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Assessment of barriers to mental health services in underprivileged African communities: A scoping review

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ABSTRACT

Management of mental disorders has been a challenging task in many countries of the world likewise in African countries where healthcare systems are not as sophisticated as those of the developed nations. One of the major challenges that hinder full service delivery in many mental health facilities in underprivileged African communities are those relating to barriers to access to care. In these regions, the mental health professionals are limited to cater for the population seeking care. The objectives of this review were to identify and synthesise the barriers faced in accessing or delivering mental health services in underprivileged African communities and offer recommendations to address such barriers and enhance service delivery and utilization. The study was carried out following scoping review guidelines and studies included in the review were pulled from various databases including PubMed, Google Scholar, Dimensions, and African Journal Online and 8 studies were included in the review. The findings from this study reveal a wide range of barriers, including lack of trained personnel, stigma, cultural beliefs, geographical inaccessibility, and financial constraints. Healthcare providers and service users both identified these challenges, with significant overlap in the barriers reported by both groups. Addressing these barriers requires comprehensive policy reforms, increased training for healthcare workers, public awareness campaigns, and better integration of mental health services into primary healthcare.

Keywords: mental health, mental health services, Africa, barriers, healthcare providers, stigma, socio-cultural factors, primary healthcare

INTRODUCTION

Mental health is a key part of behavioural health. It takes into consideration our emotional, psychological, and social health [1, 2]. It signifies a state of well-being that empowers individuals to navigate life's challenges, acknowledge their potential, participate in learning, be productive, and contribute to their community [1, 3]. In 2019, one out of every eight individuals had a mental disorder globally, with depression and anxiety being the most prevalent. Furthermore, about 25% of people around the world may have mental health problems at some point [4]. Mental diseases account for almost 7% of the global health burden, affecting nearly 19% of individuals with disabilities [5]. However, the mental health circumstances in Africa are significantly influenced by a variety of social, cultural, economic, and institutional variables. Mental health illnesses are prevalent and increasing in Africa, yet more than three-quarters of individuals still do not have access to adequate care, especially in rural areas where resources for mental health are scarce and health systems are not prepared to meet this demand [6].

In the context of this study, the term "underprivileged African communities" refers to settings in African communities with features such as low-income individuals, rural settings, or marginalized regions in Africa. In such regions, poverty levels, inadequate infrastructure development, and limited access to healthcare facilities [7]. Nevertheless, access to and use of mental health care services in these settings is negatively affected by a lot of factors which act as barriers to service delivery and utilization. According to reports of WHO [8], more than 70% of mental health care resources are situated in developed countries and this gap in mental healthcare in the underdeveloped or developing countries affects the availability and of healthcare services. There are also reports about lack of qualified mental health practitioners in most of the underprivileged African regions [9].

However, understanding the barriers to accessing and delivery of mental health care is crucial for addressing the needs of individuals with mental illnesses and for designing

Table 1. Search terms

Concept	Search terms
Population	Africa OR Underprivileged African Communities OR Rural African Communities OR Rural Communities
Mental health	Mental health OR Mental disorder OR Mental illness OR Psych OR Mental
Service	Care OR Service OR Treatment
Access/barriers	Access OR Barrier

Table 2. Database search strategy

Database	Search term	Search yield	Filters applied	YAF
Pubmed	(((Africa[Title/Abstract] OR Underprivileged African Communities*[Title/Abstract] OR Rural African Communities*[Title/Abstract] OR Rural Communities*[Title/Abstract]) AND (Mental health[Title/Abstract] OR Mental disorder*[Title/Abstract] OR Mental illness[Title/Abstract] OR Psych*[Title/Abstract] OR Mental*[Title/Abstract])) AND (Care*[Title/Abstract] OR Service*[Title/Abstract] OR Treatment*[Title/Abstract])) AND (Access*[Title/Abstract] OR Barrier*[Title/Abstract] OR Util*[Title/Abstract])	2,204	Free full text, Comparative Study, Multicenter Study, Observational Study, English, Humans	34
Google Scholar	Africa OR Underprivileged Communities OR Rural Communities AND Mental Health Services OR Mental Health Care AND Barrier OR Barriers	655,000	2020-2025	16,900
AJO	Africa OR Underprivileged Communities OR Rural Communities AND Mental Health Services OR Mental Health Care AND Barrier OR Barriers	11	-	-
Dimensions	Africa OR Underprivileged Communities OR Rural Communities AND Mental Health Services OR Mental Health Care AND Barrier OR Barriers	50,785	2020-2025, articles, field of research	12,399

