

# CURRENT STATUS OF MENTAL HEALTH CARE AT COMMUNE HEALTH STATIONS IN BEN TRE PROVINCE, 2024

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## ABSTRACT

**Background:** The increasing prevalence of mental disorders has highlighted the urgent need to enhance the quality of community-based mental health care.

**Objective:** To evaluate the quality of community-based mental health services provided at commune health stations in Ben Tre province.

**Methods:** A cross-sectional study design was employed to collect data from 157 commune health stations.

**Results:** The community-based mental health program at commune health stations in Ben Tre has achieved relatively high outcomes, particularly in terms of treatment efficacy and functional recovery of patients. However, the quality of mental health care services still has limitations, especially in screening, case management, and rehabilitation. Factors influencing the quality of care include the qualifications of healthcare providers, supervision, and resource availability.

**Conclusion:** To improve the quality of mental health care services, there is a need to enhance the capacity of healthcare workers, strengthen supervision, ensure adequate resources, and establish effective inter-sectoral coordination mechanisms.

**Keywords:** Community mental health care, commune health station, Ben Tre.

## 1. INTRODUCTION

Mentally health is an essential component of a person's overall health and human well-being. It plays a crucial role in maintaining social relationships, work capability, and quality of life [3]. However, mental health issues such as anxiety, depression, and schizophrenia are prevalent worldwide and lead to severe consequences on both personal and social levels [3], [8]. There are challenges remaining prevalent in community mental health care which include stigma and discrimination, lack of resources and manpower, and underdeveloped service systems [3], [8].

In Vietnam, the prevalence of common mental disorders is relatively high, affecting 14.9% of the population. Community mental health care programs have been put in practice but still face many limitations [1]. In Ben Tre, mental health services have been established and maintained in 157 out of 157 communes, providing treatment and medication management for

4.624 patients, including 2.269 with schizophrenia, 1.997 with epilepsy, and 358 with depression [2]. Regular supervision and monitoring are conducted, however, a province-wide survey on the current state of community mental health care at Commune Health Stations has not yet been undertaken. Additionally, factors that could enhance the quality of community mental health care remain unresearched. Based on this pressing need, our research group has decided to accomplish this study.

## 2. RESEARCH METHODS

### 2.1. Research subjects

Commune Health Stations in Ben Tre Province. Healthcare workers implement the community mental healthcare program at the Commune Health Stations in Ben Tre Province. Records, books, reports, and plans

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related to the community mental health care program at the Commune Health Stations in Ben Tre Province.

**2.2. Place and duration of the study:** The study was performed at Commune Health Stations in Ben Tre Province from 4/2024 to 9/2024.

**2.3 Study design:** This is a Cross-sectional study

**2.4 Sample size and choosing the samples**

We chose all 157 Commune Health Stations from Ben Tre province and 157 healthcare workers performing community mental healthcare program at Commune Health Station as the study's sample.

**2.5 Research variables**

**2.5.1 General information of the research subjects**

General information of the research subjects included: Age, gender, professional qualification, working tenure of healthcare workers implementing community mental healthcare program at Commune Health Station.

**2.5.2 Current status of mental healthcare at Health Stations**

The assessment of the current status of mental healthcare at Health Stations was based on the quarterly evaluation score system from the Ben Tre Psychiatric Hospital [2], including the following main components:

Human resources organization (6 points): There were doctors and medical staff in charge, a program steering committee, and full participation of collaborators who perform their roles effectively. Screening (15 points): Screening for schizophrenia and epilepsy met the required targets. Management organization (10 points): Patients were managed with medical records, and were examined and prescribed medication monthly. Data reporting (4 points): Data were submitted regularly, precisely to higher level hospitals. Medical records (17 points): Records were well-maintained, with comprehensive information, and good tracking of patient health status. Rehabilitation monitoring (8 points): Effective monitoring with monthly evaluations of the patients' functional recovery. Mental health education and communication (10 points): Was conducted through loudspeakers, counseling for patients and their families, and educational posters. Medicine management (20 points): Management of drug distribution, inventory, drug quality and reporting were thorough and accurate. Other activities (3 points): The district level health stations provided thorough supervision, there were no professional errors and the patients were supported through various forms of activities. Treatment quality (7 points): Patients showed improvement in symptoms and reintegrate into the

community. The overall score was 100 points, with the following levels of community mental healthcare quality: poor (< 61 points), average (61-70.5 points), average good (71-80.9 points), good (81-90.5 points), and excellent (91-100 points). The overall classification is divided into two groups: Good (81-100 points) and Not good (0-80.9 points).

