Attitudes of primary health care providers towards people with mental illness: evidence from two districts in Zambia

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*The Mental Health and Poverty Project (MHaPP) is a Research Programme Consortium (RPC) funded by the UK Department for International Development (DfID) (RPC HD6 2005-2010) for the benefit of developing countries. The views expressed are not necessarily those of DfID. RPC members include Alan J. Flisher (Director) and Crick Lund (Co-ordinator) (University of Cape Town, Republic of South Africa (RSA)); Therese Agossou, Natalie Drew, Edwige Faydi and Michelle Funk (World Health Organization); Arvin Bhana (Human Sciences Research Council, RSA); Victor Doku (Kintampo Health Research Centre, Ghana); Andrew Green and Mayeh Omar (University of Leeds, UK); Fred Kigozi (Butabika Hospital, Uganda); Martin Knapp (University of London, UK); John Mayeya (Ministry of Health, Zambia); Eva N Mulutsi (Department of Health, RSA); Sheila Zaramba Ndyanabangi (Ministry of Health, Uganda); Angela Ofori-Atta (University of Ghana); Akwasi Osei (Ghana Health Service); and Inge Petersen (University of KwaZulu-Natal, RSA).

Abstract

Objective: The aim of this study was to explore health care providers' attitudes towards people with mental illness within two districts in Zambia. It sought to document types of attitudes of primary health care providers towards people suffering from mental illness and possible predictors of such attitudes. This study offers insights into how health care providers regard people with mental illness that may be helpful in designing appropriate training or re-training programs in Zambia and other low-income African countries. **Method:** Using a pilot tested structured questionnaire, data were collected from a total of 111 respondents from health facilities in the two purposively selected districts in Zambia that the Ministry of Health has earmarked as pilot districts for integrating mental health into primary health care. **Results:** There are widespread stigmatizing and discriminatory attitudes among primary health care providers toward mental illness and those who suffer from it. These findings confirm and add weight to the results from the few other studies which have been conducted in Africa that have challenged the notion that stigma and discrimination of mental illness is less severe in African countries. **Conclusion:** There is an urgent need to start developing more effective awareness-raising, training and education programmes amongst health care providers. This will only be possible if there is increased consensus, commitment and political will within government to place mental health on the national agenda and secure funding for the sector. These steps are essential if the country is improve the recognition, diagnosis and treatment of mental disorders, and realize the ideals enshrined in the progressive health reforms undertaken over the last decade.

Key words: Mental health; Stigma; Discrimination; Primary health care givers

Received: 19/07/2010
Accepted: 22/10/2010
doi: http://dx.doi.org/10.4314/ajpsy.v14i4.6

Introduction

The conception, perceptions, experience of symptoms, recognition and classification as well as treatment course of mental illness differs from one culture to another, and even within cultures.[1-3] This notwithstanding, it is a well acknowledged fact that mental illness is universal across cultures.[4] Also acknowledged as universal are the negative attitudes and responses towards people with mental disorders. These adverse attitudes and social responses, usually conceptualized as stigma, are a crucial issue not only for those affected and their families, but also for research, advocacy and policy across the world.[5]

In the area of research, abundant evidence from Western countries indicates that people with mental illness are stigmatized and discriminated against not only by the general public but by health professionals as well.[6-15] These

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studies are unanimous in their conclusion that negative attitudes and discriminatory behaviour towards people with mental disorders are widespread and commonly held.

