

UNDERSTANDING BARRIERS TO ACCESSING MENTAL HEALTH SERVICES IN ZIMBABWE: A QUALITATIVE STUDY AT PARIRENYATWA PSYCHIATRIC HOSPITAL ANNEXE

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Abstract

Access to mental health services remains a major public health challenge in Zimbabwe despite the increasing burden of mental health disorders. This study explores barriers to accessing mental health services from the perspectives of patients and healthcare providers at Parirenyatwa Psychiatric Hospital Annexe in Harare, Zimbabwe. A qualitative case study, employing a phenomenological approach, was adopted to understand participants' lived experiences. Purposive sampling was used to recruit ten (10) participants comprising five (5) mental health patients and five (5) healthcare providers. Data were collected through semi-structured in-depth interviews and key informant interviews and analyzed using thematic analysis. The findings reveal that stigma and discrimination are the most significant barriers to accessing mental health services, discouraging individuals from seeking timely professional care. Financial constraints, including the high cost of transportation, consultation and medication, further limited service utilisation. Participants also highlighted inadequate mental health

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awareness, misconceptions regarding mental illness and the continued influence of cultural and traditional beliefs as major obstacles to accessing treatment. Healthcare providers reported systemic challenges, including shortages of trained mental health professionals, inadequate infrastructure and resources and weaknesses in mental health policy implementation, all of which compromised service delivery. Participants recommended increased investment in mental health services, strengthened public awareness campaigns, policy reforms, workforce development and greater integration of mental health into primary healthcare. The study concludes that improving access to mental health services in Zimbabwe requires coordinated interventions that address structural, socioeconomic and sociocultural barriers, while strengthening the capacity of the healthcare system. The findings provide evidence to inform mental health policy, social work practice and future interventions aimed at improving equitable access to quality mental healthcare in Zimbabwe.

Keywords: *access to healthcare, stigma; healthcare providers, patients qualitative research*

INTRODUCTION

Mental health is increasingly recognised as a fundamental component of overall health and well-being, influencing individuals' ability to cope with daily stressors, realise their potential, work productively and contribute meaningfully to society (World Health Organisation [WHO], 2022). Mental health disorders, including depression, anxiety, bipolar disorder, schizophrenia and substance use disorders, constitute a substantial proportion of the global burden of diseases and are

among the leading causes of disability worldwide (Vigo *et al.*, 2019; WHO, 2022). Despite increasing global attention towards mental health, access to quality mental healthcare continues to be inadequate, particularly in low- and middle-income countries where health systems continue to experience chronic shortages of financial resources, specialised personnel and essential medicines (Patel *et al.*, 2022; United Nations, 2023).

Globally, an estimated one in every eight people lives with a mental health disorder, yet a significant proportion of affected individuals do not receive appropriate treatment (WHO, 2022). The treatment gap is particularly pronounced in low-resource settings, where mental health services receive a disproportionately small share of national health budgets despite the growing demand for care (Patel *et al.*, 2022). Structural barriers, including inadequate infrastructure, shortages of trained mental health professionals, weak policy implementation and poor integration of mental healthcare into primary healthcare systems, continue to limit service accessibility and quality (Thornicroft *et al.*, 2022; WHO, 2022). Consequently, untreated mental illness contributes to increased disability, unemployment, poverty, social exclusion and reduced quality of life.

Across sub-Saharan Africa, the delivery of mental healthcare is further complicated by persistent socioeconomic inequalities, limited investment in mental health services and widespread stigma associated with mental illness (Lund *et al.*, 2022). Many countries in the region continue to experience shortages of psychiatrists, psychologists, psychiatric nurses and social workers, while mental health services remain concentrated in urban referral hospitals, creating substantial disparities in access for rural

populations (Sankoh *et al.*, 2018; WHO, 2022). In addition, cultural beliefs that attribute mental illness to supernatural causes, witchcraft or spiritual punishment, frequently influence health-seeking behaviour, resulting in delayed utilisation of formal mental healthcare services (Gureje and Thornicroft, 2018; Patel *et al.*, 2022).

