



RESEARCH ARTICLE

The Perspectives and Attitudes of Soweto Community Members towards Mental Health in Gauteng Province, South Africa

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In developing countries like South Africa, there is evidence that perceptions and attitude of mental health continue to affect people with mental health challenges. Attitudes and perceptions regarding mental illness are shaped by personal experiences, interactions with those living with mental health including the limited knowledge regarding mental health. The study followed a qualitative approach, and participants were selected using a purposeful sampling procedure. The study was conducted among five participants using face-to-face semi-structured interview guide. The collected data was analysed through thematic analysis. A total of six (6) superarch themes emerged from data analysis, namely: 1) perspectives surrounding mental health, 2) attitudes towards mental health, 3) the experiences of mental health individuals, 4) lack of knowledge regarding healthcare providers providing mental health services, 5) understanding of mental health, and 6) ways to support people facing mental health challenges. The findings suggest that there was improvement in gaining and understanding the perspectives and attitudes faced by mental health community members in Soweto and across generations. There is need to promote accessibility, support and promote the importance of mental health programs in communities to sharpen their knowledge and skills. Mental health programs should be enhanced and strengthened to benefit those infected and affected by mental health including family members and the community at large. There is need to identify gaps and improve existing policies to ensure that mental health for families and community members is prioritised.

INTRODUCTION

A life with mental challenges is often a considerably shorter one across all countries, people with mental health issues have 20 years shorter life expectancy than those without them (Patel, 2014). Challenges surrounding mental health such as stigma and poor resource allocation are expected to arise in the foreseeable future (Farrington et al., 2014). Mental health is a state of mental well-being that allows individuals to manage the pressures of life, recognize their abilities, work, and learn well, and contribute to their community (World Health Organisation, 2022). Acute disease outbreaks, such as the COVID-19 pandemic, placed a tremendous burden of psychological suffering on people across the world (Kunzler et al., 2021). Mental health conditions are globally increasing and approximately 20% of the world's young people have mental health challenges. (World Health Organisation, 2021). Mental health affects all aspects of life, such as academic or work performance, personal relationships, and the ability to participate in the community or economy which places constraints on a country's economy (World Health Organisation, 2021). Despite the impact of mental health illnesses on individuals and the economy, mental illnesses are the least prioritised.

The beginning of South African mental health legislation can be traced back to the apartheid period when the government's policies and regulations were formulated to maintain racial segregation and prejudice (Swanepoel, 2011). People with mental challenges were frequently exposed to harsh treatment during this historical period, including forcible evacuation from their homes and communities and institutionalisation in under-resourced and overcrowded psychiatric hospitals

(Raphalalani et al., 2021). There has been a change in the post-apartheid era towards more progressive mental health policies and regulations that prioritise the rights and dignity of people with mental illnesses. This involves the introduction and improvement of laws such as the Mental Health Care (Act 17 of 2002) which protects the rights of mental health patients. South Africa has shown progress in policy development for mental health; however, there have been challenges with implementing the policies which are caused by lack of equipment, mismanaged resources, insufficient workforce, and carelessness remain detrimental issues to mental health and negatively affect the implementation of the new laws (Ferlito & Dhali, 2018).

Data supplied by the South African College of Applied Psychology show that only 27% of South Africans reporting severe mental challenges ever receive treatment; furthermore, this implies that quarters of these individuals are not accessing any form of mental care at all (Wilson, 2021). Chipfakacha argues that cultures have theory systems for diseases how they explain illnesses, and diverse ways of diagnosis and treatment. Despite having related mental health challenges, they are viewed differently across societies. To understand how people view mental challenges, one needs to acknowledge how their culture shapes their perceptions of mental health (Ngobe et al., 2021). People with mental health issues are more likely to report physical symptoms such as dizziness but not emotional problems. However, when probed further, they admit to feeling emotional symptoms. This verifies the notion that service users from various cultures selectively express or display symptoms in culturally appropriate ways (National Institute of Mental Health, n.d.). Mental health challenges are very prevalent in Africa however the proportion of Africans who get treated for mental health is exceptionally low, and this is also affected by treatment defaults. A population of 10.8 % in Kenya is suffering from mental challenges (Ngobe et al., 2021). Approximately 85% of people suffering from mental challenges in Ethiopia seek help from traditional healers (Amuyunzu-Nyamongo, 2013). Uganda has a prevalence of depression, bipolar and anxiety at 9.3%, 4.9% and 8.5% respectively.

