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ORIGINAL ARTICLE

Role of Healthcare Staff in Promoting Mental Health & Wellbeing in Community

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ABSTRACT
Background: In many low- and middle-income nations, including Pakistan, where data on the frequency of mental health disorders is lacking, mental health is an underappreciated field. This issue is made worse by the unequal distribution of mental health service providers as well as the general public's pervasive ignorance and stigma about mental illness.
Objective: The purpose of the study conducted in Larkana, Sindh, Pakistan, was to evaluate community members' and healthcare professionals' knowledge, attitudes, and practices around mental health.
Methods: 540 people of the community and 110 healthcare professionals participated in the descriptive cross-sectional survey, which included qualitative and quantitative approaches. Key informant interviews, focus groups, and household surveys were used to gather data, which was then analyzed using thematic analysis, descriptive statistics, and univariate frequencies.
Results: According to the survey, 68% of healthcare workers had been diagnosed with mental health disorders, whilst 39% of community members had a family member with a mental health issue. Substance misuse, heredity, spiritual origins, and socioeconomic pressures were frequently cited as reasons for mental disease. Just 29.4% of HCWs reported that counseling services were available at health facilities, indicating a large gap in this regard. Between health care workers and members of the community, opinions on how accessible and affordable mental health services are varied significantly. Furthermore, although healthcare workers indicated that free medication was available, community members reported shortages. The study also emphasized the usage of traditional healers and religious leaders for mental health issues and observed differences in attitudes toward patients with mental illness in terms of respect and dignity.
Conclusion: With its emphasis on the high prevalence of mental illness, the scarcity of resources, and the pervasive myths and misconceptions, this study offers insightful information about the state of mental health in Larkana, Pakistan. In order to effectively treat mental health issues in Pakistan and other comparable rural contexts, it emphasizes the need for stronger health systems, increased public awareness, and better training for healthcare workers.
Keywords: Mental health, Health care worker, Community.

INTRODUCTION
Mental health as a condition of well-being where people realize their abilities, [1] handle stresses of life, work productively and contribute to communities. According to WHO (2019), [2] positive mental health is characterized by emotional, cognitive and social functioning as well as coherence. It significantly impacts on general health and socio-economic development influencing quality of life, productivity during recovery from sickness or injury at school or work places physical socialization among others.[3]

The mental health is unappreciated in many low and middle-income countries (LMICs) [4]. What is more, adequate evidence indicated that it was feasible and cost-effective to integrate mental health into primary care in African contexts, [5,6] noted that the mental health of this category of people is usually not addressed in poverty reduction programs even those that are community-based and target those with mental, neurological or substance use disorders living in absolute poverty.

In LMICs, mental illness and poverty are intertwined because social drifts as well as social causations are involved in the complex relationship between them. The risk of developing mental illnesses increases with poverty since individuals face stress from lack of basic needs like food, shelter among others which could have been caused by different forms of adversities such as physical or emotional abuse/neglect; exposure to violence/trauma either at home or within their communities etcetera.[7] The topic of mental health is often disregarded in many countries with low and middle income (LMICs).[4] The international advocacy has urged for the extension of mental health services in these regions provided that there is evidence on inexpensive remedies that can work within the African setting.[5] However, efforts to reduce poverty do not frequently take into account the influence of mental ill-health more so in community based programs targeting persons living in poverty with mental, neurological and substance use disorders.

Realizing this fact, the 65th and 66th World Health Assemblies requested countries to establish holistic national level responses for mental health based on the Global Comprehensive Mental Health Action Plan 2013-2020.

The Mental Health Policy 2015-2030 of Pakistan instructs reforms in the mental health system.[8] There is little information available on the prevalence of mental, neurological, and drug use disorders (MNS) in Pakistan, even though the right to mental health is protected by the constitution. The most common disorders to be diagnosed are substance use disorders, anxiety disorders, and depression.[8]

With only one mental health facility serving a sizable population, Larkana Sindh faces significant obstacles in providing mental health care.[9] The purpose of this study was to assess healthcare professionals' and the general public's current mental health-related knowledge, attitudes, practices, and services. The results are crucial for determining the need for community education programs, training needs, and for promoting improved mental health support systems at different levels of care.

