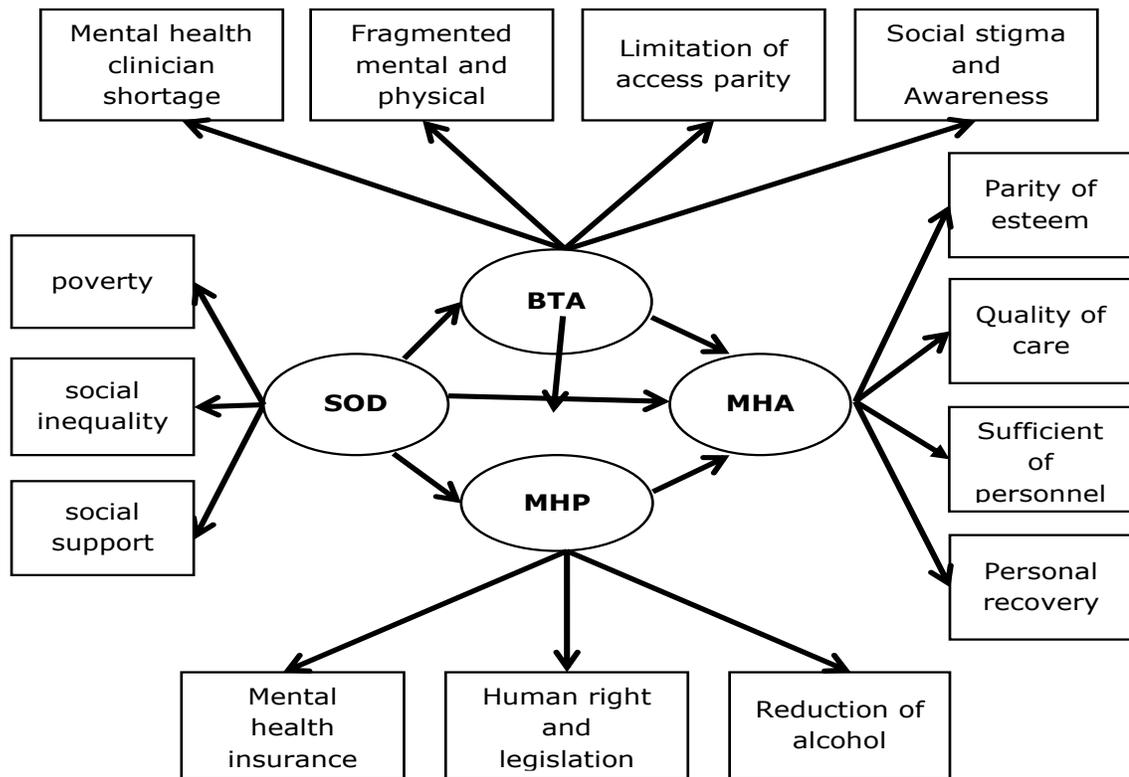
mental health system (Shi et al., 2019). In this context, the study examines barriers to accessing mental health services in 4 dimensions; mental health clinician shortage, fragmented mental and physical health access, limitations of access parity, and social stigma and awareness.

Mental Health Policy (MHP) Organizing and configuring the principles and objectives of promoting mental health and reducing the rate of psychiatric patients are mental health policies to indicate and support the collaboration of stakeholders to work in the same direction. The clear roles and responsibilities are defined (Department of Mental Health, Mental Health Promotion and Mental Health Services Development Plan, 2017). Furthermore, at the World Psychiatric Association meeting, there is a demand for equal funding for mental health and general health, reducing the treatment gap for people in crisis situations, especially in low to middle-income countries. High-level agreements are key to shaping good mental health policies, including promotion, support, prevention, treatment, and rehabilitation of patients (Puras & Gooding, 2019). In this context, the study focuses on mental health policies in 3 dimensions; mental health insurance, human rights and legislation, and reduction of alcohol consumption.

Severe depression leads to suicide, which is a desire to escape from all suffering, can be considered a self-directed act and is consistent with Émile Durkheim's sociological theory explaining suicide as egoistic suicide. This theory describes individuals in society who solve problems by committing suicide. According to this perspective, when individuals feel excluded or detached from society, it affects their mental health. Normally, individuals receive social integration and recognition through their roles, work, family and community ties, as well as other social relationships. When these connections are severed for various reasons, such as retirement or the loss of loved ones, friends, and companions, there is an increase in suicide rates. Particularly, elderly individuals who endure the pain and despair of losing these emotional connections are more vulnerable to eventually taking their own lives (Durkheim, 1951).

The knowledge derived from literature review is used to form a research framework, as follows:

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According to the literature review, the increasing number of individuals with depression in Thai society is found to be an urgent problem that requires serious attention in solving. This is because there is still an imbalance in the context of mental health services and access, which requires both time for improvement and the ability to enhance effectiveness. Particularly, there is a need for social support that can stimulate social consciousness and community mobilization as well as cooperation from various sectors in a concrete manner. This will lead to an awareness on the importance of mental health collectively which can contribute to eliminating social stigmas. Furthermore, it will also alleviate the workload of directly responsible organizations in terms of personnel shortages, particularly in psychiatric personnel and the socio-economic difficulties encountered by people in the society, various social problems, and the lack of coordination among relevant agencies. These factors need to be addressed. Both broad and in-depth approaches are required with necessary times for continuous improvement.