Zimbabwe reflects many of these regional challenges. Although the country has established specialised mental health institutions such as Parirenyatwa Psychiatric Hospital Annexe and Ingutsheni Hospital in Bulawayo, mental healthcare remains constrained by inadequate funding, shortages of specialised mental health professionals, inconsistent availability of psychotropic medication and limited community-based mental health services (Chibanda *et al.*, 2016; Ministry of Health and Child Care, 2019). Economic instability has further reduced access to treatment by increasing transportation costs, consultation fees and the affordability of medication, while persistent stigma and discrimination continue to discourage many individuals from seeking timely professional care (WHO, 2022; Mavundla *et al.*, 2023). Furthermore, misconceptions regarding mental illness and continued reliance on traditional and faith-based healing practices often delay diagnosis and treatment, thereby worsening health outcomes.

Previous studies have consistently identified stigma, financial hardship, inadequate mental health literacy, shortages of trained personnel and weak health systems as major barriers to accessing mental healthcare in Zimbabwe and other low-resource settings (Chibanda *et al.*, 2016; Patel *et al.*, 2022; Thornicroft *et al.*, 2022). However, much of the available literature has examined patient experiences and health system challenges independently.

Comparatively, few qualitative studies have explored the perspectives of both patients and healthcare providers within the same study to provide a comprehensive understanding of barriers affecting mental health service access and delivery in Zimbabwe. Integrating these perspectives is essential for developing evidence-based interventions that address both service users' needs and healthcare providers' operational challenges.

This study, therefore, explores barriers to accessing mental health services in Zimbabwe from the perspectives of patients and healthcare providers at Parirenyatwa Psychiatric Hospital Annexe. By examining the lived experiences of both service users and healthcare professionals, the study provides context-specific evidence that may inform mental health policy, strengthen service delivery, improve equitable access to mental healthcare and support evidence-based social work practice in Zimbabwe.

THEORETICAL FRAMEWORK

This study is guided by Bronfenbrenner's Ecological Systems Theory (Bronfenbrenner, 1979), which posits that human behaviour and well-being are influenced by multiple interacting environmental systems. The theory provides a comprehensive framework for understanding how individual, interpersonal, community and societal factors collectively shape access to mental health services. Rather than viewing barriers to mental healthcare as isolated challenges, the ecological perspective recognises that service utilisation is influenced by dynamic interactions between individuals and their surrounding social, economic and institutional environments (Bronfenbrenner, 1979; Golden and Earp, 2012).

At the microsystem level, the theory explains how individual experiences, family relationships and interactions with healthcare providers influence health-seeking behaviour. Personal attitudes towards mental illness, self-stigma, family support and previous experiences with healthcare services may either facilitate or hinder access to mental healthcare (WHO, 2022). , participants describe fear of discrimination, family perceptions and reluctance to disclose mental health conditions as important barriers to seeking professional care.

The mesosystem emphasises interactions between different social settings, including families, communities, workplaces and healthcare institutions. Community stigma, limited mental health literacy and poor collaboration between formal healthcare services and community support systems may discourage individuals from accessing mental health services. These interconnected relationships help explain how community attitudes reinforce delayed treatment seeking and social exclusion among individuals living with mental health conditions.

At the exosystemic level, broader institutional structures such as healthcare infrastructure, workforce capacity, resource allocation and service availability indirectly influence access to mental healthcare. Participants highlighted shortages of trained mental health professionals, inadequate funding, medication shortages and limited service availability as systemic barriers affecting both patients and healthcare providers. These findings demonstrate how institutional environments shape the accessibility and quality of mental health services.