METHODS
The study employed a cross-sectional design and a diverse methodological approach, integrating descriptive and analytical techniques to collect data from healthcare workers (HCWs) and members of the community in Larkana Sindh. This approach used quantitative and qualitative data in an effort to improve the findings' correctness and dependability. There were 535 community members and 109 HCWs present. To find willing participants, a simple random sample technique was used to choose healthcare

personnel of various specializations from pre-selected medical facilities.

Surveys addressing various elements of mental health at the community level and interview schedules for health care workers (HCWs) to gather their thoughts and insights on mental health were among the data collection strategies. Using a self-reporting instrument, sociodemographic data on age, gender, educational background, training year, employment status, and work location was gathered.

Targeting a wide range of community members, including household leaders, young people, religious leaders, herbalists, traditional healers, police officers, chiefs, and subchiefs, the poll was carried out from December 4th to December 11th, 2020. Physicians, clinical officers, nurses, public health representatives, Community Health Extension Workers (CHEWs), and Community Health Volunteers (CHVs) were among the healthcare professionals who took part. A combination of simple random sampling and systematic sampling, according to subcounty population sizes, was used to select the community sample. While houses were methodically chosen, with the first household in each series being specifically chosen, sub-locations and villages were chosen at random.

Throughout the survey, strict adherence to COVID-19 prevention guidelines was upheld. Training was provided to research assistants on data confidentiality, informed consent procedures, subject privacy protection, and COVID-19 prevention. The Open Data Kit (ODK) platform was used to collect data from electronic devices, including tablets and phones. Participant convenience was taken into consideration while scheduling interviews, and respondent anonymity was protected with the use of identifying codes. For analysis, all of the data was safely kept on Amref's secured server. All of the data that was gathered was available to the writers, and it contained no personally identifying information.

The Amref Ethical and Scientific Research Committee (ESRC P907/2020) provided ethical approval, and the relevant permits were obtained from the national and district Larkana Tehsil levels of the Ministry of Health, as well as from the facility in-charges of DHO and THO side from Tehsil Dokri, Tehsil Bakrani, Tehsil Rato-daro and Tehsil Larkana. After being fully informed about the goals, risks, benefits, privacy, confidentiality, and voluntary nature of the study, participants gave signed informed consent. The research did not include any invasive procedures, did not include minors, and did not provide any form of reward for participation.

Data Analysis Data: The data was entered and analyzed in Statistical Package for Social Sciences (SPSS). Simple frequencies and percentages were calculated as descriptive statistics. The qualitative information gathered using NVIVO 11.

RESULTS

Socio-Demographic and Other Characteristics of the Respondents: 535 households participated in the poll, yielding a 100% response rate. These individuals were 44.27 years old on average. 56.4% of the population was female, and 79.1% of them were married. 98.9% of respondents said they were Christians. Remarkably, 50.3% of the participants lacked formal education. Ninety-five percent agreed that mental health awareness is important, and thirty-five percent said they had a family member who needed mental health care. Table 1 provides these demographic statistics.

The poll encompassed 109 professionals with an average age of 34.36 years belonging to the healthcare workers group. Of this group, 57.8% were women, and 69.7% were married.

Every respondent who works in healthcare identified as a Christian. 64.2% of the population was educated to a diploma level, while only 32.1% had specialized training in mental health.

Knowledge Levels among HCWs and Community Members on Mental Health: Evaluating Community Knowledge of Mental Health Needs

The community's knowledge of mental health disorders and needs was evaluated by the survey. People in the community blamed a variety of things for mental illness, including drug and alcohol misuse (especially marijuana), witchcraft, generational curses, socioeconomic pressures, genetic predispositions, and accidents that resulted in brain damage. The following passages present the opinions of the community regarding the causes of mental illness: Some people have mental disease from birth and carry it into adulthood. Others who misuse drugs, particularly marijuana, experience mental health problems." (IDI Respondent)-"Environmental variables or genetics can have an impact on mental illness. For example, mental health issues may arise from head injuries sustained in an accident. Mental health problems might also result from specific disorders." (IDI Respondent)-"Many people think that drug misuse, witchcraft, or mental disease are the causes of thievery. Some people are cursed because they commit crimes in an attempt to get quick money, while others are born into families where mental illness runs in the family." (IDIRespondent)

According to the poll, 64.1% of respondents believed that bad spirits were to blame for mental illnesses, and witchcraft was commonly cited as a possible cause of mental disease. Significant majorities (82.4%) and 89.3% agreed that mental diseases are treatable and that they are not communicative. Furthermore, 91.4% of respondents said that mental diseases are widespread and can impact people of all ages and socioeconomic levels. All agreed, nevertheless, that men are more likely than women to suffer from mental illness, especially in their early years. Although 76.4% of respondents thought people with mental illness might lead happy lives, 87.5% said they were hazardous.

