

Discrimination and Stigma of Mentally Ill Patients among Health Care Workers and the Public in Developing Countries; its Effect on the Integration of Mental Health Services into the Primary Health Care System- A Systematic Review

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Abstract

Discrimination and stigmatization against the mentally ill are issues of concern for years and have negatively affected the health outcomes of the mentally ill. The WHO has advised that integration of mental health services is necessary to close the treatment gap that currently exists. The aim of this paper is to synthesize evidence from various researchers regarding the presence of discrimination and stigma of mentally ill patients among health care workers and the public and to identify its effect on the integration of mental health services into the primary health care system. A systematic search was conducted in the PubMed, EBSCO HOST, Google scholar, MEDLINE databases. Fifteen (15) studies were evaluated to determine the level of stigma and discrimination towards the mentally ill patient by health professionals and the public. Studies conducted in developing countries identified that stigma and discrimination against the mentally ill among health care workers and members of the general public exists, and this negatively affects the integration process. Fear of seeking help from the health care service providers and administration of poor quality of health care to this category of patients are some of the effects. Stigma and discrimination are still major issues in developing countries; it is imperative that means of resolving these issues are developed. The gap in mental health treatment exists and is growing. Education: increased public awareness and good governance of the health system are just a few ways in which we can resolve these problems.

Keywords: *Discrimination, Integration, Low- and middle-income countries, mentally ill, Primary health care-, Stigma.*

Introduction

“The single most important barrier to overcome in the community is the stigma and associated discrimination towards persons suffering from mental and behavioural disorders” [1]. It can also be perceived that both discrimination and stigma can be obstacles to the process of integration of mental health services into the community health care system. “Discrimination is the unfair or prejudicial treatment of people and groups based on characteristics such as race, gender, age or sexual orientation” [2]. Stigma is defined as “a

mark of disgrace associated with a particular circumstance, quality, or person” [3]. Careful scrutiny and consideration of these definitions establishes the fact that it is the health professionals who will have to play a major role in decreasing the level of stigmatization and discrimination that exists in society; however, it has been determined that there are mixed attitudes regarding discrimination and stigma of the mentally ill existing among the health care workers and this can result in serious and negative rippling effects.

According to WHO [4], approximately 264 million people suffer from depression, 45

million suffer from bipolar disorder, and 20 million suffer from schizophrenia. They further highlighted that approximately 85% of persons in low and middle-income countries do not receive treatment for mental health disorders; a treatment gap exists. Consequently, the recommendation for integration of mental health services into primary health care was made for the following reasons: it would promote mental well-being; facilitate the early detection of mental health problems, provide timely treatment and encourage social integration. This they postulated, would result in the destigmatizing of mental disorders. However, studies have been conducted to highlight the existence of stigma and discrimination against the mentally ill, even among healthcare workers, with the hope that this can be corrected to improve the healthcare system; allow for better utilization of the health care services by the mentally ill and improve the quality of care provided by all health care workers including those in the community/primary health care system.

People with mental illness are usually faced with many challenges, and with the presence of stigma and discrimination in the health care system, it can result in a negative impact. [5] highlighted that discrimination and negative attitude exists among mental health care workers, which negatively impacts the ability to diagnose and care for a mentally ill patient. [6], also claimed that studies have indicated that the mentally ill experienced negative attitudes from health workers, which included: lack of interest in their health, lack of knowledge regarding the side effects of medications prescribed, prognosis are usually negative; disrespect; being ignored, and having to wait for long periods of time to be seen and generally not being taken seriously when they explain their symptoms since physicians think it is 'all in the head'.

This negative attitude and behavior amongst health professionals can lead to serious problems and widening of the treatment gap that already exists for the mentally ill. [6], stated that it is the

health care professionals who are the ones that will be instrumental in decreasing the stigma and discrimination of the mentally ill due to their frequent interaction with the clients/patients. They are also expected to educate the public, providing the necessary information to improve the integration of persons with mental issues into the public. If this is compromised, then it can lead to more issues such as patients refusing to access care in the community health centers for fear of unfair treatment by the health professionals, fear of being socially alienated, being ignored or wrongly diagnosed and institutionalized.