Note. YAF: Yield after filters

appropriate services. The study in [10] identified four types of barriers to accessing mental health services: cognitive, emotive, value orientation, and physical, with the first three related to cultural barriers, and the fourth to difficulties in accessing services, such as lack of knowledge about mental disorders and cost of treatments. Nonetheless, the study in [11] highlighted barriers to accessing mental health care for adolescents and children in several African nations, including Nigeria, South Africa, Kenya, and Uganda. The review pinpointed the absence of qualified mental health professionals, stigma, cultural beliefs, inadequate infrastructure, economic challenges, and a lack of awareness regarding mental health issues as primary barriers to accessing these services. Nevertheless, mental health care in most underprivileged African communities receives insufficient attention, therefore, this review will contribute to a body of literature dedicated to addressing mental health issues in the region and offer insights about effective interventions to help address barriers to mental health service delivery and utilization.

Objective

This study seeks to identify and synthesise the barriers faced in accessing or delivering mental health services in underprivileged African communities and offer recommendations to address such barriers and enhance service delivery and utilization.

METHODOLOGY

Study Design

This study was carried out following preferred reporting items for systematic reviews and meta-analyses (PRISMA) guidelines outlined in [12].

Information Sources

Literature search was conducted in African Journal Online (AJO), Dimensions, Google Scholar, and PubMed databases. To ensure more comprehensive search, grey literature was also consulted by direct search in Google search engine.

Search Strategy

The search was carried out on June 10, 2025, and the strategy involved the use of modified targeted search terms from [13], including population based terms, mental health service related terms as well as barriers related terms as shown in **Table 1**, with the terms adjusted according to the database as shown in **Table 2**.

Eligibility Criteria

Studies were included if they were published between 2020 and the search date and addressed barriers to accessing mental health services in African countries, with a focus on underprivileged or marginalized communities. Eligible studies had to involve either service users or healthcare providers. Only original research articles were included. Studies were excluded, if they were published outside the timeframe considered for inclusion or not focusing on barriers to mental health services or carried out in a setting that is not underprivileged African community or they were not original research articles .

Selection Process

For databases the literature search yielded over 1,000 articles from the databases. To ensure a manageable and relevant data set, we considered the first 100 articles. The selection of studies was conducted in two stages. First, titles and abstracts were screened for relevance by two reviewers, followed by full-text screening to assess eligibility. Discrepancies were resolved through discussions with a consensus between the reviewers. Only studies that met the inclusion criteria and provided sufficient detail on barriers to mental health access were included in the final analysis.

Data Charting and Synthesis

Data were charted using a standardized form, capturing key study characteristics such as author, year, sample size,