78.7% of respondents said that people frequently seek assistance from healthcare facilities for mental health difficulties, indicating the community's propensity to seek mental health treatments. The poll also showed that a lot of people turn to traditional healers and religious leaders, such as the Njuri Ncheke council of elders, for help. It was also mentioned that some families choose to keep their mentally ill relatives in their homes rather than seeking professional help. Just 32% of respondents said they were aware of any nearby medical facilities that offered mental health care when questioned.

Health Care Workers' Knowledge of Mental Health Needs: The study investigated the knowledge of healthcare professionals regarding mental health concerns, pinpointing factors like heredity, illnesses, drug misuse, and social influences as contributing factors. One medical professional observed: "There are several reasons. One is genetics. Mental health disorders run in certain families. Mental health issues can also be brought on by diseases. Some result from the abuse of specific medications. Others are the outcome of trauma. Diverse views exist within the community regarding the causes of mental diseases. While some believe in superstitions, others believe it is the result of witchcraft."

Notwithstanding the fact that they accepted the widespread belief in the population that mental diseases are brought on by witchcraft or bad spirits, the majority of healthcare professionals (93.6%) disagreed with this theory. In terms of their understanding of mental health, a sizable majority (91.7%) knew that mental diseases are not communicable. But over half (54.1%) thought that people with mental illness could be hazardous. The majority (98.2%) concurred that mental diseases are widespread and impact people of all ages and socioeconomic levels. Furthermore, 89% of respondents said that people with mental diseases might lead happy lives and that these conditions could be treated. Table 2 contains more thorough results.

Obtaining treatment agreement from family members or caregivers is the greatest strategy, according to 60.6% of respondents, to guarantee that people with mental health disorders are treated with respect and dignity. When healthcare professionals were asked to rate their understanding of depression, somewhat more than half (56.0%) identified symptoms like poor energy, sleep difficulties, and loss of interest in routine tasks. A combination of psychosocial treatments and

antidepressant medication was mentioned by 79.8% of respondents as an effective treatment for depression. Of the participants, over half (53.2%) were aware of the high risk of stigma and prejudice that people with psychosis or bipolar disorder encounter. Healthcare providers in Imenti had the lowest level of awareness (33.3%) among all regions.

When asked about indicators that required immediate medical assistance, slightly over half (55%) showed a satisfactory comprehension of how to respond to a seizure of those polled, about half (49.5%) recognized developmental abnormalities in children as delays or obstructions in processes linked to the development of the central nervous system. Of those surveyed, approximately 23.9% were aware of these diseases. Most (82.6%) agreed that the best way to treat these illnesses in kids and teens is through psychosocial therapies. Refusing to use drugs, alcohol, or nicotine was advised by a significant 96.3% of respondents when counseling teenagers with mental or behavioral difficulties. Memory and orientation problems were recognized by 69.7% of healthcare professionals as prevalent symptoms of dementia. The areas' knowledge levels differed, with Tehsil Rato-Daro recording the lowest awareness among healthcare practitioners at 51.4% and Tehsil Larkana showing the highest level of understanding at 86.1%.

Healthcare Workers' (HCWs') and Community Members' Attitudes and Behaviors Regarding Mental Health and Illness Mental Health and Illness Perceptions in Meru County Community Members.