Among the stereotypes commonly held by the general population are that people with mental illness are dangerous, violent and unpredictable.[9] Furthermore, it has been found that the general population frequently favours measures that tend to restrict civil rights and freedoms of people with mental illness.[16-17] Moreover, treatment suggestions for people with mental illness include a wide range of proposals, some of which are punitive and discriminatory, and therefore far from official guideline recommendations.[18-20]

It has been claimed that stigma and discrimination of mental illness is less severe in African countries.[21-22] It is unclear however whether this finding indicates that Africa is a geographical region that does not promote stigma, or whether there is a dearth of research on this issue in these societies.[22] Indeed, studies elucidating mental illness stigma and discrimination derive mainly from Western countries, with a paucity of comprehensive studies having been conducted in Africa, particularly in Sub-Saharan Africa.[21,23] Although few studies have been conducted in Africa, the few that have been conducted suggest that the experience of stigma by people with mental illness may be common, and thus contradict common assertions about stigma and mental illness in Africa.[24-25]

For example, a study conducted in South Africa[26] reported that, among the general public, knowledge of mental illness was low and stigma was high. Another example can be seen in Nigeria, where the first large-scale, community representative study of popular attitudes towards mentally ill, found stigma to be widespread, with most people indicating that they would not tolerate even basic social interactions with someone with a mental disorder.[23] These preliminary findings thus confirm Corrigan and Watson's assertion that the lack of empirical data in African countries may explain the speculation that stigmatisation and discrimination of mental illness may be less common in these societies.[27] More studies on the continent are needed, in order to avoid ill-informed assumptions, and to prevent uncritical transposition of findings from western contexts to Africa, given cultural and structural regional differences.

Most studies on mental illness have tended to focus on the attitudes and behaviours of the general community, whilst neglecting the views and actions of specific population groups.[21] One particular group that has been largely ignored is that of health care professionals, both in the general and mental health fields.[21,28] This is cause for concern, as the few studies that have explored this area have found that such professionals frequently hold negative attitudes towards people living with mental illness.[29-31]

There is generally a dearth of research on mental health in Zambia.[32-33] To our knowledge, only one study has assessed mental illness stigma in Zambia[34] and no research has been conducted in Zambia to specifically examine the attitudes of primary health care providers towards people afflicted with mental illness. Yet an understanding of the attitudes of this cadre of workers is extremely important for the delivery and uptake of mental health services.

The current paper presents part of the data that was collected for a survey that assessed the knowledge, attitudes and practices (KAP) regarding mental health among general and mental health care providers in Zambia. This survey formed part of the Mental Health and Poverty Project (MHaPP). The MHaPP – which is being conducted in four African countries: Ghana, South Africa, Uganda and Zambia – aims to investigate the policy level interventions required to break the vicious cycle of poverty and mental ill-health, in order to generate lessons for a range of low- and middle-income countries.[35] The aim of this particular paper was to explore health care providers' attitudes towards people with mental illness. It sought to document the types of attitudes (negative and/or positive) of primary health care providers towards people suffering from mental illness and possible predictors of such attitudes. This study will offer insights into how health care providers regard people with mental illness that may be helpful in designing appropriate training or re-training programs in Zambia and other low-income African countries.

Methods

A survey was devised and conducted in order to assess the knowledge, attitudes and practices (KAP) regarding mental health of general and mental health care providers in Zambia. The main objective behind this survey was to guide and inform the training that would be carried out amongst general and mental health care practitioners to better identify and manage common mental illness.

To collect data, a questionnaire with both open and closed ended questions was used. Questions asked in the questionnaire covered three major areas, namely: Knowledge, Attitudes and Practices. Knowledge and Practice questions included the following sub-headings: knowledge about causes of mental illness; knowledge about mental disorders; and ability to treat, prescribe and administer drugs. Attitudes questions involved: stereotypes; separatist and discriminatory attitudes; and restrictiveness. The questions on which this paper is based formed part of the 'attitudes' component of the survey which included questions on attitudes towards people with mental illness. The questionnaire was piloted on fifteen health workers in Kafue District that was not part of the survey sites. Based on the findings from this pilot, the questionnaire was adapted and revised.