Methodology

This is a quantitative research study targeting the population of individuals with depression in Thai society. The research employs a national survey using

a post survey method in the form of a Google Form distributed through Facebook and LINE groups. This approach aims to reach a broad population across the country. The sample group is selected through accidental sampling, and then a purposive selection is used to identify a specific sample group consisting of individuals with depression who voluntarily responded to the questionnaire. The total sample size is 453 participants. The questionnaire is developed based on the measurement variables defined within a conceptual framework. The tool's quality is ensured by establishing criteria for interpreting the variables according to the guidelines provided by Best and Kahn. (1993). And the research operations in this study have been reviewed and approved by the Institutional Review Board (IRB) for ethical research conduct.

The preliminary characteristics of the samples were described using frequency, percentage, mean, and standard deviation. The data were analyzed using AMOS statistical program to verify Statistic Basic Assumption, Structural Equation Model (SEM) analysis, and Pearson's Product Moment correlation coefficient analysis among all observed variables, and Confirmatory Factor Analysis (CFA) to examine the composition or confirm the relationship between a set of Observed Variable and Latent Variable.

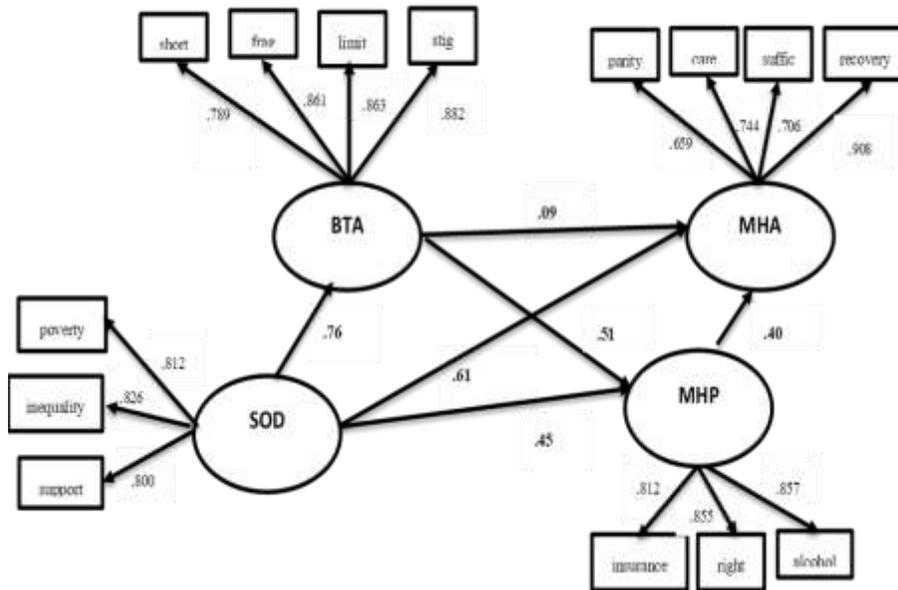
The Structural Equation Model analysis is conducted to test the hypothesis of a causal model in accessing mental health services for individuals with depression. The Maximum Likelihood method is employed using the statistical analysis software AMOS to verify the IOC between the developed model and empirical data. This is followed by the path analysis of the coefficients and causal effects to investigate how independent variables influence dependent variables and the nature of their relationships. Another term for this is causal model analysis which aims to develop and verify the consistency between actual data and the constructed causal model to study the structure of causal relationships including the direct, indirect, and total effects.

Research findings

The research findings reveal that individuals with depression encounter the greatest obstacles in accessing services. The main underlying causes include a shortage of psychiatric professionals, limitations in achieving equality in access, the imbalance between physical and mental health budget allocations, and the financial burden of medication and treatment services. Furthermore, the social stigma often associates individuals with depression as mentally unstable or insane, making them hesitant to disclose their condition for fear of discrimination and missed job opportunities. They demand fair and equitable mental health insurance coverage. In accordance

with human rights principles and laws, the patients with depression should receive equal treatment and care compared to patients with other illnesses.

Figure 1 represents the Index of Item – Objective Congruence of the model



From the examination on the overall Index of Item – Objective Congruence of the model, it was found that the model was consistent with the empirical data. The pathway analysis of variables in the causal model of factors affecting access to mental health services of people with depression was analyzed to answer research questions, research objectives and hypotheses. The technique of maximum likelihood (ML) was employed to estimate the path coefficient to test the Regression weight or the Standardized Regression Weights which is the weight or the influence between the pairs of variables and the correlation coefficient between the variables.