The study looked at how people in the community perceived mental illness. According to the findings, 43.9% of participants thought that mental illnesses were brought on by a curse. One person clarified this viewpoint by saying, "The community members criticize them without even trying to understand how they ended themselves in this situation. Some members have mentioned the illnesses to the affected members' families, I've heard. They blame it on other baseless stories and their ancestors." (IDI_Respondent)

The notion that conventional medicine cannot cure mental diseases was strongly disagreed with by more than half (53.3%) of the respondents. A member of the Njuri Ncheke, who realized that certain cases called for more than prayers, even though he was a Christian, agreed with this viewpoint and offered to personally transport a mentally sick patient to the hospital. "I would take them to the hospital," he clarified. Despite the fact that I attend church and am a Christian, I am unable to pray for them. Certain things require more than just prayer." (IDI_Respondent) 66.3% of respondents disagreed with the idea that mental health services shouldn't be situated in villages or neighborhoods in order to benefit the local community when it comes to the placement of mental health facilities. Furthermore, 61.1% of respondents strongly disagreed with the notion that locating mental health services in residential areas puts locals in danger. One person expressed," If such an opportunity arises and we have a place to take children with mental health conditions, it would be a blessing to us and the community at large." (IDI_Respondent) Additionally, 61.1% of respondents disagreed with the notion that neighbors should be afraid of persons seeking mental health care in their neighborhoods, and 66.3% of respondents did not endorse the view that the best form of therapy involves isolating people with mental illness from the community. Table 3 has further information.

Community Attitudes Towards Mental Health Needs: A poll asking community members how they would react if a family member suffered from a mental health issue was undertaken in order to understand the attitudes of the community on mental illness. Significantly, 86.2% of respondents said they would prefer hospital care. Other answers were keeping the person at home (1.7%), getting assistance from a conventional healer (3.9%), requesting help from a spiritual or religious healer (6.7%), taking no action (1.3%), and being unsure of what to do (0.2%).

"While some people seek medical attention from Meru or Isiolo Hospital, others speak with herbalists like us. For such situations and chronic headaches, we prescribe particular medication. I don't personally believe in supernatural intervention, but other people do." (IDI_Respondent) 39.1% of respondents said they knew of someone in their family who had dealt with a mental health issue. Other answers were keeping the person confined to one's house (0.5%), doing nothing (6.2%), and asking for spiritual help through prayer (9.6%). A smaller percentage (2.9%) expressed uncertainty over the care that family members who require mental health services receive.

Health Care Workers Practices towards Mental Health: Due to a lack of training, the majority of healthcare workers (HCWs) chose to refer patients to specialist institutions rather than deal directly with mental health issues. A healthcare worker stated that "HCWs may not be highly skilled or knowledgeable in treating and managing mental illnesses, but they can identify potential cases and refer patients to higher-level facilities for further management" (KII_Respondent).

According to HCWs, they treat patients with mental illnesses in the same way as other patients. Severe cases, however, are handled as emergencies and given prompt care. An HCW clarified:

"At the facility, we handle them just like any other patient, even though they occasionally present with particular difficulties. While some patients arrive with the intention of causing harm, everyone is treated fairly in general. In the Outpatient Department (OPD), a nurse assists with triage, particularly in cases of emergency. When a patient's mental health problem is not serious, they receive treatment with other patients. On the other hand, if an individual is unruly and maybe being restrained by family members, it is seen as a serious emergency, and they are promptly referred to level 5"

HCWs stated that Meru Teaching and Referral Hospital is their main point of referral for patients with mental diseases because of its extensive and specialized mental health services, which include a consultant psychiatrist. According to a healthcare worker, the General Hospital's mental health clinic has access to medical personnel and supplies. The Teaching and Referral Hospital Clinic typically handles basic management."

In lower-level facilities, the primary services offered to people with mental health disorders are referrals and counseling. "Significant services include counseling, which, although not solely focused on mental illnesses, addresses underlying conditions that could lead to severe mental disorders if not properly managed," said an HCW in reference to counseling and community awareness initiatives. In order to address drug and substance misuse issues, for instance, health professionals visit schools as part of their outreach services. The goal of these initiatives is to stop mental health issues in the future.