The data were collected from two purposively selected district sites: Lusaka, representing an urban setting; and Mumbwa, representing a rural setting. These sites were selected as Ministry of Health pilot districts for the integration of mental health into primary health care as well as for the purpose of representation of rural and urban scenarios. Different inclusion criteria were set for the facilities in the two districts that participated in the survey. This was done considering the variation in the catchment area, patient loads, and staff patterns. Health facilities in Mumbwa were eligible to participate if they were a government facility with at least one bed, and overseen by a Clinical Officer, Nurse or Environmental Health Technologist. In this regard, ten community health centres were able to participate in the study. On the other hand, health facilities in Lusaka qualified to participate if they

were a government facility with at least one bed, and manned by either a Clinical Officer or Registered Nurse. If there were two health centres within a five kilometer radius, the larger one participated. In this way, twelve health centres qualified to participate. Out of a total of 67 health centres between the two districts, 22 which met the inclusion criteria participated in the survey. A total of 111 participants drawn from the selected health facilities in the districts took part in the survey. Out of the 111 participants, 22 were drawn from Mumbwa, while 89 were drawn from Lusaka. The data were collected during March and April 2009.

It is important to mention here, albeit parenthetically, that the Clinical Officers in Psychiatry and Registered Mental Health Nurses are the front line staff in delivery of mental health care in primary care units in both long stay facilities and daily outpatient facilities in Zambia. The Registered Mental Health Nurse is basically a Registered Nurse who undergoes an additional one year training to upgrade her/his skills. The other categories of staff either perform auxiliary functions or stand-in for Clinical Psychiatry or Registered Mental Health Nurse in their absence. In terms of training, except for the Enrolled Psychiatric Nurse who is trained for two years, the rest of health care providers are trained for three years.

The health centres that participated were typical of all clinics in the sense that they are government financed and supervised health centres, and being served through the same basic health care package. The centers also recruit categories of staff with similar levels of qualifications and training. In addition, almost all the health centres in Lusaka are placed in low density areas catering for similar characteristics of the population. The same applies to the rural health centres. Therefore the sample was representative of the districts from which participants were drawn.

Permission to conduct this study was obtained from the Ministry of Health Directorate of Public Health and Research, and the District Directorate of Health for the respective districts. Detailed information was provided to participants concerning participation and the consequence of the study. Participation was voluntary, and informed consent was obtained. For the purpose of anonymity, participants' names were omitted from the questionnaire.

Relevant quantitative data from the survey was entered and analyzed using the Statistical Package for Social Sciences (SPSS). Simple cross-tabulations were used to calculate proportions and their distributions in different groups.

Table I: Number and distribution of respondents by age, job title, work experience and qualification

Characteristic	*Frequency*	*Percent*
AGE GROUP		
19-24	4	3.6
25-29	21	18.9
30-34	21	18.9
35-39	23	20.7
40-45	23	20.7
46-50	17	15.3
56-60	1	0.9
61-65	1	0.9
TOTAL	111	100.0
JOB TITLE		
Clinical Officer general	32	28.8
Clinical Officer Psychiatry	7	6.3
Zambia Registered Nurse	26	23.4
Zambia Enrolled Nurse	33	29.7
Zambia Enrolled Psychiatric Nurse	7	6.3
Zambia Registered Mental Nurse	2	1.8
Environmental Health Technologist	4	3.6
Total	111	100.0
WORK EXPERIENCE		
<1 years	8	7.2
1-3 years	13	11.7
4 years	13	11.7
Five years	3	2.7
>5 years	74	66.7
Total	111	100.0
QUALIFICATION		
Certificate holder	60	54.1
Diploma holder	51	45.9
Total	111	100.0

Results

Background characteristics of respondents

Table I shows age distribution of health care staff surveyed, their job title, and work experience as health care providers. Most (79.2%) of the respondents were aged between 25 and 45 years with the largest concentration being in the age groups 35 and 45 which made up 20.7 percent each of the total sample. In terms of job title, Zambia Enrolled Nurses (29.7%), Clinical Officer General (28.8%), and Zambia Registered Nurses (23.4%) consisted most of the sample. Mental Health Specialists, such as the Clinical Officer in Psychiatry (6.3%), Zambia Enrolled Psychiatric Nurse (6.3%) and Zambia Registered Mental Nurse (1.8%), together constituted 14.4 percent of all the health care staff interviewed.