LITERATURE REVIEW

Attitudes and beliefs about mental challenges are influenced by people's understanding of mental challenges. People's understanding of mental health varies across cultures, and this influences their help-seeking behaviour (Masemola, 2022). Mental challenges continue to be stigmatised in many cultures, and people with mental health challenges may be viewed as weak or imperfect. This stigma can deter people from getting care or admitting their problems, which can worsen their symptoms (Masemola, 2022). One of the causes of mental health treatment default in South Africa is the denial of mental challenges whereby patients deny the existence or seriousness of their mental challenges thus treatment defaults (Mokwena & Ndlovu, 2021). This is a result of patients failing to realise the necessity to participate in medical treatment. This kind of behaviour is believed to be reinforced or induced by the stigma of mental challenges (Mokwena & Ndlovu, 2021). There are common beliefs and attitudes that associate mental challenges with supernatural phenomena across African countries (Okafor et al., 2022) As a result, spiritual or religious therapies may be employed instead of or in addition to evidence-based treatments (Egbe et al., 2014).

It is known that most individuals presenting with mental health challenges sometime challenges do not have access to comprehensive care and high-quality mental health services especially in South Africa. A study conducted by Hadebe and Ramukumba (2020) exploring the social support of young adults living with mental health challenges in the city of Tshwane revealed that participants who have good social support from friends and families have resilience (Hadebe & Ramukumba, 2020). Social support is building good relationships with other people and looking for support when required. Having resilience enables people to overcome challenging situations rather than trying to cope alone (Hadebe & Ramukumba, 2020). Good social support has been associated with a positive impact on moderation and improvement of resilience for people living with mental illness (Hadebe & Ramukumba, 2020).

Attitudes and beliefs about depression are influenced by people's understanding of mental illnesses information received about mental health and cultural stereotypes. People's understanding of mental health varies across cultures, and this influences their help-seeking behaviour (Masemola, 2022). Mental challenges continue to be stigmatised in many cultures, and people with mental health challenges may be viewed as weak or imperfect. This stigma can deter people from getting care or admitting their problems, which can worsen their symptoms (Masemola, 2022). A study was

conducted in South Africa at Manguzi Hospital a rural area in KwaZulu-Natal which is a general hospital that has mental health units for out and inpatients. The study aimed to understand the reasons or causes of treatment defaults among patients suffering from mental challenges. One of the causes was found to be the denial of mental challenges whereby patients deny the existence or seriousness of their mental challenges thus treatment defaults. This is a result of patients failing to realise the necessity to participate in medical treatment. There is a common belief in associating mental illnesses with supernatural phenomena across African countries (Okafor et al., 2022). Some cultures believe that mental challenges are caused by supernatural powers such as evil beings or curses. As a result, spiritual or religious therapies may be employed instead of or in addition to evidence-based treatments (Egbe et al., 2014). African traditional beliefs perpetuate the idea that mental illnesses have supernatural causes and remedies. These beliefs influence people's attitudes and knowledge (Okafor et al., 2022). Most African traditional belief systems accredit the influence of bewitchment and ancestors as the cause of mental illnesses; therefore, traditional healers are perceived as experts in matters that concern mental health challenges (Okafor et al., 2022) On account of this, People consult traditional healers as their only providers of mental healthcare (Okafor et al., 2022).

There is little representation of African health perspectives in the scholarly literature (Lima-Smith et al., 2022). A study conducted by Lima-Smith et al. (2022) on cultural knowledge and perceptions of students towards mental illness in South Africa revealed that social constructs play a key role in the perceptions of young Black South African college students. It is especially important to acknowledge that one's perceptions are influenced by numerous factors, and they can vary across people. The study revealed that the representation of mental illness of the participants was based on knowledge values of their communities of origin, social practices, and cultural beliefs (Lima-Smith et al., 2022). This study seeks to explore the perspectives and attitudes of Soweto community members towards mental health.