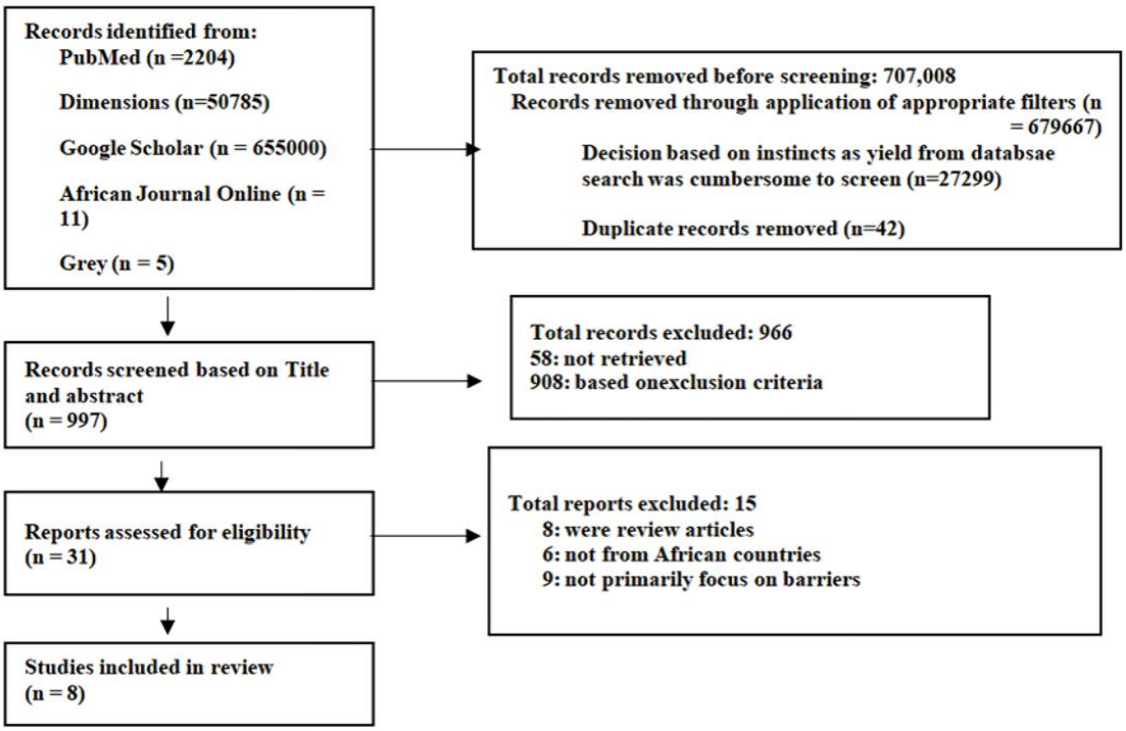

Figure 1. PRISMA flow diagram (Adapted from [12])

participant demographics, study design, country, reported barriers to mental health care and source (journal). A descriptive synthesis was then conducted to summarize the findings, focusing on recurring themes and barriers that impede access to mental health services.

RESULTS

Literature Selection

The literature selection process followed the PRISMA guidelines, as shown in **Figure 1**. A total of 2,204 records were identified from PubMed, 50,785 from Dimensions, 655,000 from Google Scholar, and 11 from AJO. Additionally, grey literature was searched directly via the Google search engine, yielding 5 records.

After removing duplicates (42) using Zotero, and applying relevant filters, 707,008 records were excluded–679,667 through filters and 27,299 based on the impracticality of screening the large yield. The remaining 997 records were subjected to title and abstract screening, after which 966 articles were excluded. The full text of the remaining 31 articles were assessed for eligibility, after which 8 studies were included in this review.

Study Characteristics

The studies included in this review varied in design, sample size, and participant demographics. Seven of the studies employed qualitative research methods, including interviews and focus groups, while one used a mixed-methods approach. In total, 8 studies were included [14-21], with sample sizes ranging from 10 to 1,135 participants. Participants included healthcare providers, patients, and service administrators. The studies were carried out in a range of African countries, specifically Senegal, Côte d'Ivoire, Nigeria, Rwanda, Mozambique, Ghana, and Ethiopia, highlighting the diverse geographical contexts involved. The reported barriers to accessing mental health care services as shown in **Table 3** include lack of adequate healthcare infrastructure, financial limitations, stigma, and lack of awareness. Additionally, insufficient staffing, constrained space, and unfavorable attitudes from providers as well as socio-cultural barriers were also reported.

Narrative Synthesis

Based on the barriers in the eight articles included in this review [14-21], it is evident that there are barriers affecting healthcare providers and service users as participants encountered in the studies were both healthcare professionals and service users. Most of the barriers reported in these studies are further explained under the following headings:

Knowledge and Attitudinal Barriers

A significant barrier identified in the studies was the inadequate understanding of mental health issues, affecting both healthcare providers and service users. The research in [14] distinctly identified the knowledge gap present among healthcare providers. Healthcare providers in Senegal, Côte d'Ivoire, and Mozambique demonstrated limited understanding of the symptoms and causes related to mental health disorders. Healthcare providers in Senegal and Côte d'Ivoire struggled to diagnose HIV-related depression. Due to limited specific training, notably in HIV care, they were questioned regarding their mental health management. Similarly, in Mozambique, the study in [18] found that a lack of community understanding regarding mental health disorders results in significant poor help-seeking behaviour. Healthcare providers and service users were deeply affected by this issue of lack of understanding because communities were not well informed about mental health disorders and they tend to stigmatize those seeking treatment. As a result, mental health practitioners face significant challenges in communicating with the community due to stigma and ignorance.