In terms of work experience, more than eight out of ten (81.1%) of those interviewed had been working as health care providers for more than four years with the majority (66.7%) having worked for more than five years. Further, about 68.5% (n=76) indicated having received lectures or tuition in psychiatry.

Most (80.2%) of the respondents indicated that they had dealt with a mentally ill person since they started work, and more than 70% had had contact with a mental patient no less than six months prior to the survey. Regarding seriousness of mental illness, more than 8 out of ten (80.2%) respondents agreed with the statement that mental illness was a serious problem in Zambia, while 19.8% thought that it was not. In addition, about 74 percent (73.9%) either agreed (18.0%) or strongly agreed (55.9%) with the statement that there are more people with mental illness living in communities than those seen at health centers. However, only 27% were of the view that mental illness was currently receiving the attention it deserves.

Table II: Frequency and percent distribution of respondents by the degree with which they agree or disagree with selected stereotyping statements regarding mental illness

Attitude	*Strongly disagree*	*Disagree*	*Agree*	*Strongly agree*	*Undecided*
People with mental illness have unpredictable behaviour	23(20.7)	58(52.3)	22(19.8)	3(2.7)	5(4.5)
If people become mentally ill once, they easily become ill again	6(5.4)	52(46.8)	40(36.0)	4(3.6)	9(8.1)
People with mental illness are dangerous	21(18.9)	44(39.6)	28(25.2)	12(10.8)	6(5.4)
It's easy to identify who has a mental illness by the characteristics of their behaviour	17(15.3)	55(49.5)	25(22.5)	10(9.0)	4(3.6)
All people with mental illness have some strange behaviour	10(9.0)	51(45.9)	31(27.9)	17(15.3)	2(1.8)

Attitudes

Stereotypes

A number of questions were asked in order to examine the attitudes of primary health care providers towards people with mental illness. Study participants were asked to indicate on a 5-point Likert type scale the extent to which they agreed or disagreed with certain statements.

It is evident from Table II that a large proportion of primary health care providers interviewed endorse negative stereotypes towards mentally sick persons. For example, more than 4 out of ten (43.2%) of the respondents either strongly agreed (15.3%) or agreed (27.9%) with the statement that all people with mental illness have some strange behaviour. The proportions either strongly agreeing or just agreeing with other negative stereotypes range from about 31.5% to approximately 40% (39.6%). The stereotype that people with mental illness have strange behaviour was endorsed by 43.2% while 36% agreed with the stereotype that people with mental illness are dangerous.

Confining the analysis to the most represented health worker categories, Table III shows that Clinical Officers General endorsed: the stereotyping statements that people with mental illness are dangerous (37.5%); that they easily become ill again (43.7%); and that they have unpredictable behavior (31.2%). Among the Zambia Registered Nurses, the proportions endorsing these negative stereotypes are 38.4%, 42.3% and 7.6%, respectively. On the other hand, 24.2%, 24.3 and, 22% among the Zambia Enrolled Nurses endorsed the same stereotypes.

Separatist and Discriminatory attitudes

A large proportion of health care staff also exhibited separatist and discriminatory attitudes towards people with mental illness. This is illustrated in Table IV, which presents results on the extent to which respondents agreed or disagreed with certain statements that capture separatist attitudes towards mentally sick people. Overall, between 55.8% and 75.6% of the health care staff agreed with statements that indicate separatist and discriminatory attitudes towards mentally ill patients. For example, more than half (55.8%) of the respondents either strongly agreed (31.5%) or agreed (24.3%) with the idea that political and individual rights of persons with mental illness should be suspended while they are on treatment. Also, more than two-thirds (67.5% of the respondents strongly agreed (27.9%) or agreed (39.6%) with the notion that mentally ill patients should not be treated in the same health centre as general patients. In addition, 61.2% and 74.7% of respondents agreed or strongly agreed that mentally ill people should not be allowed to work or to have children, respectively. In response to the question, ''If a mental health screening room is set up in this facility, would you ask to be exempt from treating those patients with a mental illness?, more than 4 out of ten (42.3%) respondents answered in the affirmative.