Integration of mental health services into the primary health care system in the low- and middle-income countries such as the Caribbean still is not where it should be, and not enough research is done in these countries to improve the integration process. The objective of this paper is to conduct a systematic review on the discrimination and stigma against patients with mental health illnesses/disorders amongst health care workers and the community in low- and middle-income countries. This information we hope will enlighten the health care workers, policymakers, the general public, family, and friends of the mentally ill patients on the barriers affecting the integration of mental health services into the primary health care system and improve the provision of mental health services by reduction or removal of discrimination and stigma of the mentally ill patient by the community and the health care professionals.

Methods

A systematic search was conducted of research papers in PUBMED, MEDLINE, EBSCO HOST, and Google Scholar databases. Keywords were used to develop the search strategy, and it was decided that literature within the time frame of no more than twelve (12) years would be used, given the breadth of literature relating to discrimination and stigma of the mentally ill and of the integration of mental health services into the primary health care

system. Selection of articles were based on the areas of interest which are stigma and discrimination and the population used which must include healthcare workers such as the doctors, nurses and other health care providers, patients, family members and persons in the community.

The review covered two types of research: qualitative and quantitative methods. The characteristics of the study were based on the author, the year the article was published, the study type, the setting, the country in which the research was done, the population and the challenge of discrimination and stigma of the mentally ill by health care workers and the public and how it affects the integration of mental health in the primary care system. The following articles were excluded: articles older than 12 years; were not specific to the discrimination and stigma by health care workers and the public; were not in English and were not specific to developing countries. The

data was synthesized by combining the different methods of study (qualitative and quantitative methods). The articles and results were organized by the country where each study was done, the aim, sample size, and main results.

Results

A total of 2,160 articles was yielded through the systematic search of the literature. 2,145 papers were excluded from the study due to year of publication, repetition, type of research. Some were theoretical reviews or were not referring specifically to stigmatization and discrimination of the mentally ill by health care workers in developing countries or the community. Fifteen (15) articles were included in this study; six (6) quantitative and nine (9) qualitative. The results of the studies were organized in Table 2 by the type of study and include the sample size, country, aim of the study, methodology, and main results.