Finally, the macrosystem reflects the broader cultural, political and socioeconomic context within which mental healthcare is delivered. Cultural beliefs regarding mental illness, societal stigma, national health policies and prevailing economic conditions influence both healthcare utilisation and service delivery (Patel *et al.*, 2022; Thornicroft *et al.*, 2022). The findings of this study indicate that traditional beliefs, discrimination and financial hardship continue to affect decisions to seek professional mental healthcare in Zimbabwe.

Bronfenbrenner's Ecological Systems Theory, therefore, provides an appropriate framework for interpreting the multiple and interconnected barriers to mental health service access identified . It demonstrates that improving access to mental healthcare requires coordinated interventions at the individual, family, community, institutional and policy levels rather than focusing on a single determinant of healthcare utilisation.

METHODOLOGY

STUDY DESIGN

This study adopts a qualitative approach employing a case study design informed by a phenomenological perspective to explore barriers to accessing mental health services in Zimbabwe. A qualitative methodology was considered appropriate because it facilitates an in-depth understanding of participants' lived experiences, perceptions and meanings regarding complex social and health-related phenomena (Creswell and Poth, 2018). The case study design enabled an intensive examination of mental health service delivery within the context of the Parirenyatwa Psychiatric Hospital Annexe, while the phenomenological perspective

provided insights into the experiences of both patients and healthcare providers.

STUDY SETTING AND PARTICIPANTS

The study was conducted at the Parirenyatwa Psychiatric Hospital Annexe, one of Zimbabwe's major specialised mental health institutions. Participants comprised mental health patients receiving treatment and healthcare providers directly involved in mental healthcare delivery. Purposive sampling was employed to recruit information-rich participants with direct experience of accessing or providing mental health services (Etikan *et al.*, 2016). The study included 10 participants consisting of five mental health patients and five healthcare providers representing different professional disciplines involved in mental healthcare.

DATA COLLECTION

Data were collected using semi-structured in-depth interviews with patients and key informant interviews with healthcare providers. The semi-structured interview guide enabled participants to describe their experiences, while allowing the research to probe emerging issues relevant to the study objectives (Kvale, 1996). Interviews explored participants' perceptions of barriers to accessing mental healthcare, challenges affecting service delivery and potential strategies for improving mental health services in Zimbabwe. All interviews were conducted in a confidential environment to encourage open and honest responses.

DATA ANALYSIS

Data were analyzed using thematic analysis following systematic procedures proposed by Braun and Clarke (2006). Interview

transcripts were read repeatedly to achieve familiarity with the data before meaningful codes were generated. Similar codes were subsequently organised into broader categories and themes reflecting participants' experiences of mental health service access and delivery. The themes were refined through continuous comparison of participant narratives and interpreted in relation to the study objectives and the Ecological Systems Theory.

TRUSTWORTHINESS

To ensure the trustworthiness of the findings, the study applied the principles of credibility, transferability, dependability and confirmability as proposed by Lincoln and Guba (1985). Credibility was enhanced through prolonged engagement with participants and the use of two participant groups comprising patients and healthcare providers. Rich descriptions of the research context support transferability, while maintaining a systematic record of data collection and analysis strengthened dependability. Confirmability was promoted by grounding interpretations in participants' narratives and maintaining consistency between the collected data and the reported findings.

ETHICAL CONSIDERATIONS

Ethical principles were observed throughout the study. Informed consent was obtained from all participants prior to data collection and participation was voluntary. Participants were informed of their right to withdraw from the study at any stage without any negative consequences. Confidentiality and anonymity were maintained by removing identifying information from interview transcripts and reporting findings using participant codes. Given the vulnerability of mental health patients, particular attention

was paid to minimising psychological distress during interviews and appropriate support was available where necessary.

RESULTS AND DISCUSSION

STIGMA AND DISCRIMINATION AS BARRIERS TO ACCESSING MENTAL HEALTH SERVICES

Stigma and discrimination emerged as the most significant barriers to accessing mental health services among participants. Both patients and healthcare providers described how fear of being labelled as "mad", judged by family members and communities, or experiencing discrimination discouraged individuals from seeking professional mental healthcare. Participants indicated that many people delayed seeking treatment until their conditions had significantly deteriorated because of concerns about negative community perceptions.

