Survey datasets on patterns of utilization of mental healthcare services among people living with mental illness

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\textbf{A R T I C L E   I N F O}

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\textbf{A B S T R A C T}

The data was obtained from a field survey aimed at measuring the patterns of utilization of mental healthcare services among people living with mental illness. The data was collected using a standardized and structured questionnaire from People Living with Mental Illness (PLMI) receiving treatment and the care-givers of People Living with Mental Illness. Three psychiatric hospitals in Ogun state, Nigeria were the population from which the samples were taken. Chi-square test of independence and correspondence analysis were used to present the data in analyzed form.

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\textbf{Specification Table}

| Subject Area | Psychology |
|-------------|------------|
| More Specific subject area | Quantitative Psychology and Mental Health |
| Type of data | Table and text file |
| How data was acquired | Field survey |
| Data format | Raw, partial analyzed |

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Experimental factors

Pattern of utilization of mental healthcare services

Experimental features
Only those receiving treatments and the care-givers (in the case of very unstable patients) were considered. Also only those residents in the study areas were considered. Adults younger than 18 years were also excluded.

Data Source location
Covenant University Sociology Laboratory, Ota, Nigeria

Data accessibility
All the data are in this data article

Significance of the data

- The central theme is the study of utilization of mental healthcare facilities among people living with mental illness.
- The data could be useful in monitoring the extent to which the mental health services are available and utilized.
- The study can be replicated to other countries with similar demographic factors.
- The data can be used in the overall study of mental health.

1. Data

The data is a summary of responses from a field survey. Structured questionnaires were administered to People Living with Mental Illness (PLWMI) and their caregivers and the aim is to measure the patterns of utilization of mental healthcare services among PLWMI.

Only those receiving treatments and the care-givers (in the case of very unstable patients) were considered. Also, those residents in the study areas that are of Yoruba origin were considered. Adults younger than 18 years were excluded from the study.

The pattern of utilization mental healthcare services in this context was determined by the perceived use of the mental healthcare services by the respondents, frequency of use, frequency of taking prescribed medications and the perceived obstacle of using the available mental healthcare services. These are shown in Figs. 1–4. The raw data can be assessed as Supplementary data 1 and the questionnaire can be assessed as Supplementary data 2.

2. Experimental design, materials and methods

Mental illness has been believed by numerous experts to be caused amongst others by depression, alcohol and substance abuse, stress, violence against women or minors, post-traumatic stress disorder, women’s infertility and biological factors. Mental health in particular requires special help, care and management. The treatment may come as psychotherapy and medications which are available in mental healthcare services. The availability of mental health services determines their patterns of usage or utilization [1–5].

Utilization is connected with ease of use, excellence service, good customer relations, affordable fees charge, management and socio-economic factors.

Questionnaire was used in this article to measure the pattern of utilization of mental healthcare services in Psychiatric hospitals located in three local Government areas of Ogun state, Nigeria. The utilization of the mental healthcare services in the demographics of the study area in particular and Nigeria in general are historically low due to long distance, unavailability of medications, stigmatization, epileptic or skeletal services, poor road networks, poverty and dearth of skilled psychiatrics [6–15]. Generally, the following statistical analysis and survey methods in these articles can be useful [16–30].
2.1. Contingency analysis

Chi-square test of independence was used to determine the association between the measure of utilization of mental healthcare services and the socio-demographics of the respondents and is presented in Tables 1 and 2.

Remarks: P-value less than 0.05 imply association.

Fig. 1. Perceived use of the mental healthcare services by the respondents.

Fig. 2. Perceived frequency of use of the mental healthcare services by the respondents.
2.2. Correlational analysis

The correlational studies are important to reveal the strength and nature of the observed linear relationship that exist between the measure of utilization and the socio-demographic variables. These are presented in Tables 3 and 4.

Fig. 3. Frequency of taking prescribed medications.

Fig. 4. Perceived obstacle of using the available mental healthcare services.
Table 1
Contingency analysis between the usage of mental services and the socio-demographic variables.

| Socio-demographic factors                  | Chi-square | P value  |
|-------------------------------------------|------------|----------|
| Gender                                    | 0.153316   | 0.695387 |
| Age                                       | 5.595044   | 0.347636 |
| Marital status                            | 12.941725  | 0.023931 |
| Religion                                  | 2.046284   | 0.562856 |
| Level of education                        | 7.503471   | 0.483409 |
| Occupation/ Profession                     | 12.302178  | 0.483409 |
| Income                                    | 3.307660   | 0.507719 |
| Duration of residency in the studied area  | 5.069540   | 0.407453 |
| Family type                               | 2.222229   | 0.329192 |
| Form of marriage                          | 1.108207   | 0.574587 |