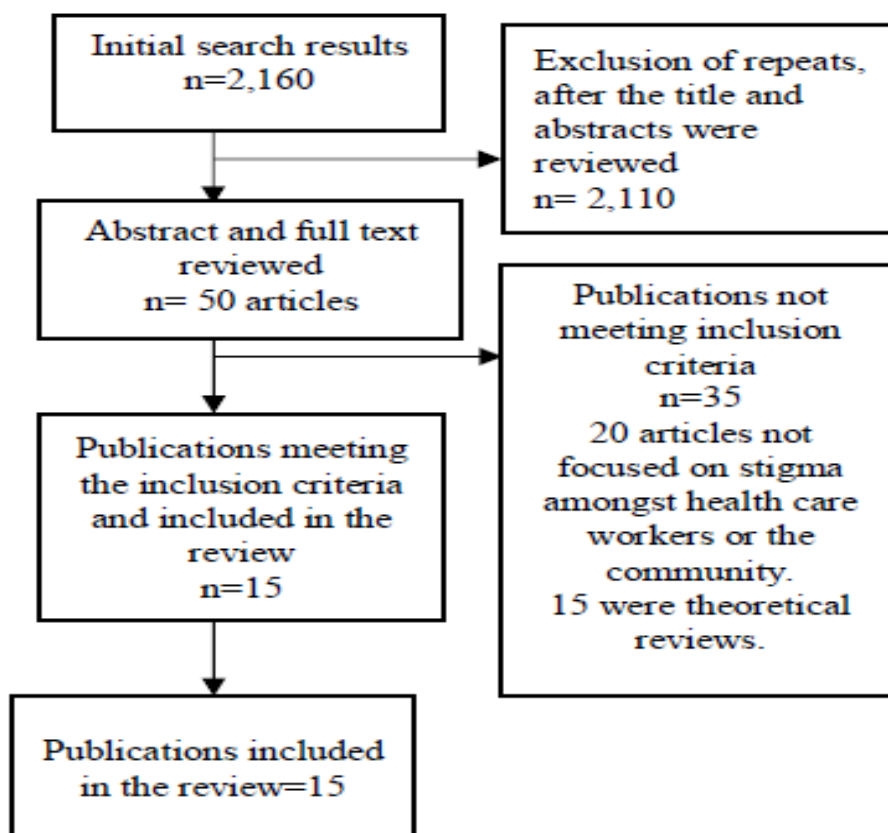


Figure 1. Search Results and Flow Chart of Article Selection

Stigma and Discrimination by Health Care Workers

The majority of studies identified negative attitudes by both the public and health care workers towards people with mental illness. In a study conducted in Cambodia by [7], data was collected from 75 health-care workers with the use of a questionnaire; 66.7% of the respondents felt that persons with mental illness were “dangerous” and “show unpredictable behaviour”. They also highlighted that 23.3% felt that persons with mental illness should not be allowed to work, and 33.8% indicated that the mentally ill should not be allowed to have children. Loch et al. [8] conducted a study in Brazil in which 1,414 psychiatrists participated. This study showed that persons with schizophrenia were more associated with negative stereotypes compared to persons of the general population. As part of the discussion, it was stated: “Psychiatrists negatively stereotyped individuals with schizophrenia”.

[9] interviewed 77 participants which included professional nurses, lay counsellors, auxiliary social workers, and service users. Through this study it was determined that stigma existed among family members, friends, employers, community members and health care providers. As a result of the presence of stigma, it was also reported that there was worsening of the health status of the users of the health service which could lead to long term effects. [10], interviewed 15 mental health professionals from both the private and public health sector regarding stigma and discrimination of mental illness. The study concluded that the main perpetrators of stigma and discrimination of the mentally ill were family members, friends, employers and health alliances such as nurses and insurance companies. The conditions which were most discriminated were schizophrenia, bipolar disorder and depression. It was believed that bad genes, psychological weaknesses and supernatural beliefs accounted for the stigma and discrimination. [11] conducted a study in

Zambia to determine stigma and discrimination against the mentally ill/mental illness. The fieldwork for this study was conducted between 2005-2006, where data was collected using interviews and focus groups. The sample consisted of a total of 65 respondents, which included general and mental health staff, family members of mentally ill patients, and government officials. The study revealed that stigma and discrimination was ever-present and dangerous across Zambia, with widespread abuse and neglect directed towards the mentally ill population. It is found to exist within the community, family members of the mentally ill, amongst the health care providers (both general and mental health care providers), and at all levels of the government.

In another study conducted in Zambia, which focused on the attitudes of primary health care providers towards people with mental illness, a total of 111 persons answered the questionnaire. The results determined that there was extensive discrimination and stigmatization among primary health care workers towards the mentally ill [12]. The respondents believed that the mentally ill should not have political and individual rights while on treatment; should not be treated in the same health center as general patients; nor should they be allowed to work or have children. Additionally, a large proportion of the respondents believed that all people with mental illness have some strange behavior; and they easily become ill again.

[13] stated in their study done in Nepal regarding the perception of service users and their caregivers on primary care-based mental health services that stigmatization and negative behavior in some health care workers is one of the major challenges and difficulties in accessing services.

[14] conducted a survey in 2011 amongst medical students and graduates (interns) to determine if there was a stigmatizing attitude amongst them towards persons with mental illness. This study proved that there were indeed stigmatizing attitudes towards persons with

mental illness particularly schizophrenia and depression. They further highlighted that urgent efforts must be made to decrease this level of stigmatization among health care professionals, including medical students.

A similar study was done by Youssef [15], where he explored the attitudes of medical students toward the mentally ill. Results from that study showed that despite having a considerable amount of knowledge on mental illness, a significant level of stigmatization existed amongst medical students towards persons who were diagnosed with mental illness when compared to patients who had other types of illness. The author indicated that the results from the study was comparable to other developing countries such as Africa and Asia.