One participant explained:

"The reason I don't go to the hospital is that people will now know that I have a problem and they will start saying I am mad. In our society people who have mental illnesses are seen as crazy people and are looked down upon." (Participant 3)

Similarly, another participant highlighted the influence of gender expectations on help-seeking behaviour:

"As a man, the society expects me to be tough and not show weakness. If you tell people that you are depressed, they just laugh and tell you to toughen up." (Participant 1)

Healthcare providers confirmed these experiences, noting that many patients sought professional care only after their mental health conditions had progressed considerably because families often concealed mental illness due to fear of social judgement.

The findings suggest that stigma operates at multiple levels, affecting individuals, families and communities. Fear of discrimination discourages early diagnosis and treatment, thereby increasing the severity of mental health conditions before professional intervention is sought. Stigma also contributes to social isolation, reduced treatment adherence and poorer mental health outcomes, ultimately increasing the burden on both families and healthcare systems.

These findings are consistent with previous studies conducted in Zimbabwe and other low- and middle-income countries. Chibanda *et al.* (2016) report that stigma remains one of the principal barriers to mental healthcare utilisation in Zimbabwe, preventing individuals from seeking timely treatment. Similarly, Thornicroft *et al.* (2022) argue that stigma contributes to delayed help-seeking, discrimination and reduced utilisation of mental health services globally. Gureje and Thornicroft (2018) further observe that misconceptions surrounding mental illness in many African communities often result in individuals seeking assistance from informal support systems before approaching formal healthcare facilities. Comparable findings have also been reported by Patel *et al.* (2022), who emphasize that stigma continues to widen the treatment gap for mental disorders across low-resource settings.

The findings can be interpreted using Bronfenbrenner's Ecological Systems Theory. At the microsystem level, participants' fears of rejection by family members and close social networks discouraged disclosure of mental health problems and delayed treatment seeking. At the mesosystem level, interactions between families, communities and healthcare institutions reinforced

negative attitudes towards mental illness, limiting support for affected individuals. At the macrosystem level, broader cultural beliefs and societal stereotypes that associate mental illness with weakness, spiritual punishment or dangerous behaviour, perpetuated discrimination and social exclusion. These interconnected ecological influences demonstrate that stigma is not merely an individual experience, but a socially embedded barrier requiring interventions at multiple levels.

The findings highlight the need for sustained community-based mental health awareness programmes, anti-stigma campaigns and culturally appropriate mental health education to improve mental health literacy and encourage timely utilisation of professional mental health services. Social workers, community health workers and other mental health professionals have a critical role in challenging misconceptions, promoting mental health awareness and strengthening community acceptance of individuals living with mental health conditions.

FINANCIAL CONSTRAINTS AND LIMITED ACCESS TO MENTAL HEALTHCARE

Financial constraints emerged as a significant barrier to accessing mental health services among participants. Patients consistently reported that the costs associated with transportation, consultation, medication and prolonged treatment, prevented them from accessing professional mental healthcare. Participants explained that Zimbabwe's prevailing economic challenges had made mental healthcare unaffordable for many households, particularly for individuals who were unemployed or living in rural communities. Healthcare providers similarly acknowledged

that financial hardship frequently resulted in delayed treatment, poor treatment adherence and interrupted continuity of care.

One participant explained:

“Going to the hospital these days is expensive. Money is needed to see the doctor, then there is money needed for treatment and money for buying medication. I do not have the money because I do not have a job and there is no job that is going to employ someone who is mentally sick.” (Participant 2)

Participant 5 highlighted the financial burden associated with travelling long distances to access specialised mental health services:

“Where I come from is very far. Sometimes I fail to come because I do not have transport money and even buying medication becomes difficult.”

Healthcare providers also observed that although services were available at public facilities, shortages of medication often required patients to purchase prescribed drugs privately, creating additional financial pressure on already vulnerable households.