Table 3. Study characteristics

SID	SS	Participant demographics	Study design	Country	Reported barriers to mental health care	Source
[14]	168	Healthcare workers in West Africa (Senegal, Côte d'Ivoire)	Cross-sectional	Senegal, Côte d'Ivoire	Poor knowledge of symptoms and causes of depression, lack of specific training, barriers to task-shifting.	AIDS Care
[15]	191 (PHC workers), 13 (health admins)	Healthcare workers, PHC service administrators	Mixed methods (quantitative & qualitative)	Nigeria (Northern States)	Poor funding, lack of trained mental health professionals, stigma, community rejection of services.	Int J Afr Nurs Sci
[16]	10	Patients with mental illness	Qualitative (interviews)	Rwanda	Stigmatization, lack of awareness, financial strain, geographical inaccessibility.	Front Psychol
[17]	1,135	University students	Cross-sectional	Ethiopia	Self-management of mental distress, stigma, lack of awareness, fear of stigma, poor access to services.	BMC Psychiatry
[18]	34 providers, 29 participants in focus groups	Psychiatric technicians, primary care providers	Qualitative (focus groups, ethnographic)	Mozambique	Distance to clinics, lack of providers, low community awareness, stigma, discrimination, lack of leadership engagement.	BMC Health Serv Res
[19]	19	Family caregivers, mental health service providers, mental health admins	Qualitative (in-depth interviews)	Ghana (Bolgatanga Municipality	Stigma, mental health illiteracy, lack of insight, financial challenges, inadequate staffing, negative staff attitudes, policy neglect.	BMC Health Ser Res
[20]	23	Health workers, social workers, police officers, general community workers	Qualitative (semi-structured interviews)	South Africa	Limited healthcare facilities, shortage of mental health professionals, lack of medicine, distrust in providers, limited hours of service, financial constraints, geographical distance to services.	Open Public Health J
[21]	97	Deaf people (with/without mental health conditions), mental health professionals, CSO representatives, caregivers	Mixed methods (qualitative & quantitative)	Ghana	Communication barriers, mental health stigma, lack of awareness, exclusion from mental health programs, poverty.	J Biosci Med

Note. SID: Study ID & SS: Sample size

Moreover, in studies in Nigeria and Ethiopia [15, 17], respectively found that mental health patients often were unaware of accessible services or did not acknowledge the need for professional treatment. Many thought their symptoms would go away on their own and in some cases preferred to manage them on their own without seeking professional help. Such selfcare preference often stemmed from a lack of understanding about mental health services and misconceptions about professional care.

On the other hand, the study in [16] found that Rwandan patients were unaware about availability of mental healthcare facilities (Kabutare District Hospital), which made them reluctant to seek mental healthcare. The lack of information about accessible resources made mental health care difficult because people were not aware of such services and such people usually do not know where to seek help.

Structural and Logistical Barriers

Structure and logistics issues were consistently cited as major mental health care barriers. Geographic inaccessibility of mental health care facilities is a common structural barrier. In many rural African countries, healthcare facilities are often far from population centers, thereby limiting patient access to care. For instance, in the rural setting of Mozambique, where transportation was poor and roads were sometimes inaccessible, the study in [18] found that clinic location was a major issue. Similarly, the study in [16] reported that Rwandan patients had to travel far to receive mental health care which happens to affect access to care.

Financial barriers were reported in [19] study in which it was found that high service costs hindered many Ghanaian families, particularly in Bolgatanga Municipality from seeking care. Moreover, in this study, home caregivers and mental health administrators reported that many people could not afford therapy and sought informal care from traditional healers or religious leaders. On the other hand, the study in [15] noted that fiscal constraints and inadequate primary healthcare infrastructural development prevented Nigerian healthcare providers from providing good mental health services.

Socio-Cultural Barriers

Stigma and cultural views on mental health were often cited as significant barriers to care. Many African countries consider mental health illnesses as taboo, thus people with such conditions often experience stigmatization. It was reported that such stigmatization hindered many from seeking mental health care as it was reported among HIV depressed patients, who typically worry about being judged for both their HIV status and mental health condition [14]. However, issues of stigmatization were also reported in [19] study in Ghana, it was found that family and community stigmatization against mental health prevented people from obtaining professional help.

On the other hand, misconceptions about the causes of mental disorders often linked to cultural beliefs make many opt for traditional healing over professional mental health services. In many rural settings many believe that mental health disorders are as a result of punishments for sins committed. Such cultural belief barriers were reported in studies of [14, 15, 19].

Table 4. Barriers and recommended interventions

Barrier category	Interventions
Knowledge and attitudinal	Healthcare provider training, public awareness campaigns, stigma reduction initiatives
Structural and logistical	Improved healthcare infrastructure, subsidized mental health care, expanded workforce
Socio-cultural	Community education programs, collaboration with traditional healers to integrate services
Treatment-related	Public education on medication, financial support programs, enhanced provider-patient communication

Treatment-Related Barriers

The barriers relating to treatment reported in the studies reviewed include misconceptions about the antipsychotic class of medication, cost of medications, side effects of medications as well as communication barriers. It was noted that limited interventions and communication aids hinder seamless access to treatment among deaf populations as a result of lack of skilled sign language interpreters, thereby restricting patient-provider professional relationship needs in therapy management [21]. It is worthy of note that effective communication is critical to treatment success; without it, patients may neglect or disconnect from vital mental health treatments. Moreover the treatment cost was a significant barrier discussed in [17].