In a qualitative study conducted [16], 7 national and regional policymakers, planning and service developers along with 10 district health office administrators and heads of facilities were interviewed to determine barriers, facilitators, and strategies to promote good governance in the health care system in Ethiopia. This included determination of the level of stigmatization of the mentally ill. It was concluded that stigma was a powerful barrier to the scale-up of the health care for the mentally ill. It was also one of the main reasons that the mentally ill was reluctant to seek help from the health care system. The interviewees agreed that there is a need to create a high level of awareness in the community regarding mental illness to overcome this barrier.

Stigma and Discrimination by the Public

“Stigma, discrimination and social exclusion of the mentally ill: the case of Ghana” [17], highlights the fact that Ghana’s society perceives mental illness as a curse and a form of weakness. They also believe that the mentally ill should be excluded from society and should not have a job or a family since they are perceived as being unable to function as normal human beings.

Jenkins [18] conducted research in Kenya regarding challenges to the integration of mental

health services in the primary care system. One of the many challenges identified was the stigmatization of the mentally ill by people in the community. It was identified that persons associated mental illness with demonic possession, and they were therefore taken to the church for healing as opposed to being taken to the health care facilities for treatment. This, too led to poor outcomes as most persons never fully recovered. Social stigma and human rights are grave issues in China in regard to the mentally ill. People still see persons as a potential threat to society if they have a mental illness, which negatively impacts the care administered to these patients [19].

A qualitative study was conducted in Jamaica with a focus on the attitudes of the people towards mental illness. In this study, it was determined that the high level of stigmatization of the mentally ill was attached to institutionalization. The researchers further deduced that deinstitutionalization changed the attitudes of some persons in the community from negative to positive since it allowed for more involvement as members of the community [20].

Hussain [21] in their study in Pakistan, identified that stigmatization was one of the barriers of the integration of mental health services into the primary health care system. There was a lack of awareness of the community members; there was the presence of misconceptions about mental disorders and a poor acceptance of the mentally ill amongst the community. It was also felt by some participants that the community may not want this integration of mental health into primary health care since there was a lack of demand for it.

Effects of Stigmatization on the Integration Process

The majority of the studies included in this review have identified that stigmatization and discrimination, whether it is done by the members of the community or by the health care workers, have resulted in a negative effect on the process of integration of mental health services

in the primary health care service. These behaviors may result in neglect to provide effective and efficient care to mentally ill patients/clients due to the health care worker's own negative behaviors and perceptions. Egbe et al. [9] highlighted that stigma and discrimination resulted in the worsening of patients' condition. This can result from poor diagnosis and treatment of the patients by the health workers or the clients' unwillingness to access the health care services for fear of being mistreated or ignored by the health professionals. [10, 16] also identified the high level of stigma and discrimination among health care workers in Malaysia and Ethiopia, respectively, which will be barriers to the integration process due to the development of trust issues and poor adherence to medication prescribed by the attending doctor. These will lead to poor overall health outcomes of the mentally ill patient/client. [10] in their qualitative explorative study conducted in Malaysia highlighted that stigma amongst healthcare workers towards the mentally ill definitely exists. They further indicated that due

to this stigma, which is predominant, there would be problems such as trust issues between the patient and practitioner, poor adherence to the treatment plan, which will affect the patient's recovery and overall wellbeing. These will have a negative effect on the mental health care offered and the overall health care system in Malaysia.

In the study conducted by Kapungwe et al. [12], the respondents felt that the mentally ill shouldn't receive treatment in the same health center as general patients. In order for the treatment gap to be filled regarding mental illness, it is imperative that mental health care services be integrated into the primary health care services. There must be greater political desire to support the injection of more finance into this effort. There is the need for a greater level of awareness regarding mental illness amongst the general public, and there must be greater effort placed into the continuous education and training of all levels of health care workers.