Table 1: Socio-Demographic Characteristics of the Household Respondents

Characteristic	Description	Per Cent
Sub-county	THQ Ratodero Hospital	32.4
	THQ Bakrani	31.6
	THQ DOKRI	32.7
Gender	Male	41.1
	Female	55.3
Marital Status	Married	78.1
	Divorced	2.2
	Separated	6.8
	Single	11.1
Religion	Muslim	1.6
	Christian	97.8
	Hindu	1.2
	Others	1.1
Highest level of education	No formal education	49.2
	Primary education	26.2
	Secondary education	8.1
	Certificate	6.6
	Diploma	3.6
	Bachelor's degree	1.6
	Masters	1.2

Table 2: Healthcare Workers Knowledge of Mental Health

	True False	THQ DOKRI	THQ Bakrani	THQ Ratodero Hospital	Total
Mental illnesses are common and can affect True	True	17.6	7.2	0	7.2
	False	82.2	90.6	100	90.6
People with mental illness are dangerous	True	68.3	46.1	44.8	53.0
	False	29.7	50.7	53.1	44.8
Evil spirits, possessions, and witchcraft are the causes of mental diseases.	True	7.2	0	9.8	5.3
	False	90.6	100	88.1	92.5
People of different ages and backgrounds can be affected by mental diseases, which are widespread.	True	96.1	100	96.2	97.1
	False	1.7	0	1.6	1.7
If mentally sick people made a greater effort, they could feel better.	True	32.2	68.3	72	57.5
	False	65.6	29.5	25	40.2
It is possible for people with mental illness to lead happy, purposeful lives.	True	71.1	93.3	100	88
	False	26.7	5.6	0	10

Table 3: Community's Attitude Towards Mental Ilness

		THQ Ratodero Hospital	THQ Bakrani	THQ DOKRI	Total
The cause of mental diseases is a curse	SA	32.4	2.9	12.3	15.5
	A	15.7	29.7	34.4	25.2
	N	9.0	16.6	18.9	14.5
	D	21.8	32.0	22.3	25.3
	SD	15.7	18.9	5.2	13.1
Traditional medicine cannot treat mental disease.	SA	7.3	2.9	6.7	5.6
	A	20.8	14.3	25.5	20.6
	N	30.2	8.6	13.7	17.2
	D	20.8	61.7	41.5	40.8
	SD	14.5	12.6	5.1	11.2
Conventional medicine is unable to treat mental illness. It is not acceptable for locals to accept that mental health facilities are situated in their neighborhoods or villages in order to meet community needs.	SA	11.7	2.9	2.5	5.2
	A	29.1	6.9	15.8	17.7
	N	11.2	0.6	12.3	8.7
	D	25.7	65.7	50.8	47.0
	SD	16.8	24.0	12.2	16.3
For many people suffering from mental illness, withdrawing from society is the most effective kind of therapy.	SA	10.4	1.7	3.2	3.2
	A	25.7	12.6	15.8	16.7
	N	18.0	2.9	8.8	10.5
	D	27.1	68.6	58.6	51.2
	SD	13.4	14.3	12.2	13.0
As much as possible, community-based facilities shouldn't be used to deliver mental health care.	SA	5.5	1.7	2.8	3.0
	A	24.6	11.4	20.0	18.4
	N	21.1	2.9	9.8	10.0
	D	30.2	65.1	59.1	51.1
	SD	12.3	18.9	3.0	10.3
The placement of mental health services in residential areas puts the people who live there in danger.	SA	13.0	0.0	0.0	6.7
	A	33.5	7.4	7.2	20.7
	N	18.1	4.6	2.6	10.4
	D	18.5	73.7	72.7	48.6
	SD	10.6	14.3	12.3	10.3
When someone seeks mental health treatment in their neighborhood, the residents are terrified.	SA	11.6	1.1	1.1	4.5
	A	36.3	7.4	6.2	20.1
	N	18.5	72.6	1.8	10.3
	D	18.5	2.9	70.6	49.5
	SD	9.5	16.0	15.0	10.2
Residential neighborhoods shouldn't house mental health services.	SA	13.0	0.6	0.0	6.2
	A	37.4	19.4	6.3	25.6
	N	13.4	4.0	4.1	8.6
	D	20.1	60.0	65.5	43.7
	SD	10.6	16.0	19.5	9.7
There's a good reason why locals oppose mental health services being located in their neighborhood.	SA	12.3	0.0	4.3	5.0
	A	35.2	7.4	14.4	18.7
	N	19.6	5.1	12.7	12.2
	D	18.5	66.9	57.5	47.1
	SD	9.1	20.6	5.6	11.6
Residential neighborhoods may not be the best places for mental ill to live, and doing so puts the lives of the locals at danger.	SA	19.6	2.3	4.3	9.5
	A	29.5	22.9	23.8	26.2
	N	19.1	9.1	8.4	12.9
	D	16.8	55.4	53.1	42.4
	SD	9.5	10.3	5.1	9.0
	SA	13.4	1.2	3.2	7.1
		THQ Ratodero Hospital	THQ Bakrani	THQ DOKRI	Total
The idea of mentally ill individuals residing in residential neighborhoods is unsettling.	N	37.5	21.5	27.2	29.4
	D	19.7	3.5	7.8	9.4
	SD	15.2	49.4	53.2	43.6
		9.1	9.1	3.3	7.5
The residential neighborhood is devalued when mental health institutions are located there.	SA	7.8	0.0	2.8	4.3
	A	23.1	4.0	18.3	16.1
	N	20.9	4.0	7.9	12.3
	D	25.8	57.1	54.9	46.8
	SD	15.7	34.9	7.9	20.5

