

SYSTEMATIC REVIEW

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Community perception towards mental health problems in Ethiopia: a mixed-method narrative synthesis

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Abstract

Background In almost every country in the world, mental health problems are alarmingly on the rise. There are various myths and beliefs regarding mental health across various communities that deviate from the scientific view. This may negatively affect treatment seeking and adherence among people with mental illness. We aimed to systematically review community perceptions of mental health problems in Ethiopia.

Methods MEDLINE/Pub Med, PsycINFO, Cochrane Library, Scopus/Science Direct, Hinari, and Google Scholar were systematically searched. The review was carried out following a mixed-method narrative synthesis approach and the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guideline. Five qualitative and twelve quantitative primary studies that focused on the community's perceptions of mental health problems in Ethiopia were included. The Joanna Briggs Institute (JBI) guidance for conducting a mixed-method systematic review approach was used. A narrative synthesis following thematic analysis was conducted using a combination of the transformed quantitative data and the data from qualitative studies.

Results The review findings were classified into four domains, which are: perceived causes, identification symptoms, severity of mental disorders, and preferred treatment options. The community's perceptions of the causes of mental health problems consist of supernatural agents, socio-economic factors, and biochemical factors. Perceptions of treatment options comprise: religious treatment, modern medicine, psychosocial support, and traditional treatment.

Conclusion A variety of community perceptions towards mental health problems were seen. The community's perceptions vary from person to person and among types of mental health problems. Considering community-held beliefs helps programmers and implementers to design prevention, control, and management strategies for mental health problems.

Keywords Perception, Mental health problems, Systematic review, Ethiopia

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Introduction

Maintaining the mental well-being of individuals is crucial for their overall health [1]. Cultural backgrounds play a significant role in shaping how communities perceive mental health issues [2]. Regardless of their ethnic and social backgrounds, people can experience mental illnesses anywhere in the world [1, 3]. Worldwide, mental illnesses account for 23% of all non-fatal burdens, making them the primary cause of disability [4]. Globally, the prevalence of mental health problems reaches 29.1% per year [5]. Mental health problems affect one out of every eight individuals globally [6]. It is estimated that the global disability-adjusted life years (DALYs) attributable to mental health problems could exceed 400 million per year [7–9]. According to the 2012 Ethiopian mental health national strategy, MHPs are the leading non-communicable diseases in terms of burden [10]. 75% of people in underdeveloped countries who have MHPs do not receive treatment [11]. The treatment and probable prevention of MHPs are frequently refused due to the unfavorable perception of the community [12].

In contrast to the public health importance of mental disorders, people with the diseases are stigmatized across the globe [13]. This stigmatization of people with MHPs may result from negative perceptions of these conditions. Mental illness has frequently been believed to be the result of an angel or demon, and as a result, it has frequently been associated with “demonic possession” or “sacred disease” [14]. A study done in Agaro and Borana in Ethiopia, indicates the communities perceive MHPs as coming from mystical reasons like being possessed by an evil spirit, being anathematized, bewitched, and exposed to wind after delivery for women [15, 16]. A study conducted on Ethiopian religious holy water users shows the majority of the users believe demonic possession is considered to be the primary cause of MHPs [17].

Despite the fact that MHPs have a wide range of negative impacts on humans; lack of awareness and unfavorable perception hamper interventions towards MHPs [5, 18, 19]. Undoubtedly, people’s level of awareness, interactions with those who are ill, media exposure, and societal typecasting determine their perspectives on mental problems. Perceptions regarding the origins and treatments of MHPs may have an impact on patients’ health-seeking behavior [20]. Although numerous primary studies regarding MHPs perceptions in Ethiopia have been done, the findings from those studies are needed to be summarized for policymakers, implementers, and researchers [16, 21–23]. This review focuses on the public’s view of the causes, prevention, and care of MHPs. It aims to provide a general picture and consolidate mental health problem perceptions in Ethiopia.

Methods

Study design

A mixed methods systematic review (MMSR) and narrative synthesis were conducted in accordance with the Joanna Briggs Institute (JBI) guidance for conducting MMSR [24, 25]. The JBI guidance for conducting the MMSR approach is based on the typology of systematic reviews developed by Hong. et al.2017 [26] which is also described by Harden A. et al.2005 [24]. A MMSR is a review that is similar to mixed-methods in primary research, in which the synthesis of sub-reviews from qualitative and quantitative methods can be combined [27]. We preferred a MMSR approach to maximize the number of included studies and combine the findings from qualitative and quantitative studies. This systematic review is in accordance with Preferred Reporting Items for Systematic Reviews and Meta-analyses (PRISMA-2020) guidelines [28] (Suppl. File 1).

Search strategy and sources

A strategy of searching was arranged using the main idea of the research question: mental health problems, community, perception, and Ethiopia. Then free-text words and Medical Subject Headings (MeSH) for each main idea were created. To be certain, a wide-ranging search of electronic databases using truncated text words and wildcards was done. Boolean logic operators like AND, OR, and NOT were used to join the free-text words and MeSH terms (Suppl. File 3).