Table 1. Inclusion and Exclusion Criteria of Articles used in Review

Inclusion criteria	Exclusion criteria
Primary research	Theoretical/systematic reviews
Articles under 12 years old	Articles over 12 years of age
Published in recognized medical or scientific journals	Articles which did not focus on stigma against the mentally ill by health care workers of the public
Used qualitative or quantitative measures	Articles not written in English
Articles written in English	Countries which focus on developed countries
Articles related to stigma of the mentally ill amongst health care workers or the public.	-
Articles which focused on developing countries	-

Discussion

This systematic review was conducted with the aim of highlighting the issues of stigma and discrimination which still exist in developing countries and to determine the possible effects of these issues in the integration of mental health services into the community or primary health

care system. The studies viewed in this article showed similarities in the results where different categories of healthcare workers showed negative attitudes towards the mentally ill despite their level of knowledge of mental illness/disorders.

Other studies conducted in developed countries have also shown similar results. [6]

conducted a study in Sweden where they focused on the attitude of nurses from somatic and psychiatry areas towards people with mental illness and found that stigma and discrimination exist on both sides and can be determined to be similar to that of the general public. The World Health Organization continues to promote the need for integration of mental health services into the primary or community health care service worldwide. It is promoted that the Integration of mental health care services provides for greater benefits and closure of the treatment gap that currently exists for the mentally ill.

Thorncroft as cited in Hanafiah & Bortel [10], stated that stigma and discrimination arise as a result of lack of knowledge, poor attitude, and inappropriate behavior. It is evident that if these three areas are addressed, the way forward will be brighter for the mentally ill and the health care system alike. [22] in their study reiterated that Mental health training of primary health care workers would result in improvement of diagnosing and treatment of the mentally ill patient. It can also result in health workers having a better attitude towards mentally ill patients.

It is [5], also postulated in the study that as a result of stigma and discrimination from health care workers, there is the existence of issues such as patients' reluctance to access health care

services, inaccurate diagnoses, lack of trust, and poor relationship between the patient and the physician, which would result in poor patient outcomes. Clearly, it can be said that stigma and discrimination are barriers to the process of mental health services into the community/primary health care system. Swift action needs to be taken regarding stigma and discrimination among health care workers, which will have a positive rippling effect on society. The literature indicates that education is the key strategy to overcoming stigma and discrimination. This applies to both health care workers and the community alike. Medical and nursing schools need to ensure that there is a significant component of mental health in the program, and once graduated, the health system governance needs to ensure that there is continuous education to assist the health care workers and enable them to have a deeper appreciation for the specialty of mental health. The community relies heavily on health care workers to provide education about health and illnesses, including mental illness. Once the health workers receive the required knowledge, they can lead out in awareness campaigns that can assist the members of the community to see their family members and others suffering from mental illness or mental disorder in a different and positive way.

Table 2. Summary of Articles which Highlighted the Presence of Stigma and Discrimination against the Mentally Ill by the Health Care Workers and the Public in Developing Countries

Author	Sample size (n), Country	Aim	Materials and methods	Findings/Results
Quantitative Studies				
Adebowale et al (2014)	80, Public Health Care Workers, Nigeria	To evaluate the effectiveness of a mental health training course on the knowledge and mental health practice of primary health care workers in Ogun state, Southwest, Nigeria	A questionnaire was developed, pre-tested, and administered to the participants to obtain baseline data and to test them on various areas, including the ability to diagnose and treat mentally ill patients.	Previous studies in Nigeria identified minimal mental health education and negative attitudes existing amongst primary health workers to the mentally ill as major obstacles to the integration process. Mental health training of primary health care workers would result in improvement of diagnosing and treatment of the mentally ill patient. It can also result in health workers having a better attitude towards the mentally ill patient.
Alfredsson et al. (2017)	75, Health Care Workers, Cambodia	To assess the basic conditions in the studied district into Cambodia	A self-reporting questionnaire was used to collect data from the health care workers. Descriptive analyses and linear regression analyses were done. The relationship between attitudes and sociodemographic variables were assessed. Data analysis was done using 'EPI info 7'.	There was evidence of support of integration of mental health services into the primary health care system. Persons who received training in mental health and supported the integration process possessed better attitude towards the mentally ill patients. Despite the positive attitude towards the mentally ill there was still some measure of discrimination and stigma amongst the health care workers.
Kapungwe et al. (2011)	111, Health care workers, Zambia	To explore the attitudes of health care providers towards people with mental illness in two health districts in Zambia	A questionnaire containing both open and closed ended questions was developed by researchers, quantitative data was analyzed using SPSS	Stigmatization and discrimination are widespread amongst the health care workers in the health districts studied.
James et al. (2012)	254, 205 medical students and 49 recent graduates	To determine the relationship between gender and attitudes to depression	A modified version of the Attitude to Mental Illness Questionnaire (AMIQ) was used. Information was	The participants attitude towards schizophrenia were more negative than depression; stigmatizing attitude were more negative for cannabis than alcohol; there