In terms of diagnosis and treatment, the study discovered that 68% of respondents had identified a mental illness in their patients, and the majority (93.3%) had sent them to institutions for mental health. Merely 29.4% indicated that counseling sessions are provided to patients with mental health issues in medical facilities. Furthermore, the poll indicated that a mere 33% of participants carried out mental health awareness efforts within their communities.

DISCUSSION

Adopted worldwide in 2016, the Sustainable Development Goals (SDGs) contain a commitment to combat substance use disorders and improve mental health (United Nations, n.d.). Raising awareness, decreasing stigma, strengthening early diagnosis, and improving general mental health all depend on an understanding of mental well-being.(Wei et al., 2015) Nonetheless, this study discovered gaps in Pakistan communities' and healthcare professionals' knowledge on mental health. Acknowledging mental health disorders is crucial because it lessens stigma, prejudice, and disregard for persons who have mental health problems, which frequently result from unfavorable preconceptions. [10] About 80% of people with mental health illnesses in low- and middle-income countries (LMICs), such as Pakistan, do not obtain treatment even when it is readily available. This is frequently because of stigma, misdiagnosis, or a lack of access or a lack of specialized practitioners (WHO, mhGAP-IG).

The study found that people in the community frequently have misconceptions about mental illness, which causes them to criticize and judge those who are impacted. This widespread ignorance about mental health in Africa emphasizes the necessity for governments and scholars to give mental health top priority and concentrate on preventive and supporting services. The study brought to light notable disparities in the level of knowledge about mental health that exist between members of the general public and medical professionals. These gaps include the origins of mental diseases, the kinds and availability of mental health services, and the associated costs. For instance, just 32% of community people knew about a hospital that offered mental health care.

Only 32% of respondents knew of a nearby institution that catered to mental health needs, despite the fact that 78.7% of respondents stated they seek out mental health treatments. Community members frequently seek mental health help from religious leaders and traditional healers, which is consistent with research on access to mental health services in Pakistan primary healthcare facilities.[11] Many Pakistanns attribute mental illness to witchcraft, evil spirits, or curses due to a lack of knowledge, leading many families to keep individuals with mental health disorders at home rather than seeking professional care.[10] The low percentage of respondents who were educated about mental health and sickness suggests that most African community members lack appropriate comprehension of these topics about child developmental disorders, symptoms of substance dependence, and emergency management of seizures.

The community's opinions regarding mental health services differed; 61.1% of respondents disagreed that mental health facilities should be situated in residential neighborhoods, while 66.3% disagreed that they should be. When creating community-focused mental health interventions, these viewpoints are essential. The results of the study offer fresh perspectives on the discrepancies in community conceptions of mental health that currently exist, which affects utilization and accessibility of mental health care and treatment services. For example, 66.3% of participants felt that the best treatment for those with mental health issues is to isolate themselves from the public.

In order to address societal variables influencing access to mental health treatments, these attitudes can direct the development of community-based mental health initiatives. 86.2% of respondents said they would take a family member to the hospital if they required mental health care, in reference to how the community responds to mental health and sickness. Some said they were unclear of what to do, while others said they would see a traditional healer, a spiritual or religious healer, take no action, or confine them at home.