Table 1 Overall Index of Item – Objective Congruence of the model compared to before and after the model adjustment

Examination indexes	Examination criteria	Before the model adjustment		After the model adjustment	
		Statistics	Results of consideration	Statistics	Results of consideration
Absolute Fit Measures					

1. P	1<p-value> 0.05	.000	Failed	.000	Failed
2 Chi-Square/df or CMIN/DF	0<Chi-square/df<3	10.058	Failed	2.280	Passed
3. GFI	0.90< GFI < 1.00	.823	Failed	.972	Passed
4. AGFI	0.90<AGFI<1.00	.738	Failed	.928	Passed
5. CFI	0.90< CFI < 1.00	.887	Failed	.971	Passed
6. RMSEA	0 < RMSEA< 0.05	.142	Failed	.053	Passed
7. SRMR	0 < SRMR < 0.05	.012	Passed	.006	Passed

From Table 1, the Index of Item – Objective Congruence of the model after the last model adjustment revealed that the model was consistent with the empirical data to pass the specified criteria of Index of Item – Objective Congruence in 6 indexes.

For path analysis, structural equation analysis (SEM) technique was used using the principle of maximum likelihood (ML) to estimate the path coefficient so that it could find the influence of both the Total Effect (TE), Direct Effect (DE) and Indirect Effect (IE) which are shown in Table 2 as follows:

Table 2 represents an analysis on the influence of latent variables on the causal model

Causal factors	Effective factors								
	BTA			MHP			MHA		
	TE	IE	DE	TE	IE	DE	TE	IE	DE
SOD	.761	-	.761	.839	.391	.448	1.000	.406	.604
BTA	-	-	-	.513	-	.513	.297	.206	.091
MHP	-	-	-	-	-	-	.402	-	.402
Chi-Square statistics = 2.280, df = 41, p = .000, GFI = .972, AGFI = .928, CFI = .9917, RMSEA = .053, SRMR = .006									
Structural Equation Modeling									
R²		BTA	MHP	MHA					
		.579	.814	1.000					

Correlation matrix between latent variables

tent variables	MHA	SOD	MHP	BTA
MHA	1			
SOD	.778**	1		
MHP	.613**	.725**	1	
BTA	.766**	.772**	.814**	1

Remark: * $p < 0.05$ **, $p < 0.01$ ***

From Table 2, the test on structural relationship model conformity for the access to mental health services of people with depression based on hypothesis and empirical data found that the model was consistent with the empirical data. The statistical value used to check the concordance between the model and the empirical data was Chi-Square/df = 2.880 less than 3, that is, the qui-square value significantly different from zero shows that the main hypothesis is accepted and the structural correlation of the developed causal model of access to mental health services of people with depression is in harmony with empirical data and is consistent with the results of the analysis. The GFI is equal to 0.972, which is close to 1. The Root Mean Square Error of Approximation (RMSEA) is equal to 0.053, which is approaching zero. The predictive coefficient (R^2) of the internal latent variable structural equation found that the predictive coefficient (R^2) of the barrier to access (BTA) was 0.579, equal to 57.90%. Mental health policy (MHP) was 0.814 equal to 81.4% and mental health access (MHA) was equal to 0.100 equal to 100%. It has meant that the demonstration illustrates the reliability and accuracy of the aforementioned forecast.

Conclusion and Discussion

The results of the correlation path analysis concluded that barriers to service access had a direct influence on mental health policy and it directly and indirectly influenced access to services. Social factors directly influence barriers for accessing services and has a direct and indirect influence on mental health policy and access to services. The mental health policy has a direct influence on access to mental health services for people with depression. From this reason, many people with mental problems encounter barriers to access treatment resulting in inadequate mental health care (Luitel et al, 2017 & Heath, 2019). The solution is that the government must have a clear mental health policy in order to enforce the law in a concrete way. As good mental health policies include the promotion, support, prevention, treatment and rehabilitation of depressed patients (Puras & Goodings, 2019) These measures will reduce the problem of long-term

access to mental health services. That the people with depression have access to treatment will eventually lead to return to health recovery. It helps to find meaning and goals in life (Mental Health Europe : MHE., 2019). However, if people with depression cannot access treatment because of many obstacles, there are causal factors of service access. Solving the shortage of psychiatric doctors, concrete mental health insurance, and social support will help bridge gaps in the barriers to access mental health services. In addition, a study by Namwong et al., (2021) found that a strong family bond helps to prevent the occurrence of depression amidst the elderly . When families provide support, demonstrate empathy, offer valuable advice, and listen attentively with understanding, it aids seniors in recognizing their self-worth and contributes to their overall mental well-being. This notion aligns with the theory proposed by Bronfenbrenner (1979), which emphasizes the significance of the environment, including friends and individuals in close proximity. Conversely, social exclusion resulting from societal neglect can lead individuals to detach themselves and experience loneliness. Consequently, it is evident that inadequate social support has a direct impact on the development of depression. (Weldesensbet et al., 2020). It can be argued that positive social support plays a significant role to reduce the gap in accessing mental health services.

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