Based on pretest verification by senior researchers, modifications were made to the overall search strategy. The electronic search was implemented between June 2023 and August 2023 in the following electronic databases: PubMed, PsycINFO, Cochrane Library, Scopus/ Science Direct, Hinari, and Google Scholar. The following search terms were used: “mental health” OR “mental health problem” OR “mental illness” OR “mental disorder” OR “mental disease” AND “perception” OR “belief” OR “attitude” AND “community” OR “public” AND “Ethiopia”.

Eligibility criteria

Inclusion criteria

Both qualitative and quantitative studies that focus on community perceptions related to the causes, identification, severity, and treatment methods of MHPs were included. Studies published up to August 31, 2023, in English in Ethiopia were included. We used the PIO scheme [29] to guide search term selection and inclusion criteria. PIO in research means population, phenomenon of interest, and outcomes. Our objective was to identify studies that explore community perceptions of MHPs as follows; Population (P)=different segments of communities or the general population; phenomenon of interest

(I)=mental health problems including depression, anxiety, schizophrenia, post-traumatic stress disorder, suicidal ideation, etc.; and outcomes (O)=perceptions of respondents.

Exclusion criteria: Meta-analysis, meta-synthesis, commentaries, book chapters, or case studies were excluded. We also excluded eligible abstract-only studies after repeated failures to access full text.

Study selection

The searched records were exported to EndNote (the bibliographic management program) to remove duplications. Before data extraction, two independent reviewers (BGD and HEH) examined titles and abstracts to exclude studies that were not related to the review. Following titles and abstract screening, full texts of the proposed studies were examined for inclusion in the review. Additionally, a search was performed again on the reference lists of the chosen publications to incorporate research that the search method would miss. Furthermore, we used the OpenGrey website to get grey literature like dissertations and theses.

Data extraction process

Two independent reviewers (BGD and LA) extracted data into a pre-designed Microsoft Excel spreadsheet form. The following information was gathered: the initial author's name, date of publication, place, research population, method, themes and supporting citations, results, and conclusions. Another pair of independent reviewers (HEH and ZA) settled any disagreements between the first two reviewers. After being checked for consistency, the completed data extraction forms were used for the data synthesis.

Quality appraisal

For the quality appraisal of qualitative studies, the Critical Appraisal Skills Programme (CASP) checklist for qualitative research was used. The CASP for qualitative studies has ten criteria that evaluate the study's rigor, credibility, and relevance, as it was used by Slade et al. 2013 [30–34]. The identified papers were appraised by two reviewers (BGD and HEH), and the problem of subjectivities between the two reviewers was settled through dialogue with other review teams (LA and ZA). For the quantitative studies, the modified Newcastle-Ottawa Scale for cross-sectional studies was employed. It was assessed using ten criteria, which are categorized into three broad categories (selection, comparability, and outcome). For both qualitative and quantitative studies, the papers with a quality score of 6 out of 10 were judged low-risk and included in the review [35]. Based on this, seventeen studies were included, and four studies were excluded from this review due to low quality (Suppl. File 2).

Definitions of outcome

The community's perception of mental health problems, which is the collective experience or beliefs of communities regarding the causes, symptoms, severity, and treatment of MHPs, is the primary outcome of this review [36]. Summarizing the community's perception of MHPs from the included studies contributes to future implementation by providing recommendations for concerned stakeholders.

Data transformation, analysis and synthesis

The convergent integrated design of JBI MMSR guidance [26] was selected by considering the nature of the review question. The approach allows data transformation, simultaneous synthesis, and integration of quantitative and qualitative findings. Following data extraction, the quantitative data underwent a transformative process referred to as 'qualitization' as it is recommended by the JBI methodology group. This technique involved the transformation of quantitative data into textual descriptions and narrative interpretation, which enabled a fluid integration with the data derived from the qualitative studies [27].

A thematic analysis was conducted using a combination of the qualitized data and the data from qualitative studies. Common ideas that recurred frequently throughout the data were sorted, classified, and put into a set of categories. Subsequently, interpretations to gain new insight about respondents' perceptions on four broadly categorized aspects (perceived causes, identifying symptoms, severity of mental disorders, and preferred treatment options) emerged. Finally, a narrative synthesis and theoretical framework of community perceptions of MHPs were developed (Fig. 1).

Results

Summary of findings

The initial search yielded 11,335 records, of which 6270 were identified as duplicates. After screening the titles and abstracts of the remaining 5065 records, we eliminated 4997 records that did not appear to contain relevant information for this review, conference papers, and reviews that did not report original data. Among 49 records, 17 of them were included after full text screening (Fig. 2). Five qualitative [19, 21, 23, 37, 38] (Table 1) and twelve quantitative studies were included in the review [16, 22, 39–48] (Table 2).