Theoretical Framework

To gain an insight into the perspectives and attitudes of Soweto community members towards mental health, the study adopted the reasoned action approach. The reasoned action approach is a social cognitive model that identifies the elements of intentional behaviour (Hagger et al., 2018). It was developed by Martin Fishbein and Icek Ajzen in 1975 (Tyrone, 2014). The reasoned Action approach was established to predict individual intentions to engage in specific behaviours at a particular time and within diverse contexts (Anisman & Kusnecov, 2022). It provides important information for predicting health behaviours, moreover, it is useful for planning and implementing health promotion and prevention programs for illnesses or diseases (McEachan et al., 2016). The reasoned action approach argues that attitude towards a behaviour, perceived behavioural control and perceived norms determine the intentions of people, moreover, people's intentions predict their behavior (McEachan et al., 2016).

People with mental health challenges receive negative attitudes from communities because they are stigmatized, discriminated against, and receive less support from their community. This may be caused by little or no conversations surrounding mental health in communities. This theory enables the understanding of people's intention behind any behavior. This theory argues that a person's attitude is their understanding of the outcomes of the behavior based on whether they are positive or negative (Peace, 2003). Mental health for other people is not easily identified and can be easily missed while others' behavior can be easily identified and recognised hence the community is most likely to react differently towards people experiencing mental health challenges. This is because of little or no knowledge about mental health. If an individual believes that an action will lead to positive results, they will have a positive attitude towards the behavior (Peace, 2003). If community and family members are empowered with knowledge about mental health, they are more likely to offer psychosocial support to people living with mental health challenges. In some communities that might not understand mental health challenges, they are more likely to discriminate and stigmatise community members living with mental health challenges, hence there is poor psychosocial support for community members living with mental health challenges. The theory will assist to understand or predict the perspectives and attitudes of Soweto community members towards mental health. If the community normalised a positive attitude towards mental health, the responses from the participants will show a positive attitude towards mental health but if the community has normalised

negative attitudes towards mental health, the outcomes of the research will reveal a negative attitude towards mental health.

METHODOLOGY

Research Method

This research followed a qualitative approach to conduct the study. The qualitative approach was appropriate for the study because it allowed the researcher to acquire rich data from the participants and allows researchers to explore participants' feelings, experiences, and opinions to understand a certain phenomenon (Busetto et al., 2020). Qualitative search addresses how and why certain phenomena occur, hence researchers can extract detailed information from participants.

Research Design

This study followed a descriptive and explorative design. A descriptive research design is a type of research methodology that aims to describe the attitudes, opinions, perceptions, or characteristics of a population being studied (Aggarwal & Ranganathan, 2019). Descriptive research design focuses on providing a detailed and precise representation of the collected data which can be used to generate hypotheses, identify patterns in the data and explore trends (Aggarwal & Ranganathan, 2019). The design was appropriate for this study because it assisted in understanding the perspectives and attitudes of Soweto community members towards mental health. This design was useful in providing a representation of the perspectives and attitudes of Soweto community members towards mental health. Explanatory research design is a type of research methodology that explores a few studies to reference (Rahi, 2017). It is applied when there is little or no knowledge about a phenomenon. It allowed for a better understanding of areas that have limited or no information (Rahi, 2017). The explanatory research design was appropriate for this research because it offered insight and a better understanding of how Soweto community members view mental health. The explanatory design enhanced the validity of the data by providing a thorough examination of the acquired data. Explanatory design promoted critical study of the data and theory, resulting in a more complex comprehension of mental health.

Study Population, Study Location and Sampling

Study population

Study population refers to a group of individuals who are being studied (Shukla, 2020). The study population for this study were YOSA community members. A sample is any part of the population that is defined (Banerjee & Chaudhury, 2010). A study sample refers to a subset of the population that represents a population group within a study (Boddy, 2016). The sample size of this study was 5 participants from YOSA.

The Study Location

The study was conducted at Youth Opportunities South Africa (YOSA) which is a registered Non-profit organization located in Soweto, Molapo. YOSA offers school-based interventions within Soweto communities. It provides individual and family interventions amongst its various services. The organisation was appropriate for the study because it is in Soweto and frequently interacts with the community members of Soweto. This made the setting appropriate for the study, given that the staff understands the experiences of Soweto community members and was able to offer an insight on the perspectives and attitudes of Soweto community members towards mental health.