The findings demonstrate that financial barriers extend beyond consultation fees to include transport costs, medication expenses and the indirect economic consequences of unemployment associated with mental illness. These multiple financial pressures discourage timely treatment seeking, interrupt continuity of care and increase the likelihood of untreated or poorly managed mental health conditions. The concentration of specialised mental health services within a few urban referral hospitals further exacerbates inequities by increasing travel costs for patients residing in remote communities.

These findings are consistent with previous studies conducted in low- and middle-income countries. Patel *et al.* (2022) report that poverty and financial hardship remain major determinants of limited mental healthcare utilisation, particularly where out-of-pocket expenditure constitutes a substantial proportion of healthcare costs. Similarly, Lund *et al.* (2022) observe that socioeconomic disadvantage is closely associated with delayed treatment seeking, poor adherence to prescribed medication and reduced access to specialised mental health services. Chibanda *et al.* (2016) further note that financial barriers continue to constrain access to mental healthcare in Zimbabwe, especially among vulnerable populations who rely on under-resourced public health facilities. Comparable findings have also been reported by WHO (2022), which emphasizes that financial protection mechanisms are essential for reducing inequities in mental healthcare access.

Bronfenbrenner's Ecological Systems Theory provides further insight into these findings. At the microsystem level, household poverty and unemployment directly limited individuals' ability to seek treatment and purchase prescribed medication. At the exosystemic level, broader health system factors, including inadequate financing of mental health services and shortages of essential medicines, indirectly reduced access to quality care. At the macrosystem level, the wider economic environment influenced healthcare affordability and reinforced disparities in access to mental health services. These interconnected ecological influences illustrate that financial barriers arise not only from individual circumstances, but also from broader structural and economic conditions.

The findings underscore the need for increased public investment in mental healthcare, improved availability of essential psychotropic medication within public health facilities and expansion of community-based mental health services to reduce transport costs and improve equitable access. Social workers and other mental health professionals should also advocate for financial protection mechanisms and social support programmes that reduce the economic burden experienced by individuals living with mental health conditions and their families.

MENTAL HEALTH LITERACY, CULTURAL BELIEFS AND HELP-SEEKING BEHAVIOUR

Limited mental health literacy and deeply rooted cultural beliefs emerged as important barriers influencing help-seeking behaviour among participants. Patients reported that they and their families often failed to recognise the symptoms of mental illness, attributing behavioural and emotional changes to supernatural causes such as witchcraft, curses or spiritual attacks. As a result, many individuals initially sought assistance from traditional or faith healers before accessing formal mental healthcare services, contributing to delays in diagnosis and treatment.

One of the patients explained:

“When I became sick, my parents did not understand what was happening to me and they thought maybe I was cursed. We went to traditional healers without knowing that the condition could be treated at the hospital.” (Participant 3)

Another patient stated:

“When I started having mood swings, my family did not understand what was happening to me. They thought I was simply being rude. It was only after my condition became worse that we went to the

hospital, where I was diagnosed with bipolar disorder.”
(Participant 4)

Healthcare providers echoed these experiences, observing that many patients presented at health facilities only after their conditions had significantly deteriorated because families lacked knowledge about mental illness and available treatment options. Participants further noted that community health education frequently prioritised communicable diseases, while mental health awareness received comparatively little attention.

The findings suggest that inadequate mental health literacy and cultural interpretations of mental illness continue to shape health-seeking behaviour in Zimbabwe. Misconceptions surrounding the causes of mental illness not only delay access to professional treatment, but also reinforce stigma and increase reliance on informal care pathways. While traditional and faith-based support systems remain important within many communities, delayed referral to formal mental healthcare may worsen clinical outcomes and reduce opportunities for early intervention.