Narrative synthesis

Domain 1: perceptions of the causes of mental health problems

Sixteen out of seventeen included studies discussed the participants' perceived causes of mental health problems,

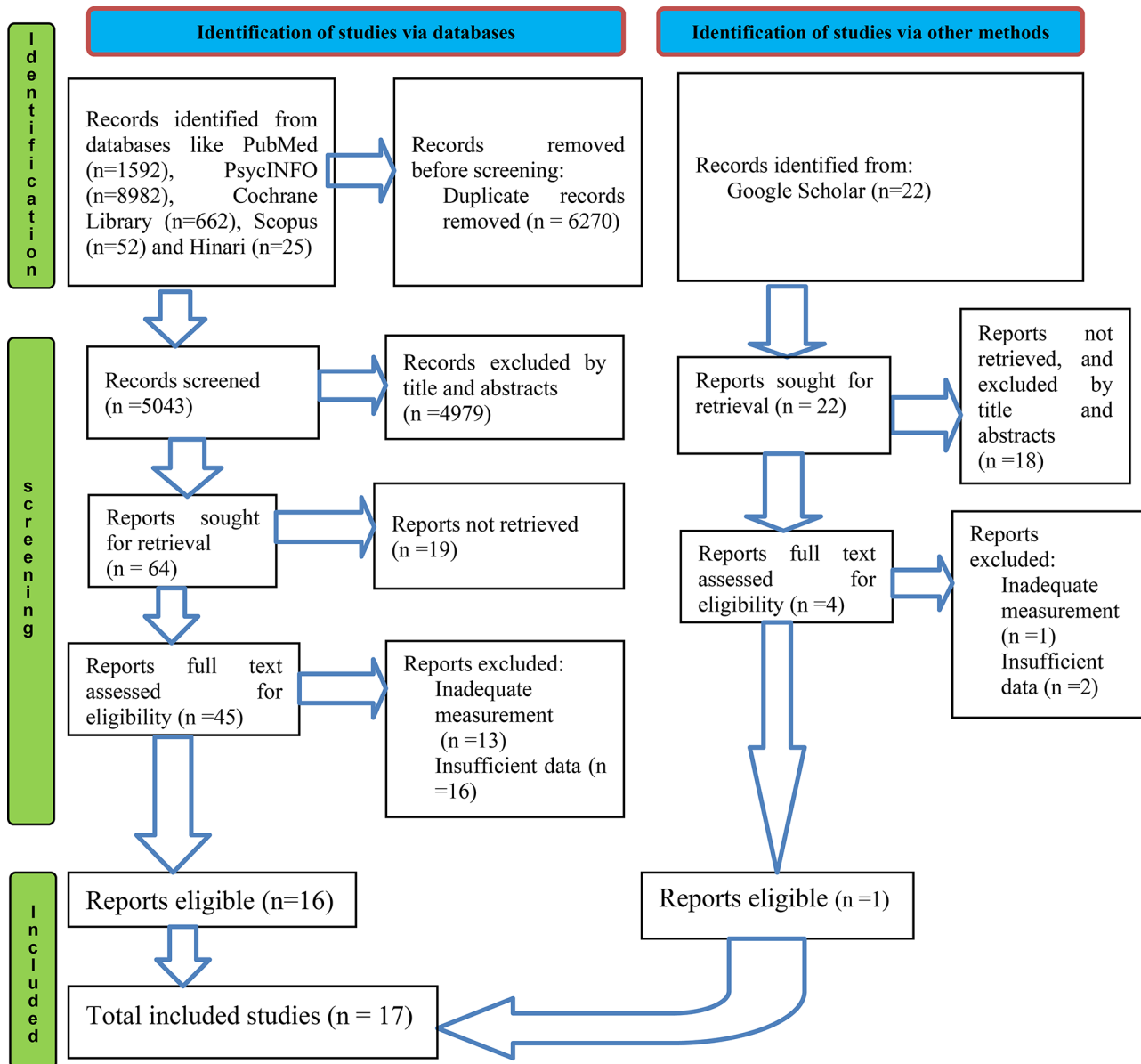


Fig. 1 The PRISMA flow diagram describes the selection of studies for community perceptions of mental health problems in Ethiopia

which can be classified under three themes: spiritual, socio-economic, and biochemical factors.

Theme 1 (supernatural agents)

Participants from sixteen studies mentioned supernatural agents like God’s punishment for sinful people, the acts of evil spirits, and the works of witchcraft (an individual who uses evil spirits to harm targeted individuals) as the causes of mental health problems. The findings from twelve studies attribute the causes of MHPs to God’s punishment [16, 19, 21–23, 38–40, 44, 45, 47, 48]. The findings from six studies attribute MHPs to the acts of evil spirits [16, 19, 22, 23, 39, 47]. In addition, the result from three studies shows the causes of MHPs as

the works of witchcraft (locally called “Tenkoay, *Debtera*, or *Metsihaf Gelach*, and *Mora*”) [16, 19, 38], curses from elders [38, 44] and the results from one study attribute it to evil eye (locally called “Buda”) [21] (Suppl. file 4).