Table III: Percent distribution of respondents by job title and the degree to which they agree or disagree with selected stereotyping statements regarding people with mental illness

Stereotyping statement	*Clinical Officer General*		*Zambia Registered Nurses*		*Zambia Enrolled Nurses*	
	Agree	*Strongly agree*	*Agree*	*Strongly agree*	*Agree*	*Strongly agree*
People with mental illness are dangerous	34.4	3.1	26.9	11.5	12.1	12.1
If people become mentally ill once, they easily become ill again	40.6	3.1	38.5	3.8	18.2	6.1
People with mental illness have unpredictable behaviour	28.1	3.1	3.8	3.8	18.2	3.8

Table IV: Frequency and percent distribution of respondents by the degree to which they agree or disagree with selected separatist and discriminatory statements regarding mental illness and mentally sick persons

Separatist attitude	*Strongly disagree*	*Disagree*	*Agree*	*Strongly agree*	*Undecided*
Find it hard to talk to someone with mental health problems	9(8.1)	37(33.3)	49(44.1)	13(11.7)	3(2.7)
Even after treatment, I would be doubtful to be around people who has been treated for mental illness	12(10.8)	9(8.1)	50(45.0)	34(30.6)	6(5.4)
Mental patients should not be treated in the same health center with other people	5(4.5)	24(21.6)	44(39.6)	31(27.9)	7(6.3)
Mentally sick persons are entitled to the same attention in the health center as general patients	19(17.1)	16(14.4)	30(27.0)	45(40.5)	1(0.0)
People with mental illness should not be allowed to work	18(16.2)	23(20.7)	36(32.4)	32(28.8)	1(1.8)
Political and individual rights of mentally ill persons should be suspended while on treatment to help them	5(4.5)	32(28.8)	27(24.3)	35(31.5)	12(10.8)
I would be doubtful to be around people who has been treated for mental illness	12(10.8)	9(8.1)	50(45.0)	34(30.6)	6(5.4)
Those with mental illness should not have children	13(11.7)	15(13.5)	39(35.1)	44(39.6)	
Chainama is the only place for people with mental illness[1]	16(14.4)	29(26.1)	35(31.5)	28(25.2)	3(2.7)
Would ask for exemption to treat those with mental illness[2]	16(14.4)	41(36.9)	36(32.4)	11(9.9)	7(6.3)

[1]Chainama is the only referral mental health hospital in Zambia.
[2]The actual question read thus "If a mental health screening room is set up in this facility, I will ask for an exemption to treat those with a mental illness".

Restrictiveness

To assess the inclination or willingness of health care providers to restrict the individual rights of people with mental illness, interviewees were asked to indicate the degree to which they agreed or disagreed with the selected restrictive suggestions. The results are indicated in Table V.

Over all, just less than half of the respondents agreed with the idea of handcuffing violent mental patients or detaining mental patients in a solitary place. Similarly, only 18.9% strongly disagreed with the idea of sedating mental patients purportedly to safeguard the security of other people. In short, between 45% and 54% of health care staff favoured the idea of restricting individual rights of people who are mentally ill.

Analysis of the relationship between respondents' job title and their inclination to accept restrictive ideas regarding mental patients shows that Clinical Officer Psychiatrists are more likely to favour restrictive ideas than other categories of primary health care givers who participated in the study. Among this category of primary health givers, more than two thirds (71.5%) endorsed the ideas of handcuffing, 57.1% solitary confinement and 57. 2 percent the sedation of mental patients.