**2.5.3 Factors relating to current status of mental healthcare at Health Stations**

The dependent variable is the quality of mental health care: good, not good. Independent variables: General characteristics of the research subjects; Professional related factors: The level of expertise of the staff implementing the program, Working tenure, participation in professional training on management and treatment of mental health patients and additional responsibilities; The number of patients managed in the commune area; Health management factors: Regular supervision, support from the commune health staff/volunteers, guidance from district and provincial authorities and funding for the program; Changes in human resources; Infrastructure at the Health Station.

**2.6 Data collection tools and method**

The data collection tool is a questionnaire to assess the current status of mental health care at Health Stations based on the quarterly evaluation score system from the Ben Tre Psychiatric Hospital. Data collection involves provincial and district-level staff conducting direct interviews with the program implementers, checking medical records, reports, and related plans, as well as performing random field checks at patients' homes.

**2.7 Data processing and analysis**

The data after being collected, were coded, entered, and analyzed using SPSS 20.0 software. Establish the proportion of general characteristics, the proportion of commune health stations performing well in community mental health care and use  $\chi^2$  test to analyze the factors related to the current status of mental health care at health stations.

**2.8 Research ethics**

The study was approved by the University Council of Tra Vinh University under Decision No. 7045/QD-DHTV dated July 29, 2024. All participants were fully informed about the research purpose, content, duration and voluntarily agreed to participate in the study.

### 3. RESULTS

#### 3.1. General characteristics of the research subjects

**Table 1. General characteristics of the healthcare staff responsible for the community mental health care program at the commune level (n=157)**

Characteristics		Frequency (n)	Percentage (%)
Age	Under 30	35	22.3
	From 31 to 40	62	39.5
	≥ 41	60	38.2
Gender	Male	118	75.2
	Female	39	24.8
Professional qualifications	Specialist doctor	9	5.7
	Doctor	27	17.2
	Medical assistant	113	72.0
	Nurse	8	5.1
Working tenure	Under 2 years	27	17.2
	From 2 to 5 years	76	48.4
	More 5 years	54	34.4

Comment: The healthcare staff responsible for the community mental healthcare were mostly from 31 to 40 years old (39.5%), the proportions of healthcare staff more than 40 years old accounted for 38.2%. 75.2% healthcare workers were males, male healthcare workers made up 75.2%, with the majority holding a medical qualification as medical assistants (72.0%), followed by doctors or higher at 17.2%, and nurses at 5.1%. The years of service range from 2 to 5 years, making up 48.4%, over 5 years at 34.4%, and less than 2 years at 17.2%.

#### 3.2. Current status of mental healthcare at Health Stations.

**Table 2. The current status of implementing activities under the community mental healthcare program at the commune level (n=157)**

No	Current situation	Performing results		
		Average score, standard deviation	Complete all criterias n(%)	Not complete all criterias n(%)
1	Human resources organization	5.4±0.75	94 (59.9)	63 (40.1)
2	Screening met targets	12.3±1.43	16 (10.2)	141 (89.8)
3	Management organization	7.3±1.25	9 (5.7)	148 (94.3)
4	Data reporting	3.7±0.46	107 (68.2)	50 (38.1)
5	Medical records	12.3±2.44	8 (5.1)	149 (94.9)
6	Monitoring rehabilitation	6.3±1.02	24 (15.3)	133 (84.7)
7	Health education and communication	7.9±1.06	16 (10.2)	141 (89.8)
8	Medicine management	16.0±2.6	8 (5.1)	149 (94.9)
9	Other activities	2.1±0.78	60 (38.2)	97 (61.8)
10	Treatment quality	5.4±0.97	18 (11.5)	139 (88.5)

Comment: The percentages of Health Stations' community mental healthcare qualified in all of the criteria were: Human resources organization was 59,9%; 10,2% qualified in screening schizophrenia, epilepsy. Management organization was 5,7%; 68,2% of the Health Station reported data fully, accurately and on time; 5,1% for medical records; 15,3% for rehabilitation monitoring; 10,2% for health education communication; 5,1% for Medicine management; 11,5% for treatment quality; and 38,2% for other activities.