“Living against God’s law, engaging in evil deeds, and disobeying his commands and his teachings all of this, as communicated by religious preachers, can lead to mental illness.” FGDs-farmer, 33 years old, rural; Kasa and Kaba, p. 563.

Theme 2 (socio-economic factors)

Another perceived cause of MHPs among study participants was socio-economic factors like financial scarcity due to poverty, daily distress due to a poor work

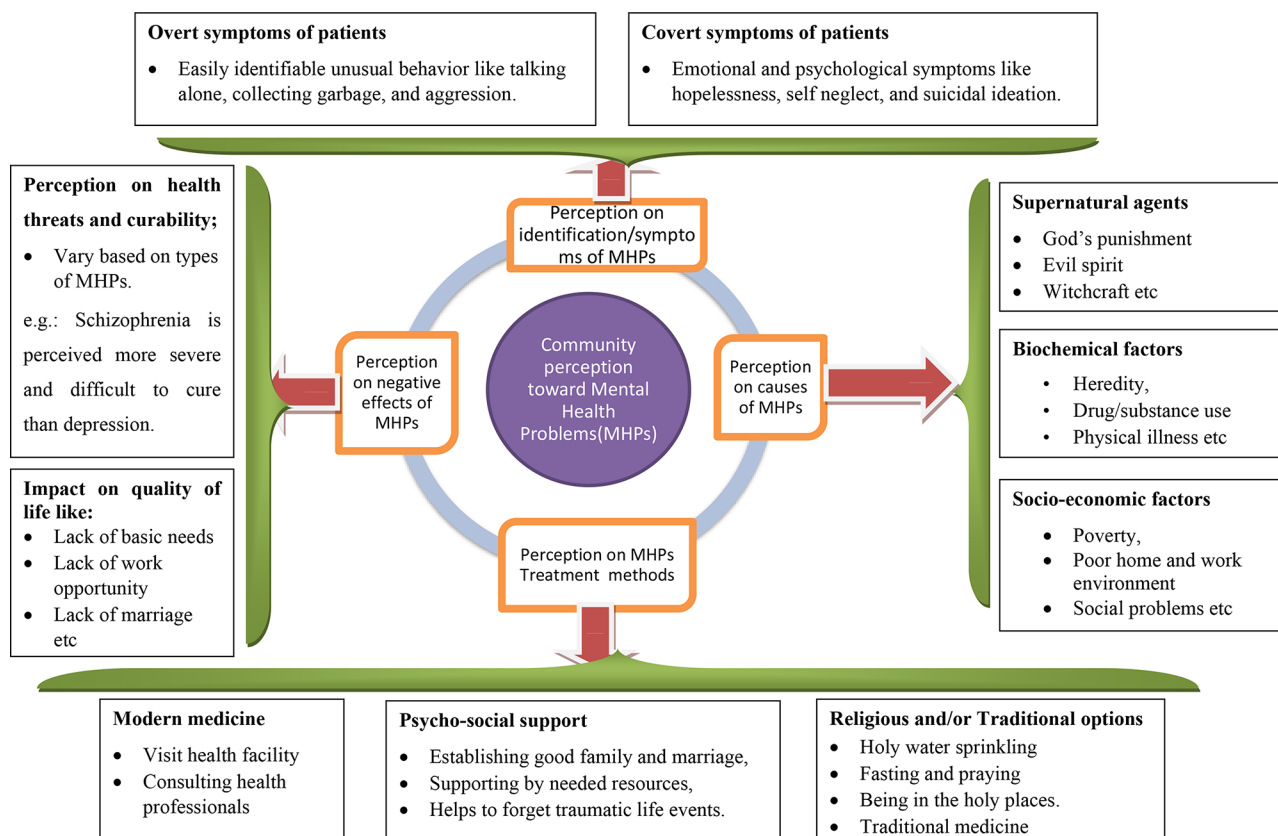


Fig. 2 Thematic framework of community perceptions of mental health problems in Ethiopia

environment, lack of jobs, etc., which were mentioned in thirteen studies. The findings from four [19, 22, 38, 44] studies present traumatic events like disaster problems, displacement, war, rape, kidnapping, sudden loss of possession, loss of loved ones, and physical injury that can cause MHPs. Daily stress and overthinking were mentioned as causes of MHPs in seven studies [16, 19, 21, 23, 38, 39, 44]. In addition, causes of mental health problems were attributed to low social relationships in six studies [15, 19, 21, 22, 38, 44], poverty in seven studies [19, 21–23, 43, 44, 48], childhood abuse and neglect in five studies [19, 22, 38, 43, 44], too much education or knowledge in two [19, 44] studies, and a poor living environment in two [21, 43] studies (Suppl. file 4).