Procedure for Sampling

A sample is any part of the population that is defined (Banerjee & Chaudhury, 2010). The sample represents every member of the population (Banerjee & Chaudhury, 2010). A study sample refers to a subset of the population that represents a population group within a study (Boddy, 2016). The sample size of this study was 5 participants from YOSA. The study used a purposeful sampling procedure. Purposeful sampling refers to the deliberate selection of participants or information based on a specific criterion allied with the objectives or questions of the research (Palinkas et al., 2013). It refers to the deliberate selection of informants based on their ability to explain a specific phenomenon (Robinson, 2014). Purposeful sampling was suitable for the study because it was

convenient to approach people with the required characteristics that represent the population of Soweto.

Inclusion criteria

Male and female

Aged 18 years and above.

Should be a community member of the Youth Opportunities South Africa (YOSA).

Have been exposed to living with members presenting with mental health challenges.

Exclusion criteria

Aged 18 years and below.

Residing in Soweto and being no member of the Youth Opportunities South Africa (YOSA)

Method of Gathering Data

Data collection are tools that assist researchers in collecting, organising, and analysing the outcomes of the study (Daniel & Harland, 2017). The study utilised semi-structured interview guide to collect data. Face to face semi-structured interviews were used for data collection. These tools are significant since they allow researchers to understand the unique perceptions of participants rather than a generalised understanding of a phenomenon (Adeoye-Olatunde & Olenik, 2021).

Data analysis

Data analysis in qualitative research is the process of systematic arrangement and observation of collected data (Wong, 2008). Data analysis involves categorising the collected data to reduce the volume of the raw data. The researcher adopted thematic analysis to analyse the data. Thematic analysis was suitable for this research because it is flexible and allows a researcher to focus on data in many ways. The researcher followed Maguire & Delahunt (2017) steps to analyse data successfully.

Ethical Considerations

Ethical clearance to conduct the study was granted by the University of Witwatersrand, School of Human and Community Development Ethics committee, Constituted under the University Human Research Ethics Committee (Non-Medical). The clearance certificate number is Protocol Number: SW23/10/03. Permission for conducting the study was also obtained from. All participants provided Voluntary written informed consent was provided by participant before the collection of data. The anonymity and confidentiality of participants was observed throughout the process of the research till the end.

RESULTS AND DISCUSSIONS

Biographical Data

All five (5) participants who participated in the study were YOSA's staff members. All participants met both the inclusion and exclusion criteria of the study. Most participants were females (3) with two males and their ages ranged from 21-53 years. All participants were Africans and serving within the communities of Soweto. The majority (4) of participants were single with only one (1) being married. Regarding employment status, two (2) of the participants were employed part-time, one (1) was self-employed and, none was full-time employed and two (2) fell in the category of other.

Table 1 Biographical information of the research participants

Demographic factor	Variable	Number
Gender	Male	2
	Female	3
Age	18-29	3
	30-39	1
	39+	1
Race	African	5
	White	0
	Coloured	0
	Indian	0
	Other	0
Marital status	Single	4
	Married	1
	Widow	0
	Widower	0
	Divorced	0
Employment status	Part-time	2
	Self-employed	1
	Full-time	0
	other	2

Table 2 Participants themes and subthemes

Themes	Quotes from Participants' responses
Perspectives surrounding mental health	Stigma and discrimination relating to witchcraft
Attitudes towards mental health	Disbelief in counseling
The experiences of mental health individuals	Lack of visibility of mental health services Neglect of mental health
Lack of knowledge regarding healthcare staff providing mental health services.	
Understanding of mental health	Knowledge on mental health. Misunderstanding of mental health
Ways to support people facing mental health challenges	Availability of clinics Talking to someone Awareness from government

Theme 1 Perspectives surrounding mental health

The study found that there are negative perspectives surrounding mental health among the community members of Soweto. It found that there is poor understanding of mental health within the Soweto community.

Stigma and discrimination relating to witchcraft

"It is viewed as an excuse. So, most people in the community that I come from who have uhm mental health issues, they are not taken seriously. Because uhm recently there's been a lot of young people committing suicide. Some of them attempting and they -uhm are not taken seriously" [Gerrald]

"In African It's like, it's not really taken as an illness or is it as a health issue because they might attribute, ah, maybe it's, uh, bewitched, attached to you know, like to witchcraft or, uh," [Sizakele]

"They treat them with disdain. They isolate them. They stigmatize them as long as they cannot fit in the normal realm of functioning of other people. People then treat them as wayward and not worthy of attention" [Azwindhini].