	<p>completing a mandatory on year housemanship (internship period); Southern Nigeria</p>	<p>and schizophrenia and determine the relationship between familiarity with mental illness and attitudes of stigmatization and discrimination to schizophrenia and depression</p>	<p>analyzed using the Statistical Package for Social Sciences (SPSS) version 17.</p>	<p>were positive attitudes on the physical illness of diabetes mellitus and HIV/AIDS. Association between gender and attitudes to depression and schizophrenia was not significant. The correlation between familiarity with mental illness and depression or schizophrenia was not significant.</p>
<p>Youssef (2018)</p>	<p>245, Medical students, Trinidad, and Tobago</p>	<p>To assess the attitudes of medical students in Trinidad and Tobago toward mental illness at different stages of medical school</p>	<p>schizophrenia, depression, alcohol addiction, obsessive compulsive disorder, congestive heart failure, pneumonia, and meningitis), four falls under mental illness and three under physical illness. Data was analyzed using SPSS software, version 20.</p>	<p>The scores indicated that there was no difference in the level of knowledge between male and female and whether they knew a mentally ill person or not. Students were less knowledgeable regarding the symptomatology of mental illness. When scores for physical illness and mental illness were compared, it can be seen that there was a more positive attitude towards patients with physical illness than those with towards mental illness. Clinical students had a more positive attitude than preclinical students towards mental illnesses</p>
<p>Loch et al. (2013)</p>	<p>1414 psychiatrists, Brazil</p>	<p>To find stigmatizing beliefs related to schizophrenia amongst a sample of psychiatrists in Brazil.</p>	<p>A questionnaire and face to face interview, four areas addressed were stereotypes, restrictions, perceived prejudice, and social distance. Statistical analyses were done using SPSS version 18 for MacIntosh.</p>	<p>The three profiles identified were: 1. “no stigma” n=337; these participants were saw persons with schizophrenia in a positive way, did not agree with having them restricted and displayed a low level of social distance., 2. “Unobtrusive stigma” n=471; these participants were significantly younger, show the lowest level of social distance, the majority of them were in agreement with involuntary admission and displayed a high level of perceived prejudice. 3. “Great stigma,” n=606; this group of participants stereotyped persons with schizophrenia negatively, were in favor of</p>

					restrictions and scored the highest of the three on the perceived prejudice and social dimensions. When compared with the other two groups; this group of participants were in frequent contact with a family member suffering from the disorder or had no such family member.
Qualitative studies:					
Mfoafo-M'Carthy & Sossou (2017)	A case study (1 person), Ghana	To explore the challenges faced by individuals diagnosed with mental illness in Ghana	Documentary of a person who was diagnosed with mental illness in Ghana.		Persons with mental illness face stigma and discrimination, exclusion from society, their human rights are violated. Myths and culture, ignorance, lack of political will, poverty is some of the factors of the problems experienced by persons diagnosed with mentally illness.
Egbe et al. (2014)	77: 10 professional nurses, 20 lay counsellors, 2 auxiliary social workers and 45 service users; South Africa	To explore the experiences of psychiatric stigma by service users in South Africa	Interviews and focus group discussions. Site was Dr. Kenneth Kaunda District in the Northwest province of South Africa. Purposive sampling was done (32 health care providers and 45 mental health service users with schizophrenia and depression). Data analysis was done with the use of NVIVO 10.1		Stigma towards psychiatric patients was continued by family members, friends, employers, community members and health care providers. Causes of stigma towards psychiatric patients include misconceptions about mental illness, this often resulted in delay in help-seeking. Stigmatization led to worsening of health of service users and delayed their capacity to lead and recover a normal life.
Hanafiah & Bortel (2015)	15 mental health professionals from private and public sectors; Malaysia	To contribute towards the current gap in research on stigma and discrimination of mental illness in Malaysia.	Face to face semi-structured interviews with 15 mental health professionals. The sample was made up of six females and nine males between the ages of 35-65, all with		Themes that emerged from the analysis were main perpetrators, types of mental illness carrying stigma, demography and geography of stigma, manifestations of stigma, impacts of stigma, causes of stigma and proposed initiatives to tackle stigma.