“...Poverty exposes people to too much work time and too much thinking which is the main cause of mental illnesses” FGD participant; Yeshanew et al. 2020, p. 8.

Theme 3 (biochemical factors)

In fourteen studies, biochemical factors, which comprise hereditary diseases, physical illnesses, substance abuse, and too much knowledge, were mentioned as causes of MHPs. Particularly, participants from four studies [19, 21, 43, 48] show MHPs as hereditary diseases, and participants from eight studies [15, 16, 22, 39, 43, 44, 47, 48] attribute it to physical illnesses. In addition, participants

from eight studies [16, 19, 22, 23, 39, 42, 43, 48] mentioned substance abuse as a cause of mental health problems (Suppl. file 4).

“it is obvious to happen mental health problems on the children when there is problem in the parents during the stages in the life time because, the father harvested what he sowed in the ground”. Interview participant; Kahsay W. Hailemariam, p. 38.

Domain 2: community’s perceptions on the identification of MHPs

We have categorized the study participants’ perceptions of the identification of people with MHPs into two themes (overt and covert symptoms). Overt behavior is directly observable behavior by the observer, while covert behavior is those that can only be inferred by the observer or reported by the exhibiting person.

Theme 1(overt behaviors)

The participants from seven studies [19, 23, 37–40, 48] mentioned overt behaviors that attract public attention, like talking and laughing alone, showing unusual behavior, talkativeness, aggression, restlessness, convulsions, etc. In such a context, a person who has no drive or courage to display symptoms in public will most probably not be identified as a mentally ill person (Suppl. File 4).

Table 1 Summary of included qualitative studies using COREQ (Consolidated Criteria for Reporting Qualitative Research) checklist

S.no	Author, Year published	Place	Aim	Method and Sample	Study population	Summary of Findings	Quality score
1	Monteiro et al.,2015[19]	Addis Ababa and Asella	Exploring perceptions of mental illness in a sample of Ethiopian community members, healthcare workers and traditional healers	Qualitative 115 participants	General public	People’s understanding is broad enough to accommodate numerous explanations for mental illness. Traditional should be seen as contributing information about the perceptions of mental illness.	***** (9)
2	Alem et al., 1999[37]	Butajira	To assess attitudes, awareness, and practices of a rural community on mental disorders	Qualitative 100 key informants	General public	Severity of mental health is variable among types of mental health problems.	***** (8)
3	Yeshanew et al.2020[23]	Mertule Mariam town	Assess intention to seek help and associated factors for mental illness among residents of Mertule Mariam town	Mixed 4 FGD (Focus group discussion)	General public	Most discussants perceived the causes of mental illness are: possessed by evil spirit, social problems, and substance use are the commonest. Almost all discussants prefer traditional methods of treatment.	***** (7)
4	Kasa and Kaba 2023[38]	West Shoa	To o explore the preferences for health care and its determinants among mentally ill patients in the West Shoa Zone Community in Oromia, Ethiopia	Qualitative 16 FGD and 10 IDI	General public	The most commonly perceived causes of mental illnesses were bad spirits, devilish activity, and engaging in actions that violated social norms and regulations. Religious spiritualists were the study’s first choice for mental health care.	***** (10)
5	Kahsay Weldeiasie Hailemar- iam, 2015[21]	Axum town	Assesses the perceived causes of mental illnesses and treatment seeking behaviors among patients who attended the holy water in near Axum town.	Qualitative 25 Case study	Holy water users	Participants had negative attitude towards the modern psycho-social and biogenic models to the causes and treatment of mental illness and have positive attitude towards the supernatural agents for the cause and treatment of the illness.	***** (10)

Theme 2 (Covert behaviors)

In addition to overt behaviors, participants from four studies [38, 40, 42, 48] mentioned covert behaviors like hopelessness, self-neglect, suicidal ideation, poor appetite, etc. as symptoms of MHPs. This helps to identify people with MHPs at an early level before they are exposed to the public or develop observable unusual behaviors (Suppl. File 4).

Domain 3: Community’s perception of the severity of MHPs

The public’s perception of the severity of mental health problems shows a variation among types of mental health problems. Participants’ perceptions of the severity of mental health problems from ten studies were categorized into three themes: threats to health, curability, and impacts on quality of life.

Theme 1 (threats on health)

The findings from five studies [15, 16, 39, 41, 47] explained that participants perceive MHPs as severe disorders. A majority of study participants from three studies [15, 16, 39] explained schizophrenia as the most

serious problem, followed by depressive disorder and anxiety disorder(Suppl. file 4).

Theme 2 (curability)

The findings from three studies [40, 41, 48] show that the proportion of respondents who perceive MHPs as treatable is higher than that of those who perceive them as untreatable (Suppl. 4).