The quotations from the participants support the argument made by Egbe et al. (2014) that people with mental health challenges experience stigma because mental health challenges are not viewed as a health aspect of an individual or a medical issue. They are not taken seriously or given the attention that they deserve. All the participants reported that mental health is not viewed as a medical issue that requires the intervention of health practitioners but as weakness or associated with an external force such as Witchcraft. The above quotes support Hall et al., (2019) on the argument that people with mental health challenges experience social exclusion worldwide. He argues that stigma is a central determinant of social exclusion. These findings collectively suggest a pattern of discrimination and social exclusion faced by those who do not conform to the expected or standard modes of behaviour and functioning within society.

Theme 2 Attitudes towards mental health

The study identified that the community members of Soweto with mental health challenges experience negative treatment from other community members because they have bad attitude towards mental health. All the participants reported a negative attitude towards mental health as an area of concern.

Disbelief in counseling

"I had like a breakdown, like, but I had just to go and seek counseling here and there, but it didn't really work because, I don't know, me being an African, me talking to someone was something that I didn't really believe in that, okay, it's going to help me," [Sizakele]

"They treat them with disdain. They isolate them. They stigmatize them as long as they cannot fit in the normal realm of functioning of other people. People then treat them as wayward and not worthy of attention" [Azwindhini]

The quotes from the participants revealed that people with mental health challenges receive negative treatment from community members and health practitioners; hence some may not even seek help for their mental health. Egbe et al. (2014) argues that negative beliefs and attitudes towards mental health affect one's ability to seek care or assistance for their mental health challenges. People with mental health challenges delay seeking care for their mental health because of the negative attitude towards mental health (Salama et al., 2021). Mental health practitioners are also believed to exert negative attitude towards mental health service users. This affects community members' help seeking behaviour (Salama et al., 2021).

Theme 3 The experiences of mental health individuals

The study explored the experiences of Soweto's community members who are living with mental health challenges. The participants mentioned various challenges experienced by community members with mental challenges. They mentioned lack of support, lack of accessibility to mental health services and Poor understanding surrounding mental health.

Lack of visibility of mental health services

"I think the first issue also is like, uh, the visibility of this, um, I don't know if the right word, visibility or the availability of, uh, the facilities to start with." [Sizakele]

Neglect of mental health

"You know, some might quickly tell that this is a mental health issue. Some may think it's a personality issue, and then stigmatize the person and just leave them be. The main challenge is lack of awareness. And when there is no awareness, neglect is the default position for society. And for me, I see more neglect than anything." [Azwindhini]

The above quotes reveal that there is lack of visibility and availability of mental health services. People with mental health challenges do not know where to receive care for their challenges because there is less emphasis on mental health (Mohamed Ibrahim et al., 2020). There is limited awareness surrounding mental health, this hinders family members, friends, and community members with no knowledge about mental health to identify mental health challenges or offer appropriate support for people with mental health challenges hence they neglect them (Uddin et al., 2019).

Theme 4 Lack of knowledge regarding mental health practitioners/ healthcare providers

The study explored the support available for the community members of Soweto who experience mental health challenges. Three community members reported that there is no support or facilities that are available for people living with mental health challenges while 2 participants identified medical institutions that have health practitioners who offer care services for mental health, however they noted that there is more focus paid to other medical challenges compared to mental health. The identified facilities within the community were public hospitals and clinics for general health. All the participants emphasized the lack of support from families and less resources to support people with mental health within the Soweto community.

I know there are people who address issues of AIDS. I know there are people who address issues of cancer in the community. But I've not seen community health workers whose attention is drawn to mental health issues" [Azwindhini].

This quote from a participant supports study by Sorsdahl et al. (2023). Which revealed that South Africa has limited community-based facilities for mental health care? This affects provision of treatment and care for mental health challenges. A study by Malla et al. (2015) revealed that mental health challenges get the least attention when compared with other medical challenges. It revealed that Community health workers often tend to prioritize and address physical health concerns, potentially due to established norms and historical focus on diseases with more visible or tangible symptoms. Mental health problems might not receive the same level of advocacy or focus from these workers. These findings expose a critical gap in the recognition and prioritization of mental health issues within community health initiatives, highlighting the need for increased awareness, advocacy, and support for mental health concerns among community health workers.