In 2017, the World Health Organization (WHO) released its Mental Health Atlas survey, which revealed that 24% of all nations had not created mental health policies.[12] In Africa, that number increased to 46%. According to 62.3% of respondents, there was convenient access to health facilities; nevertheless, these institutions mostly provide counseling and referral services, underscoring the difficulties in receiving mental health services. The Meru Teaching and Referral Hospital provided more specialist mental health care and management, although many patients had to pay more for transportation there due to its remote location.

The perception and availability of mental health services have a major impact on access in Sub-Saharan Africa. The COVID-19 pandemic's higher transportation expenses and travel restrictions made this problem worse. Only 44.4% of respondents thought the costs of mental health services were affordable, and many of them had to purchase prescriptions when supplies were low.

The poll also looked at how patients and mental health professionals interacted. A little more than half (54.9%) thought that medical staff members had good attitudes toward people with mental illnesses, and a slightly bigger majority (62.5%) thought that patients were treated with respect. These results are consistent with recent studies employing the WHO Assessment Instrument for Mental Health Systems (WHO-AIMS), which found that a major contributing reason to the low priority of mental health services is the absence of administrative structures.[13]

The survey revealed that a notable obstacle to the utilization of mental health services was the deficiency of knowledge on the mental health services offered in medical establishments. The COVID-19 epidemic also made access more difficult because people were reluctant to seek care because they were afraid of getting infected.

Healthcare professionals (HCWs) have determined that social pressures, illnesses, genetics, and substance addiction are all contributing causes to mental illness. 93.6 percent of people did not believe that witchcraft, possession, or bad spirits were the cause of mental diseases. In addition, 91.7% of respondents acknowledged that mental diseases are not communicable and that anyone of any age or background can be affected by them. In addition, 89% of respondents thought that people with mental diseases may lead happy lives, and 89.9% said that mental illnesses could be controlled.

The poll did identify a knowledge gap among HCWs about patient involvement in treatment procedures, though. Although 60.6% of respondents stressed the significance of getting treatment agreement from family members or caregivers, greater attention has to be paid to getting consent directly from patients in accordance with the WHO's Quality Rights initiative. This draws attention to a disparity in how patient autonomy is incorporated into the therapeutic framework. Despite Africa's fragmented healthcare system, these favorable attitudes are consistent with the African community care ethos, which calls for families and communities to support their most vulnerable members until adequate care and treatment are available.[14]

HCWs' understanding of various mental, neurological, and drug use disorders (MNS) was evaluated by the survey. The majority of healthcare workers (HCWs) have a fundamental comprehension of these illnesses, but lacked substantial expertise in treating and managing them. Healthcare workers at the Meru Teaching and Referral Hospital have the ability to recognize possible mental health issues and recommend patients to psychiatrists. But only 33% of respondents said they ran community-based mental health awareness campaigns, and only

29.4% of respondents said that counseling services were offered in medical institutions.[15]

The majority of respondents (90.8%) thought it was convenient to visit healthcare institutions for mental health needs when it came to community access to mental health services. The main mental health referral center, Meru Teaching and Referral Hospital, is located in a distant area, which presented a considerable accessibility challenge.[11]

CONCLUSION

The study's conclusions point to a large window of opportunity for improving community members' and healthcare professionals' capacities using evidence-based interventions. These interventions seek to create successful models for supporting people with mental health issues and to improve public understanding of preventative and promotional mental health strategies. The knowledge acquired from this study is essential for developing community-based promotion and prevention-focused mental health services, guaranteeing the availability, affordability, and effectiveness of primary healthcare services, and enabling seamless referrals to specialized mental health services. These developments may significantly close the existing 80% treatment gap and enhance community mental health outcomes.

In conclusion, a number of critical steps must be taken to close these gaps in knowledge, attitudes, and practices, according to the input from healthcare professionals and community members. These measures include educating community health workers about mental health issues, bolstering national mental health support systems that reach into homes, and launching extensive awareness campaigns to address mental health concerns and lessen stigma in local communities.

Improving service efficacy will need the integration of mental health services into primary healthcare in the near future. This integration may entail task delegation, the implementation of the Mental Health Gap Action Programme-Implementation Guide (mhGAP-IG) developed by the World Health Organization, whereby non-specialized healthcare workers receive focused training on mental health through Continuous Medical Education (CMEs), and the provision of organized, meticulous support supervision. To get the most out of raising awareness of mental health issues, people, families, communities, and society at large should be informed about these initiatives.

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