**Table 3. Overall classification of community mental healthcare at Commune Health Stations' results (n=157)**

No	Overall classification	Frequency (n)	Percentage (%)
1	Excellent	12	7.6
2	Good	76	48.4
3	Average good	50	31.8
4	Average	19	12.1
5	Mean score: 78.9; Standard deviation: 6.5; Median: 81; Minium: 64; Maximum: 93		

Comment: Overall assessment of community mental health care activities at the commune level showed that 7.6% are rated as excellent, 48.4% as good, 31.8% as average good, and 12.1% as average. The average score is 78.9, with the minimum being 64 and the maximum being 93.

**3.3. Factors related to current situation of mental healthcare at Health Stations**

**Table 4. Factors related to current situation of mental healthcare at Health Stations (n=157)**

Relating factors	Current situation		OR (95% CI)	P
	Good n (%)	Not good n (%)		
Gender				
Nam	67 (56.8)	51 (43.2)	1.12 (0.54-2.33)	0.749
Nữ	21 (53.8)	18 (46.2)		
Age group				
From 31 to 40 years old	41 (66.1)	21 (33.9)	1.99 (1.03-3.86)	0.04
Under 31 and >40 years old	47 (49.5)	48 (50.5)		
Specialized training				
Once a year	51 (78.5)	14 (24.5)	5.41 (2.63-11.16)	<0.0001
< once a year/ not anticipated	37 (40.2)	55 (59.8)		
Responsible for				

Relating factors	Current situation		OR (95% CI)	P
	Good n (%)	Not good n (%)		
2 programs	26 (63.4)	15 (36.6)	1.51 (0.72-3.14)	0.269
>2 programs	62 (53.4)	54 (46.6)		
Number of managed patients				
< 20 patients	14 (45.2)	17 (54.8)	0.57 (0.26-1.27)	0.173
≥ 20 patients	74 (58.7)	52 (41.3)		
Supervise				
Once every 3 months	34 (91.9)	3 (8.1)	13.85 (4.03-47.58)	<0.0001
More than once every 3 months	54 (45.0)	66 (55.0)		
Volunteer				
Commune health worker	33 (64.7)	18 (35.3)	1.70 (0.85-3.38)	0.130
Others	55 (51.9)	51 (48.1)		
Facilities				
Fully equipped	27 (60.0)	18 (40.0)	1.25 (0.62-2.53)	0.527
Not fully equipped	61 (54.5)	51 (45.5)		
Professional qualification				
Doctor	30 (83.3)	6 (16.7)	5.43 (2.11-13.99)	<0.0001
Medical assistant, nurse	58 (47.9)	63 (52.1)		
Working tenure				
Under 2 years	13 (48.1)	14 (51.9)	-	-
From 2 to 5 years	43 (56.6)	33 (43.4)	0.71 (0.29-1.72)	0.451
≥ 5 years	32 (59.3)	22 (40.7)	0.64 (0.25-1.62)	0.344

Comment: Healthcare staff aged from 31 to 40 performed the community mental health care program better than those in other age groups, with a statistically significant difference (p=0.04; OR: 1.99, 95% CI: 1.03

– 3.86); staff who attended professional training on the management and treatment of mental health patients once a year perform the program better than those who attended less than once a year or did not participate, with a statistically significant difference ( $<0.0001$ ; OR: 5.41, 95% CI: 2.63 – 11.16); health centers that were supervised  $\leq 3$  times per year performed the program better than those supervised  $>3$  times per year, with a statistically significant difference ( $<0.0001$ ; OR: 13.85, 95% CI: 4.03 – 47.58); staff with qualifications as doctors or specialists perform the program better than medical assistants or nurses, with a statistically significant difference ( $<0.0001$ ; OR: 5.43, 95% CI: 2.11-13.99).