Another barrier reported is the misconceptions that antipsychotics are toxic or have debilitating adverse effects. It was examined how healthcare workers' inadequate understanding of mental health drug use and adverse effects affects their reluctance to prescribe and administer them [14]. Many African groups perceive mental health issues via spiritual or cultural lenses, which increases their reluctance to accept psychiatric therapy. Misconceptions about mental health treatment options.

DISCUSSION

Summary of Key Findings

This scoping study identified numerous significant barriers to accessing mental health care in underprivileged African populations, utilizing findings from eight studies conducted across various nations. The challenges were categorized into four main groups: knowledge and attitudinal, structural and logistical, socio-cultural, and treatment-related.

There were both widespread knowledge and attitudinal barriers, as both healthcare providers and service users showed a limited grasp of mental health issues, resulting in inadequate help-seeking behavior. The stigma associated with mental health, especially in rural communities, exacerbated this problem, deterring individuals from pursuing professional assistance. Significant barriers included structural and logistical challenges, such as geographic inaccessibility, financial constraints, and insufficient healthcare infrastructure. Numerous communities, especially in rural areas, faced challenges in obtaining mental health services because of the considerable distances to facilities and the expensive nature of care.

Socio-cultural barriers, including entrenched stigma and cultural beliefs surrounding mental illness, frequently resulted in a preference for traditional healing practices instead of seeking professional mental health services. Ultimately, obstacles related to treatment, such as misunderstandings regarding medication, worries about treatment expenses, and the potential side effects of medications, significantly impeded access to care. Misconceptions surrounding antipsychotics, specifically, led to hesitance among both healthcare providers and patients to participate in formal mental health treatments.

Comparison With Existing Literature

The findings from this study align earlier research on mental health treatment barriers in low- and middle-income countries. The study in [22] found similar barriers to mental health care in low and middle income countries (LMICs), including stigma, lack of training, and financial constraints. It emphasized the importance of mental health in primary healthcare to enhance accessibility [23, 24]. This is supported by studies in [25, 26] that mental health stigma and ignorance persist in sub-Saharan Africa. In this review barriers hindering access to mental healthcare at primary care levels were also identified particularly in [15, 18].

Furthermore, although a significant portion of the current literature, including studies in [27, 28] emphasises the potential of task-shifting to address mental health care shortages in LMICs, this review presents recent findings regarding its challenges and limitations, as outlined by [14, 18].

Possible Interventional Measures

To address the barriers to mental health services identified in this study, several targeted interventions are recommended. These interventions should be designed to reduce stigma, improve knowledge, and enhance the accessibility of services. Training healthcare providers in mental health care and increasing community awareness through educational campaigns will help tackle knowledge and attitudinal barriers. To address structural and logistical barriers, policies should focus on improving healthcare infrastructure, subsidizing mental health services, and increasing the number of mental health professionals in underserved areas. Socio-cultural interventions should aim to educate communities about mental health and reduce the stigma surrounding it. Treatment-related barriers can be addressed by improving communication about medication, offering financial support for treatment, and providing education on the side effects and benefits of psychiatric medications (**Table 4**).

Limitations

The study concentrated on articles published within the last five years; however, incorporating research from a wider time frame might have yielded a more thorough insight into the progression of barriers to mental health services in African contexts. This review predominantly utilized qualitative and mixed-methods studies, which, although offering valuable insights, may not always allow for quantitative generalisation.

CONCLUSION

This scoping review has highlighted significant barriers to accessing mental health services in underprivileged African communities, including knowledge gaps, stigma, logistical

challenges, and socio-cultural factors. The findings underscore the need for targeted interventions aimed at addressing barriers to mental health care affecting both healthcare providers and service users. For policymakers, this review suggests the urgent need for comprehensive mental health policies that prioritize the integration of mental health services into primary care, increase funding, and promote training for healthcare providers. Efforts should also focus on reducing stigma through community-based awareness campaigns that promote mental health literacy. From a practical point of view, healthcare systems should invest in training non-specialist providers and improve the availability of mental health resources in underserved areas. Task-shifting can be a viable solution, but its success hinges on adequate training, supervision, and community engagement.

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