Social Distance

The stereotypical, separatist and discriminatory attitudes identified above are clearly mirrored in the degree of discomfort or social distance respondents admittedly felt in

Table V: Number and percent distribution of health workers by the degree to which they agree or disagree with selected restrictive notions regarding mentally ill persons

	Strongly disagree	*Disagree*	*Agree*	*Strongly agree*	*Undecided*	*TOTAL*
Violent mental patients should be handcuffed	11(9.9)	36(32.4)	46(41.4)	14(12.6)	4(3.6)	111(100.0)
Detention in a solitary place should be considered for people with mental illness	20(18.0)	26(23.4)	47(42.3)	7(6.3)	11(9.9)	111(100.0)
Sedation of mental patients would guarantee safety for other people in all cases	21(18.9)	39(35.1)	38(34.2)	12(10.8)	1(0.9)	111(100.0)

Table VI: Number and percent distribution of respondents by selected background characteristics and the degree to which they reportedly felt dealing with people with mental disorders

Respondent characteristic	*Extremely uncomfortable*	*Uncomfortable*	*Comfortable*	*Extremely Comfortable*	*TOTAL*
AGE GROUP:					
19-24	1(25.0)	2(50.0)	1(25.0)	0(0.0)	4(100.0)
25-29	6(28.6)	8(38.1)	7(33.3)	0(0.0)	21(100.0)
30-34	6(28.6)	5(23.8)	9(42.9)	1(4.8)	21(100.0)
35-39	2(8.7)	12(52.2)	7(30.4)	2(8.7)	23(100.0)
40-45	7(30.4)	10(43.5)	6(26.1)	0(0.0)	23(100.0)
46-50	5(29.4)	4(23.5)	6(35.3)	2(11.8)	17(100.0)
56-60	0(0.0)	0(0.0)	1(100.0)		1(100.0)
61-65	1(100.0)	0(0.0)	0(0.0)	0(0.0)	1(100.0)
JOB TITLE:					
Clinical Officer general	9(28.1)	14(43.8)	9(28.1)	0(0.0)	32(100.0)
Clinical Officer Psychiatry	1(14.3)	5(71.4)	1(14.3)	0(0.0)	7(100.0)
Zambia registered Nurse	8(30.8)	8(30.8)	10(38.5)	0(0.0)	26(100.0)
Zambia Enrolled Nurse	4(12.1)	12(36.4)	12(36.4)	5(15.2)	33(100.0)
Zambia Enrolled Psychiatric Nurse	6(85.7)	1(14.3)	0(0.0)	0(0.0)	7(100.0)
Zambia Registered Mental Nurse	0(0.0)	0(0.0)	2(100.0)	0(0.0)	2(100.0)
Environmental Health Technologist	0(0.0)	1(25.0)	3(75.0)	0(0.0)	4(100.0)
WORK EXPERIENCE:					
<1 year	0(0.0)	1(12.5)	7(87.5)	0(0.0)	8(100.0)
1-3 years	5(38.5)	6(46.2)	2(15.4)	0(0.0)	13(100.0)
4 years	5(38.5)	2(15.4)	6(46.2)	0(0.0)	13(100.0)
5 years	1(33.3)	2(66.7)	0(0.0)	0(0.0)	3(100.0)
>5 years	17(23.0)	30(40.5)	22(29.7)	5(6.8)	74(100.0)

dealing with mentally ill persons. The scale used to measure discomfort or social distance consisted of one question aimed at assessing the degree of comfort dealing with people with mental illness, namely ''in general, how do you feel dealing with mentally ill people?'' The majority (68.4%) of health care providers interviewed indicated that they were extremely uncomfortable (19.8%) or uncomfortable (48.6%) attending to mentally ill people. Similarly, 62.1% of the respondents indicated that they were either extremely uncomfortable (25.2%) or just uncomfortable (36.9%) when dealing with mentally ill persons in general.

Results in Table VI, show the relationship between selected respondent background characteristics and expressed degree of discomfort in dealing with people with mental illness.

As per Table VI, the proportion of participants who indicated that they were either extremely uncomfortable or uncomfortable dealing with people with mental illness ranged from 48.5 percent among Zambia Enrolled Nurses to as high as approximately seven out of ten (71.9%) among Clinical Officers General. There was no clear pattern between age and work experience of the respondents and the reported degree to which they felt either comfortable or uncomfortable dealing with mentally sick persons.

