DISTANCE TO HEALTH SERVICES AND TREATMENT-SEEKING FOR DEPRESSIVE SYMPTOMS IN RURAL INDIA

A repeated cross-sectional study

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Background

Research from high-income countries has implicated travel distance to mental health services as an important factor influencing treatment-seeking for mental disorders¹. **This study tested the extent to which travel distance to the nearest treatment provider is associated with treatment-seeking for depression** in a rural district of Madhya Pradesh, central India, where a mental health care plan (MHCP) was implemented in primary care facilities through the PRIME programme².

Methods

We used data from a population-based survey of adults with probable depression (n=568). Data from both rounds of the survey (pre- and post- MHCP implementation) because there was no change in the proportion who sought treatment for depression³. We calculated travel distance from households to the nearest public depression treatment provider by network analysis using a geographical information system (GIS). We tested the association between travel distance to the nearest public depression treatment provider and 12-month self-reported use of services for depression.

A sign for the “Mann-Kaksh”
(mental health room) in a
community health centre

Madhya Pradesh, India

Results

We found **no association between travel distance to public mental health services and the probability of seeking treatment for depression** (OR 1.00, 95% CI 0.98-1.02, p=0.78), before or after adjusting for potential confounders.

Conclusion

Geographic accessibility of public mental health services is not a major determinant of treatment-seeking for depression in rural India. **Reducing travel distance to the nearest public provider is not in itself likely to reduce the treatment gap for depression**, and decisions about where to deliver mental health services should not be based on the assumption that greater geographic accessibility will increase uptake of treatment.

The absence of an association may be due to lack of demand for depression treatment, the dominance of the private sector in India⁴, stigma, or that people with depression in India tend to seek health care for somatic rather than psychological problems⁵. Future research should explore the reasons for low uptake of mental health services even when these are available locally.

³ Shidhaye et al, 2019. Community, facility and individual level impact of integrating mental health screening and treatment into the primary healthcare system in Sehore district, Madhya Pradesh, India. *BMJ global health*, 4(3), p.e001344.

⁴ Selvaraj & Karan, 2009. Deepening health insecurity in India: evidence from national sample surveys since 1980s. *Economic and Political Weekly*, pp.55-60.

⁵ Andrew et al, 2012. The explanatory models of depression and anxiety in primary care: a qualitative study from India. *BMC research notes*, 5(1), p.499.

¹ Hunter & Shannon, 1985. Jarvis revisited: distance decay in service areas of mid-19th century asylums. *The Professional Geographer*, 37(3), pp.296-302.

² Lund et al, 2012. PRIME: a programme to reduce the treatment gap for mental disorders in five low-and middle-income countries. *PLoS medicine*, 9(12), p.e1001359.