Theme 3 (impacts on quality of life)

Regarding the consequences of MHPs on quality of life, findings from four studies [37, 41, 45, 47] show that participants perceive that MHPs can have long-term effects on work opportunities, marital prospects, the chance for education, and living with people in one house or as neighbors. Particularly, the findings from two studies [45, 47] show MHPs can result in embarrassment for the family of a mentally ill person. However, the finding from one study [40] shows that nearly half of respondents perceive that people with depression can function fairly in society if treated and medicated (Suppl. file 4).

Table 2 Summary of included quantitative studies on community perceptions towards mental health problems in Ethiopia, 2024

S.no	Author, Year published	Place	Aim	Method and Sample	Study population	Summary of Findings	Quality score
1	Misael Benti et al., 2016[16]	Gimbi	Assessing community perception towards people with mental illness	Cross sectional 845	General public	Significant proportions of the community in Gimbi town were found to have poor perceptions of mental illness.	***** (9)
2	Getinet Ayano et al., 2015[22]	Hawassa	To assess perception, attitude and associated factors of schizophrenia and depression among residents	cross sectional 830	General public	The magnitude of the perception and attitude of the public towards mental disorders vary from disorder to disorder or differ in relation to specific disorders.	***** (10)
3	Amare Deribew, 2005[39]	Agaro	To describe the awareness and attitude of the public towards mental health problems.	cross sectional 732	General public	The participants recognized only overt psychotic symptoms and a majority of them did not recognize major depression and generalized anxiety disorders as mental health problems.	***** (8)
4	Aradom G/kidan, 2018[48]	Mekelle city	knowledge, perceived beliefs, and associated factors of mental distress in Mekelle city	cross sectional 260	General public	Low level of mental health knowledge among study participants. More than half of the study participants that they had poor knowledge of mental health.	***** (8)
5	MESFIN et al., 2014[44]	Bahir Dar city	To explore causal beliefs, perceived importance of various treatments for mental illnesses.	cross sectional 450	General public	Both natural and supernatural etiologies have been reported to be important in mental illnesses suggesting the holistic view of health and healing.	***** (8)
6	Solomon et al., 2018[41]	Holy Trinity College, Addis Ababa	To determine the perceptions regarding the etiology of schizophrenia and the associated factors by theology students.	cross sectional 423	Holy Trinity Theological College, students	Majority of the participants recognized schizophrenia as a mental illness and a treatable syndrome. Most of the participants thought of psychosocial problems as the cause of schizophrenia.	***** (7)
7	Yirgalem Alemu, 2013[42]	Haramaya University	To examine perceived causes of mental health problems and help-seeking behavior among university students in Ethiopia.	cross sectional 370	University students	Most participants in the study attributed mental health problems to psychosocial factors and most of them had a positive attitude toward seeking professional psychological help.	***** (8)
9	Kerebih et al., 2016[43]	Jimma town	Assess perceptions and attitude of primary school teachers to child mental health problem in Jimma town, Ethiopia.	cross sectional 568	Primary school teachers	The teachers' perception of the psychopathology as a mental health problem in children was low. There was a favorable attitude on the importance and the need of school-based child mental health programs.	***** (8)
9	Tesfaye Y et al., 2020[45]	Jimma, Seka Chekorsa	Assess the attitude, help-seeking behavior of mental health problems, and associated factors among Jimma zone community	cross sectional 423	General public	The significant percentage of the respondents had an unfavorable attitude towards mental health problems, and many of the respondents preferred religious and traditional treatments.	***** (10)
10	Shumet et al., 2019,[46]	Aykel	To assess intention to seek help for depression and associated factors among residents of Aykel town, Northwest Ethiopia.	cross sectional 832	General public	Over two-third of the respondents reported that they were likely or very likely to seek help from health professionals if they were having depression.	***** (10)

Table 2 (continued)

S.no	Author, Year published	Place	Aim	Method and Sample	Study population	Summary of Findings	Quality score
11	Eshetu Girma et al., 2013[47]	Jimma University Specialized Hospital	To investigate patterns of treatment seeking behavior and associated factors for mental illness.	cross sectional 384	Psychiatric patients	There was a paradox between belief on causes of mental illnesses and the type of treatment sector, as a large proportion of subjects felt that mental illness was caused by supernatural means but curable by biomedical treatment.	***** (8)
12	Negussie Boti et al., 2020[40]	Arba minch town	Assess community Perception and attitude towards people with Depression among residents of Arba minch zuria District, Ethiopia	cross sectional 617	General public	The study participants had good perception for patients with depression but only two out of five study participants developed a positive attitude.	***** (7)

Domain 4: community perceptions of treatment methods

The findings from most of the included studies show that participants' preferences for treatment options were highly associated with their perceptions of the causes of MHPs. For instance, participants who have strong beliefs in the biochemical model of causes of mental illness opined on the effectiveness of modern medicine's treatment. About three themes emerged from diverse perceptions of treatment options: modern medicine, supernatural agents and/or traditional treatment, and psychosocial support.