Discussion

This study elicited information on the attitudes of primary health care workers towards mental illness and those affected. This study is novel in its attempt to explore the attitudes and beliefs amongst this specific group of people in Zambia. Findings indicate that there are widespread stigmatizing and discriminatory attitudes among such workers. These findings corroborate a handful of studies that have explored stigma amongst this specific population globally, which found that health and mental health professionals may contribute to the development and reinforcement of mental illness stigma.[11,28,31] As was the case in this current study, these studies also found that such professionals may hold restrictive, separatist and discriminatory attitudes towards people with mental disorders.

A worrying finding from this study was that Clinical Officer Psychiatrists were more likely to favour restrictive ideas than other categories of primary health care givers. These workers are the most experienced in the field of mental health, and deal most extensively with mental health issues. Another disconcerting finding from this study was the high proportion of General Clinical Officers who expressed discomfort with dealing with people with mental illnesses. This has negative implications for efforts aimed at better integrating mental health with primary health care, given that this group constitutes the front line of staff in the delivery of mental health care in primary health care units and in long stay facilities. Stigma amongst health care providers has been identified as one of the main obstacles preventing adequate mental health and primary health care integration.[36]

Stigma and discrimination towards the mentally ill have negative implications for prevention and treatment of mental disorders, as well as the rehabilitation and quality of

life of those who suffer from mental disorders.[27,37] There is abundant evidence to suggest that stigma and discrimination can have adverse effects on those with mental disorders' willingness to access appropriate care and adhere to treatment.[30-31] The personal and social costs that result from untreated mental disorders are also considerable, including lost employment and reduced productivity, together with possible suicide, homelessness and the disruptive influence on family life.[38-39] In addition, stigmatization and discrimination of those suffering from mental disorders hinders their ability to integrate into society and ultimately recover from their illness, due to the frequent personal harassment, social isolation and economic exclusion they experience.[26]

Given the adverse effects of stigma, it is therefore not surprising that in recent years, eliminating stigma and discrimination against mental illness has been adopted as a central target by various agencies and governments internationally. The World Psychiatric Association, for example, has recently initiated a global programme against stigma and discrimination, and twenty countries are participating in the programme.[31] The European Union's recent consultation about mental health promotion identified the fight against stigma as an important area of work for European countries, and the World Health Organization has highlighted the need to combat stigma and discrimination.[29]

These initiatives have, however, tended to target general populations, without sufficient attention being placed on targeting mental and general health care providers.[31] The results from this study suggest that mental and general health staff should themselves be an important target for anti-stigma initiatives. Such professionals need to be made aware of, and encouraged to take cognizance of their own attitudes, and the ways in which they may produce and reproduce stigma. The government of Zambia, through the Ministry of Health, has recently taken up the challenge of training primary health care workers on various aspects of mental illness, albeit on a pilot basis in one of the districts earmarked for integration. Although it is too early to determine both short term and long term impacts, such initiatives are urgently required and should cover all primary health care providers in the country.

Conclusion

Over the last decade, Zambia has embarked on a radical transformation process aimed at creating a well functioning, cost effective and equitable district-based health care system. In addition, there has been increased recognition in the Ministry of Health of the importance of integrating mental health into primary health care services. The results from this study indicate, however, that there is an urgent need to start developing more effective awareness-raising, training and education programmes amongst health care providers. This will only be possible if there is increased consensus, commitment and political will within government to place mental health on the national agenda and secure funding for the sector. These steps are essential if the country is improve the recognition, diagnosis and treatment of mental disorders, and realize the ideals enshrined in the progressive health reforms undertaken over the last decade.

Acknowledgement

The research on which this paper is based was funded by the UK Department of International Development (DfID) (RPC HD6 2005-2010) for the benefit of developing countries. The views expressed are not necessarily those of DfID. We would like to acknowledge the respondents for their valuable contributions.

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