Kapungwe et al. (2010)	65 respondents made up of different categories of workers and mental health users, Zambia	To explore the presence, causes and means of addressing individual and system stigma and discrimination against people with mental health illness in Zambia.	educational training as psychiatrists, clinical psychologists, or counsellors. Sample came from Kuala Lumpur and Selangor, major cities in Malaysia. Data was analyzed using thematic analysis.	It was determined that stigmatization was widespread in Malaysia especially amongst persons that suffered from the following mental illnesses: schizophrenia, bipolar disorder, and depression. The main manifestations of stigma were labelling, rejection, social exclusion and in employment. The main perpetrators of discrimination were identified as family, friends, and workplace staff.
Kapungwe et al. (2010)	65 respondents made up of different categories of workers and mental health users, Zambia	To explore the presence, causes and means of addressing individual and system stigma and discrimination against people with mental health illness in Zambia.	50 Semi-structured interviews and 6 focus groups made up of policy makers, health and mental health care professionals, users of psychiatric services, teachers, police officers, academics, members of 3 NGOs and traditional healers, sampled from three districts in Zambia. Purposive sampling was done. The analysis of data was done using the grounded theory approach.	Results indicated that there was widespread stigma and discrimination across Zambia. It exists among family members, general and mental health care providers, and at the level of the government. Reasons for stigma appears to be misunderstandings of the etiology of mental illness, fears of mental illness being contagious, perceived dangerousness of mentally ill persons and associations with HIV/AIDS and mental illness. Suggested strategies to combat stigma and discrimination to persons with mental illness include educational campaigns, transformation of mental health policy and legislation, expansion of social and economic opportunities for the mentally ill.
Hussain et al. (2018)	15 decision making and implementation-level stakeholders which includes mental health and public health professionals and primary care staff: Pakistan	To assess the views of key stakeholders about integration of mental health into Primary health care system in Karachi, Pakistan	In depth interviews, participants were from both public and private health institutions. A purposive sampling strategy was utilized. Data was analyzed using NVivo software, version 10	Barriers to the integration of mental health services into the primary health care system were identified. These included the lack of awareness of the community members. It was highlighted that there was the presence of misconceptions about mental disorders and a poor acceptance of the mentally ill amongst the community. It was also felt by some participants that the community may not want this integration of mental health into the