Theme 5 Understanding of mental health

Through probing, the researcher discovered that there is a different understanding of mental health across different generations. The participants reported that the older adults have poor understanding of mental health. They explained that the new generation or the young adults have a better understanding of mental health compared to older adults.

Knowledge on mental health

"I think now the, the newer generation, they've understood that, uh, when you have a mental health issue, they are, now they know that they are professionals who are trained to deal with mental health issues. So, when they see, uh, someone they suspect to have a mental health issue, they're like, ah, it's either maybe they are abusing, abusing drugs, maybe they should go to SANCA, or maybe they should see a social worker... Compared to the older generation, ah, they... They see kids misbehaving, they still have that, you know, wow. These kids, they're being treated with hand gloves. That's why they're behaving like this. Like they don't know life" [sizakele]

Misunderstanding of mental health

"From the community that I come from, right, it's a very large community, And most of the members, they're like elderly people. And they know most of them. I don't want to say like they don't have like enough information about mental health. So, if you were to say to them like, you know, I'm depressed or something, they'd probably be like, oh yeah, it's because you're with your friends a lot. Maybe your friends have like bad energies or something. Or even some of them will be like, oh, maybe you need to go and get initiated." [Boity]

The above quotes are in alignment with a study conducted by Mohamed Ibrahim et al. (2020). The study revealed that older adults within communities have little awareness about mental health, moreover it showed that they have little knowledge surrounding various mental health challenges (Mohamed Ibrahim et al., 2020)

Theme 6 Ways to support mental health people

The study found that there are barriers to mental health. It found that there is limited support for people with mental health challenges. There are limited facilities for mental health. The participants reported that they don't know about services that offer mental health services. the study discovered

that there is lack of awareness surrounding mental health. The participants recommended various ways in which community members with mental health challenges can be supported.

Availability of clinics

"No, I don't, except just for YOSA. That's what I know. I know there are clinics, but I'm not very sure if they offer. Like psychosocial services there? I'm not really sure." [Sizakele]

Talking to someone

"Um, I think, uh, if there was someone that is experiencing a mental health issue, I think I would just encourage them to seek help. Like, start with, uh, the basics. Just talk about it with someone that you trust. When you talk about that, when that's when you actually see that you, when you share a problem with someone or when you share how you're feeling, you are already halfway to solving it or dealing with it."

"You know, it depends. One on the level was some just need to sit, talk, chat, and help them, give them options for treatment. If they are still able to seek attention on their own, that's much better".

Awareness from government

"I think attention should be paid to awareness and prevention of mental health challenges by addressing the things that cause mental health problems. Some of them that include how people live in their households, abuse, and things like that, they need to be addressed at a root. Some of them relate to economic circumstances of people. There is need to, at a government level, to make sure people are having basic necessities for life".

The above quotes from participants support Ong et al. (2021) that supportive relationships with other individuals are necessary for mental health. Individuals are urged to seek assistance for their mental health before their challenges escalate. Families and communities play a crucial role in the lives of individuals with mental health challenges. Health facilities that offer psychosocial counseling have reduced the overuse of medication and implement more psychosocial therapies (Upadhaya et al., 2020). This calls for more psychosocial interventions from all health facilities to ensure that they are inclusive of people with mental health challenges. Study by Upadhaya et al. (2020) shows that community sensitizing programs and home-based care assist to reduce social stigma and increase awareness. This calls for the government to be responsive to the barriers in communities through psychosocial interventions.

CONCLUSIONS AND RECOMMENDATIONS

The study explored the perspectives and attitudes of Soweto community members towards mental health. The results revealed various perspectives surrounding mental health stemming from the attitudes towards mental health, different individual experiences of mental health, lack of knowledge regarding healthcare staff providing mental health services, limited understanding of mental health suggestions were shared on strategies to support people facing mental health challenges. There is an urgent need of educational awareness on mental health care services to benefit individuals, families and communities at large. Furthermore, it is imperative to destigmatise mental health and to promote accessibility, support and enhance the importance of mental health programs in communities. Mental health programs should be enhanced and strengthened to benefit those infected and affected by mental health including family members and the community at large. Furthermore, to identify gaps and improve existing policies to ensure that mental health for community members is prioritised.

Authors contributions

PS conceived the research idea, participated in the design of the study, data collection and analysis. CML reviewed the data analysis, designed the project and wrote the manuscript. Both authors read and approved the final manuscript.

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