Table 2
Contingency analysis between the perceived hindrance of mental services and the socio-demographic variables.

| Socio-demographic factors                  | Chi-square | P value  |
|-------------------------------------------|------------|----------|
| Gender                                    | 2.667740   | 0.445737 |
| Age                                       | 40.262166  | 0.000414 |
| Marital status                            | 20.179331  | 0.165161 |
| Religion                                  | 6.378052   | 0.701566 |
| Level of education                        | 32.969706  | 0.104714 |
| Occupation/ Profession                     | 31.410814  | 0.142287 |
| Income                                    | 7.675522   | 0.809946 |
| Duration of residency in the studied area  | 20.965525  | 0.137934 |
| Family type                               | 7.046988   | 0.316524 |
| Form of marriage                          | 4.321635   | 0.633238 |

Fig. 5. Biplot showing the perceived relationship in graphical form.
Correspondence analysis is performed to visually display the contributions of the income of the respondents to the hindrance from using mental health services. Details on correspondence analysis can be found in [31–35].

The results are presented as follows: Correspondence table (Table 5), model summary (Table 6), overview row points (Table 7), overview column points (Table 8) and biplot (Fig. 5).
Table 6
Model summary of patterns of utilization of mental healthcare services among people living with mental illness.

| Dimension | Singular Value | Inertia | Chi Square | Sig. | Proportion of Inertia | Confidence Singular Value |
|-----------|----------------|---------|------------|------|-----------------------|--------------------------|
|           |                |         |            |      | Accounted for | Cumulative Standard Deviation | Correlation |
| 1         | 0.064          | 0.004   | 0.557      | 0.004| 0.031 | -0.098 |
| 2         | 0.055          | 0.003   | 0.411      | 0.003| 0.029 |  |
| 3         | 0.015          | 0.000   | 0.032      | 0.000| 1.000 |  |
| Total     | 0.007          | 7.676   | 0.810      |       | 1.000 | 1.000 |

The p value indicates that the income of the respondents is not associated with the hindrance they encountered in the utilization of mental healthcare services.

Table 7
Overview row points table of patterns of utilization of mental healthcare services among people living with mental illness.

| What hinders people from using mental health services? | Mass Score in Dimension | Inertia Contribution |
|-------------------------------------------------------|-------------------------|----------------------|
|                                                       | 1 | 2                  |
|                                                       | Of Point to Inertia of Dimension | Of Dimension to Inertia of Point |
|                                                       | 1 | 2              | 1 | 2 | Total |
| Finance                                               | .747 | -.055 | .065   | .000 | .035 | .057 | .409 | .484 | .893 |
| Distance                                              | .053 | -.415 | -.896  | .003 | .144 | .780 | .199 | .799 | .998 |
| Stigma                                                | .130 | .613  | -.158  | .003 | .762 | .059 | .943 | .054 | .997 |
| Other (please specify)                                | .070 | -.230 | .285   | .001 | .059 | .104 | .326 | .428 | .755 |
| Active Total                                          | 1.000 | .007  | 1.000  | 1.000 |  |

Table 8
Overview column points table of patterns of utilization of mental healthcare services among people living with mental illness.

| Approximately how much is your monthly income (Naira) from all sources? | Mass Score in Dimension | Inertia Contribution |
|-----------------------------------------------------------------------|-------------------------|----------------------|
|                                                                       | 1 | 2                  |
|                                                                       | Of Point to Inertia of Dimension | Of Dimension to Inertia of Point |
|                                                                       | 1 | 2              | 1 | 2 | Total |
| Less than N10,000                                                     | .086 | .458 | .424 | .002 | .282 | .281 | .566 | .416 | .981 |
| N10,000–24,000                                                        | .435 | -.254 | -.003 | .002 | .439 | .000 | 1.000 | .000 | 1.000 |
| N25,000–39,000                                                        | .128 | .044 | -.174 | .000 | .004 | .071 | .048 | .644 | .691 |
| N40,000–N54,000                                                       | .144 | .334 | -.416 | .002 | .252 | .453 | .426 | .565 | .991 |
| N55,000 and above                                                     | .208 | .084 | .227 | .001 | .023 | .195 | .124 | .780 | .905 |
| Active Total                                                          | 1.000 | .007  | 1.000  | 1.000 |  |

a. Symmetrical normalization
Remarks: The data was explained by two dimensions. Distance seems not to be perceived hindrance to utilization of mental healthcare services in the studied area.

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Transparency document. Supporting information

Transparency data associated with this article can be found in the online version at https://doi.org/10.1016/j.dib.2018.06.086.

Appendix A. Supporting information

Supplementary data associated with this article can be found in the online version at https://doi.org/10.1016/j.dib.2018.06.086.

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