Jenkins et al. (2013)	20 health workers from, Kenya	To evaluate the impact of a mental health training programme for primary care in Kenya.	Two ninety-minute focus groups comprising of ten health workers each were conducted. The health workers were nurses or clinical officers who had medical training for three years. The transcripts and recordings were analyzed in themes.	primary health care since there was a lack of demand for it.
Hanlon et al., (2017)	17: 7 respondents who are policy makers at national and regional level and 10 district health office administrators and facility heads from a district in southern Ethiopia.	To explore the barriers, facilitators, and potential strategies to promote good health system governance in relation to scale up of mental health care in Ethiopia.	In depth interviews, participants were purposively selected. The development of the topic guide and the analysis of the transcripts were based on a framework used for the assessment of the governance of the health system adapted for the Ethiopian context.	Challenges identified to the integration of mental health services included stigma and discrimination amongst persons in the community. The mentally ill were demon possessed and taken to churches instead of the health centers unless displaying violent behaviors.
Hickling et al., (2011)	159 participants; Jamaica	To consider whether deinstitutionalization and the integration of community mental health with primary health care services have reduced stigma toward mental illness in Jamaica	20 focus groups; 159 participants which were placed in groups based on shared sociodemographic traits. There were 9 groups of males: nine groups of females and two mixed groups. Discussions were based on a standard guide of questions; each discussion lasted for approximately 2 hours. All the sessions were transcribed and recorded by court stenographers. The transcripts were	Strengths and weaknesses of health governance were identified. Weaknesses included low levels of awareness regarding mental health, there was the presence of stigmatization attitudes in the community, low levels of mobilization for mental health in the community and low levels of empowerment and knowledge.
				The results indicated that custodial mental health institutions were determinants of stigmatization in Jamaica. The shift to deinstitutionalization or the integration of mental health services into the primary health care services has allowed Jamaicans to view patients or persons with mental illness differently and they are more compassionate towards them. This was, however, due to the increased level of public awareness programs on mental illness and the services offered in the parishes for these patients. There was now expressions of kindness and care for the mentally ill

Luitel et al., (2020).	43 services users and 38 caregivers; Nepal	To assess service users and care givers perceptions of mental health services provided by trained primary health care workers in Nepal.	<p>coded using ATLAS.ti (version 5.0 qualitative data analysis software. Emergent themes and the ATLAS.ti data classifications were agreed upon by the authors.</p> <p>The study was conducted in Chitwan, a district in Nepal, service users were selected purposively based on pre-defined criteria. All who were invited, participated in the study and they were all adults Semi structured interview schedules were used. A thematic analysis approach was used to analyze the data. Indexing and charting of the data was done using the QSR Nvivo 10 software.</p>	<p>patients rather than fear. Although stigma still exists it has decreased since the integration of mental health services in the community health care system. The main causes of stigma amongst Jamaicans were institutions such as the Bellevue mental hospital and homelessness.</p> <p>Service users and care givers expressed satisfaction with the provision of mental health services offered by primary health providers. However, the study identified some challenges to the primary-based mental health services included frequency of the transfers of trained health workers, the unavailability of medications for treatment; and stigmatization and negative behavior of some health care workers.</p>
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Nursing Implications

The results of this study can help nurses appreciate the implications of stigma and discrimination of patients with mental illness or disorders by health care workers and the community. This can assist nurses to understand the approach of holistic care regardless of the illness, whether physiological or psychological, and the outcomes. The discrimination and stigma of patients with mental illness remain an area of concern in developing countries. It has been deduced that they result in negative outcomes of mentally ill patients. There is a need for greater communication and public awareness regarding mental illness/conditions. In the primary health care system, the nurses are usually the first point of contact for people in the community. Literature has shown that nurses are of great influence, and they can lead public awareness campaign, which can lead to a better outlook on mental disorders by the members of the community. There is also a need for more integration of mental health in the curriculum of nursing schools. This will allow not only for a theoretical aspect but also a substantial clinical component which would provide a better understanding of mental illness and the care needed for the affected patients. Continuous education is also necessary since there can be changes in the management of patients due to the evolution of medication and other treatments through research.

Conclusion

Stigma and discrimination are still major issues in developing countries; it is imperative that strategies be developed to minimize or eradicate these issues. The gap in mental health

treatment exists and will continue to grow if health care workers do not make an effort to eradicate stigmatization and discrimination of the mentally ill and support the integration of mental health services into the primary health care system. Education of health care workers increased public awareness through national campaigns; improvement in the governance of the primary health care system in developing countries, and the development of policies and laws that will protect the rights of the mentally ill are just a few ways in which we can resolve this problem and move the health care of the world populace, including that of the mentally ill, in a positive direction.

Limitations

Only articles published in English were used due to financial constraints to hire a translator. Only low- and middle-income countries were used. Hence there is the possibility that I may have missed insights from studies carried out in developed countries regarding discrimination and stigma of the mentally ill and its possible effects on the integration of mental health services into the primary health care system.

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Ethics approval and consent to participate

Not applicable.

Conflict of interest

There is no conflict of interest.

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