Theme 1 (modern medicine)

The finding from eight studies [15, 16, 19, 22, 39, 43, 45, 47] shows a majority of participants who have strong beliefs in the biochemical model of the causes of mental illness prefer modern medicine's treatment options (Suppl. file 4). "Taking mentally ill people to magicians and sorcerers is duplicating the devil and it is good only to take them to the hospital". A 25-years-old female radiographer; Yeshanew et al. 2020; p. 9. In another way, the findings from three studies [21, 23, 38] show that study participants have negative attitudes towards medical treatments. "Most patients seeking treatment at hospitals, including the Amanuel hospital, find it difficult to make significant progress, and most of them discontinue taking their prescribed drugs. Other problems include the adverse effects of the drugs recommended for mental illness, the lengthening of the appointment time as more drugs are taken, and the insufficient concern shown and given at this". FGDs-Rural 42-years old Merchant; Kasa and Kaba, 2023; p.563).

Theme 2 (supernatural agents and/or traditional treatment)

The majority of participants from four studies [21, 23, 37, 38] who consider the causes of mental illness to be the result of supernatural powers prefer to seek help from

supernatural agents like holy water sprinkling, fasting, praying in holy places, and consulting spiritual agents. A 43 years old, Self-employee urban resident explained this: "The best location for mental illness patients to receive care is by praying to God for assistance because anything is possible for him because he knows everything..." (Kasa and Kaba, 2023; p.563). In addition, the findings from nine studies [15, 39–41, 44, 45, 47, 48] show that traditional treatments like using traditional medicine, consulting sorcery, and using traditional healers were held by a significant proportion of the community (Suppl. file 4). A 29-year-old hotel receptionist supported the traditional saying as follows: "... I think the best and ultimate treatment of mental illness is taking to sorcerer unless the rest of the treatment methods are nothing. We took my brother to the hospital, holy water but nothing we get..." (Yeshanew et al. 2020; p. 9)

Theme 3 (psychosocial support)

The findings from three studies [19, 40, 41] show that the majority of study participants perceive psychosocial support like establishing a good family, building marriage relationships, having enough economic resources, and getting professional help to forget traumatic life events as primarily preferable options. While findings from three studies [21, 22, 39] show psychosocial support is an alternative preferable treatment option following either modern medicine or spiritual/traditional treatment options(Suppl. file 4).

Discussion

This review aimed to provide contemporary evidence of how mental health problems are perceived in Ethiopia. The review included both qualitative and quantitative studies conducted among 7557 respondents from 17 studies. The summarized findings of selected articles were presented in four domains: perceived causes,

identifying symptoms, severity and curability, and preferred treatment options. These domains were formed considering the repetition of themes discussed across different studies.

With regard to the causes of mental health problems, the evidence from the sixteen studies done in Ethiopia was compiled. Findings from these studies indicate the presence of various perceptions among respondents, including supernatural, socioeconomic, and biochemical factors. Supernatural power is the most frequently mentioned cause of mental health problems, which includes God's will or punishment for sinful people, the acts of evil spirits, and the works of witchcraft. This is consistent with the previous review conducted in developing countries, which summarized the supernatural etiological causes of MHPs [49]. Another Meta-synthesis [50] Cited spiritual and supernatural factors as the second most frequent cause of mental health problems, following psychosocial and environmental factors. The difference in frequency of supernatural causes may be due to the difference in study participants' socio-demographic background characteristics, as the earlier study was conducted outside Ethiopia.

Out of the total included studies, thirteen mentioned socio-economic factors like poor social relationships, traumatic events, loss of a loved one, childhood abuse, and poor residential and working environments as causes of mental health problems. Similarly, a study by Fellmeth et al. [51]. showed that mental health problems were attributed to a lack of social support, familial conflicts, and economic problems. Another previous study shows that challenging events, trauma, and everyday life stresses were also identified as some important factors for the development of MHPs [51–53]. The review findings show financial scarcity due to poverty, daily distress due to a poor work environment, and a lack of a job were among the repeatedly mentioned causes of mental health problems. The finding is similar to the studies conducted in Pakistan [54], which explored socioeconomic factors such as poverty, lack of work opportunities, and unfulfilled basic needs as causes of mental health problems. Previous studies have found that in the 21st century, psychosocial stress is seen as among the most severe health problems [55, 56].