## 4. DISCUSSION

### 4.1 General characteristics of research subjects

Healthcare staff implementing the community mental health care program were primarily aged between 31-40 years, accounting for the highest proportion (39.5%), with those over 40 years old making up 38.2%. This group is experienced and mature in their work. Male healthcare workers represented 75.2%, indicating the essential role of men in carrying out the program. The majority had qualifications as medical assistants (72.0%), with doctors and above making up 17.2%, and nurses 5.1%. In terms of work tenure, 48.4% have between 2 to 5 years, 34.4% have over 5 years, and 17.2% have less than 2 years. Most healthcare staff have at least 2 years of experience, highlighting the team's practical knowledge and expertise.

### 4.2. Current status of mental healthcare at Health Stations

The percentages of Health Stations' community mental healthcare qualified in all of the criteria were: The human resources organization achieved 59.9%; 10.2% qualified in screening schizophrenia and epilepsy; management organization was 5.7%; 68.2% reported data fully, accurately, and on time; medical records were 5.1%; monitoring rehabilitation was 15.3%; mental health education and communication was 10.2%; medicine management was 5.1%; treatment quality was 11.5%; and other activities were 38.2%. From these data, it is evident that the quality of community mental health care at the commune health stations has many limitations. Although some activities, such as human resources organization and data reporting, have relatively high rates, core activities such as screening, record management, rehabilitation monitoring, and health education communication have very low rates. The results are lower than those found in the study by Jay A. Hamm, Tim A. Bruckner [5], [7].

The general assessment of community mental health care activities at the commune health stations showed that 7.6% were rated as excellent, 48.4% as good, 31.8%

as average good, and 12.1% as average. The average score was 78.9, with the lowest score being 64 and the highest being 93. The quality of community mental health care activities at the commune health stations is quite diverse, ranging from excellent to average. This indicates a large disparity in the capacity and effectiveness between different health stations. As many as 56% of health stations were rated as good or excellent, suggesting that some stations have performed very well in community mental health care activities. However, 12.1% of health stations were rated as average, indicating that there are still many limitations in this work. The average score of 78.9 suggests that the overall quality is not yet high. Our results are lower than those found in the study by Tim A. Bruckner [5].

### 4.3. Factors related to current situation of mental healthcare at Health Stations

Healthcare workers aged from 31-40 perform the community mental health care program better than other age groups, with a statistically significant difference ( $p=0.04$ ; OR: 1.99; 95% CI: 1.03 – 3.86). Staff in the 31-40 age group tend to implement the program more effectively. This could be because this age group generally had more energy, enthusiasm, and better access to new information. Staff who participated in professional training on the management and treatment of mental health patients once a year perform the community mental health care program better than those who attended less than once a year or did not participate, with a statistically significant difference ( $<0.0001$ ; OR: 5.41; 95% CI: 2.63 – 11.16). This result is lower than the study by Ya-Hsin Chou [4], where staff who frequently attended professional training had better work performance. Being trained and updated with knowledge and skills make staff more confident in their work and enables them to provide more appropriate solutions. Health centers which were supervised  $\leq 3$  times per year performed the community mental health care program better than those supervised  $>3$  times per year, with a statistically significant difference ( $<0.0001$ ; OR: 13.85; 95% CI: 4.03 – 47.58). Health centers with frequent supervision have better operational quality. Supervision facilitates the early detection of faults, enables prompt corrective measures, and guarantees service quality. Staff with qualifications as doctors or specialist doctors performed the community mental health care program better than medical assistants or nurses, with a statistically significant difference ( $<0.0001$ ; OR: 5.43; 95% CI: 2.11-13.99). This result is consistent with the research of Medhin Selamu, Tim A. Bruckner et al. (2020) [5], [6]. Staff with qualifications as doctors or specialist doctors had higher work performance. Higher professional qualifications allow staff to diagnose, treat, and give advice to patients more effectively.

## 5. CONCLUSIONS

The community mental health care program at Ben Tre province's Health Stations have achieved good results. The study indicated that to enhance the quality of community mental healthcare at Ben Tre province's Health Station required many efforts from Multiple stakeholders to build an effective community mental health care system that meets the needs of the population.

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