Biochemical factors, which comprise hereditary diseases, physical illnesses, substance abuse, and over thinking while academic learning were also attributed to the causes of MHPs. Specifically, study participants from fourteen studies mentioned substance use, heredity, and physical illness as causes of mental health problems. Previous primary studies done in Iraq [57] also support this finding that participants believed that genes, drug use, and biological reasons played an important role in mental health problems. Regarding identifying MHPs, the study

participants' ability to recognize mental illness can be classified into overt and covert behaviors. Study participants from the majority of studies recognize MHPs using overt behaviors that attract public attention, like talking and laughing alone, showing unusual behavior, talkativeness, aggression, restlessness, and convulsion, which are commonly identified signs of people with mental health problems. This suggests that only an individual who exhibits observable psychotic behavior will be identified as having a mental illness. Whereas study participants from a few studies can identify it using covert behaviors like hopelessness, suicidal ideation, self-neglect, poor hygiene, etc. This is similar to the findings from Pakistan and the USA, where mood shifts and disturbing emotional conflict symptoms such as irrelevant talk, self-talk, crying and sadness, low mood, anger, and lack of attention and concentration serve as indicators of MHPs [52, 58].

The other identified theme in this systematic review is the severity of MHPs. Participants' perceptions of severity, curability, and impacts on quality of life are variable among types of mental health problems. The majority of study participants mentioned schizophrenia as the most severe problems, followed by depressive disorder and anxiety disorder. This is supported by previous systematic review findings [49, 59] which show schizophrenia and psychosis are also considered more serious disorders than depression or alcoholism. In this review, participants' perceptions of MHPs treatment seeking were associated with their perceptions of its causes. Modern medicine's treatment for mental health problems was preferred by participants' eight studies, while participants from four studies preferred seeking help from traditional treatment practices. Previous findings showed respondents sought professional mental help, preferring psychological treatment over medicinal treatment [58, 60]. Seeking spiritual treatment was another significant and widely occurring belief discussed in nine studies. Participants who consider the causes of mental illness to be the result of supernatural powers prefer to seek help from the supernatural agents. Individuals who have this perception prefer religious treatments like holy water sprinkling, fasting, and praying in holy places. This is in line with previous findings, which show that consulting spiritual healers, practicing prayers, reciting sacred texts, and using holy water were found to be the treatment options [51, 54, 61].

Another category of participants perceived removing environmental stressors, establishing a good family and marriage, having enough economic resources, and getting good professional help to forget some traumatic life events as appropriate treatment options. This is aligned with the common belief of the psychosocial model of disease, which views stress and trauma-related stress as

significant factors in the development of MHPs and plays a vital role in solving mental health problems [62]. Studies also suggested social support and removing stressors as treatment options, unless the mental health problem was very severe [60].

Limitations

The limitation of this review is the heterogeneity of primary studies due to measurement, study design, types of mental health disorders, and the socio-cultural background of primary study participants, which can influence the findings of this review. In addition, the studies included in this review did not well address some mental health problems like insomnia, stress, suicidal ideation, etc. Finally, the protocol of this review was not pre-registered at the International Prospective Register of Systematic Reviews (PROSPERO).

Conclusion and recommendations

This review revealed a variety of perceptions among the community on the causes of mental health problems that summarized into supernatural agents, socio-economic factors, and biochemical causes. The public's perception of the severity of mental disorders is variable among types of mental health problems and is associated with their curability. Likewise, preferred treatment options also varied from person to person and among types of mental health problems, and they comprised modern medicine, religious and/or traditional treatment, and psychosocial support methods. The findings from most of the included studies show that people identify mental health problems based on overt behavior rather than the covert behavior of the patients. Valuing community-held beliefs helps programmers and implementers design prevention, control, and management strategies for mental health problems.

Policy and research implications

The review findings show a wide range of mental health problem perceptions, which comprise the etiology of MHPs, identification, severity, and treatment options. The review highlights a significant proportion of the community's divinely related perception of the causes of MHPs. This review also found the negligence of covert symptoms in people with MHPs that are directly associated with late health-seeking behavior. The review also found a wide range of negative effects of MHPs on patients work opportunities, marriage opportunities, education opportunities, etc., which need a vast number of interventions. Another implication that arises from this review is the presence of misperceptions about the negligence of modern medicine treatment and the preference for religious and/or traditional treatment. Based on our review findings, we suggest that the policy

concerning MHPs should formulate health education strategies that target different segments of the population, including at-risk groups, patients, traditional healers, and religious personnel's. Mental health programs implementers should carry out behavior change communication activities to disseminate information on the scientific causes of MHPs. Health communication practitioners should focus on creating awareness, particularly regarding early manifestations of MHPs (covert symptoms), appropriate treatment options, and the necessary support and care for individuals with mental health disorders. Moreover, researchers should further investigate and validate or refute the community's perceptions on different aspects of mental health problems.

Supplementary Information

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Supplementary Material 1

Supplementary Material 2

Supplementary Material 3

Supplementary Material 4

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Author contributions

B.G.D. conceptualized the study. B.G.D, L.A., H.E.H., and Z.A. contributed during data extraction and synthesis. B.G.D. wrote the result interpretation and prepared the first draft. B.G.D, L.A., H.E.H., and Z.A. revised and finalized the final draft manuscript. All the authors read and approved the final version of the manuscript.

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Data availability

Data is provided within the manuscript or supplementary information files.

Declarations

Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Competing interests

The authors declare no competing interests.

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