These findings are consistent with previous studies conducted in Zimbabwe and other low- and middle-income countries. Chibanda *et al.* (2016) found that limited mental health literacy contributes to delayed recognition of mental illness and reduced utilisation of professional mental healthcare services. Similarly, Patel *et al.* (2022) report that misconceptions regarding the causes of mental illness continue to influence treatment-seeking behaviour across many African communities. Gureje and Thornicroft (2018) further observe that cultural beliefs frequently

encourage individuals to seek spiritual or traditional interventions before consulting formal healthcare providers. Comparable findings have also been reported by WHO (2022), which identifies mental health literacy as a critical determinant of early diagnosis, treatment uptake and recovery.

Bronfenbrenner's Ecological Systems Theory provides an appropriate framework for understanding these findings. At the microsystem level, family beliefs and individual knowledge influenced decisions regarding when and where to seek treatment. At the mesosystem level, interactions between families, communities, religious institutions and healthcare services shaped participants' healthcare choices. At the macrosystem level, broader cultural values, religious beliefs and societal norms influenced collective understandings of mental illness and acceptable treatment pathways. These interconnected ecological influences demonstrate that improving mental health service utilisation requires interventions that extend beyond healthcare facilities into communities where beliefs and attitudes are formed.

The findings emphasize the importance of strengthening community-based mental health education, improving mental health literacy and fostering collaboration between healthcare providers, community leaders and faith-based organisations. Social workers are strategically positioned to lead culturally sensitive mental health awareness programmes, facilitate community dialogue and promote timely referral to appropriate mental health services while respecting local cultural contexts.

RESOURCE LIMITATIONS AND WORKFORCE SHORTAGES IN MENTAL HEALTH SERVICE DELIVERY

Resource limitations and shortages of trained mental health professionals emerged as major institutional barriers affecting the delivery of quality mental health services. Healthcare providers reported that inadequate infrastructure, shortages of essential medication, insufficient financial resources and limited numbers of specialised mental health personnel significantly constrained their ability to provide timely and comprehensive care. These systemic challenges increased staff workloads, prolonged waiting times and compromised the quality and continuity of mental healthcare services.

A healthcare provider explained:

“Patients without money risk not getting assistance because public hospitals in Zimbabwe are underfunded and sometimes we do not have the medication they need. Even here at Parirenyatwa, there are occasions when patients are required to buy their own medication because the hospital has run out of stock.” (Key Informant 4)

Participants also described how shortages of healthcare personnel placed considerable pressure on the few available professionals, limiting opportunities for comprehensive assessment, counselling and follow-up care. The increasing demand for mental health services, coupled with inadequate staffing levels, was perceived to reduce the effectiveness of service delivery and increase the burden on healthcare providers.

The findings demonstrate that challenges affecting mental healthcare in Zimbabwe extend beyond individual barriers to include broader institutional weaknesses within the healthcare

system. Inadequate financing, shortages of specialised personnel and inconsistent availability of essential psychotropic medication collectively reduce the capacity of health facilities to provide accessible, timely and high-quality mental healthcare. These structural deficiencies not only affect patient outcomes, but also contribute to occupational strain among healthcare professionals responsible for managing increasing caseloads with limited resources.

These findings corroborate previous studies conducted in Zimbabwe and other low- and middle-income countries. Chibanda *et al.* (2016) identified shortages of trained mental health professionals and inadequate resources as major constraints affecting mental health service delivery in Zimbabwe. Similarly, Lund *et al.* (2022) observe that insufficient investment in mental health infrastructure continues to widen the treatment gap across sub-Saharan Africa. Thornicroft *et al.* (2022) further argue that sustainable improvements in mental healthcare require adequate workforce capacity, reliable medication supply chains and strengthened health systems. The WHO (2022) likewise, emphasizes that shortages of skilled mental health professionals remain one of the greatest obstacles to achieving equitable access to mental healthcare globally.

Bronfenbrenner's Ecological Systems Theory provides a useful lens for interpreting these findings. At the exosystemic level, institutional factors such as health financing, staffing, infrastructure and resource allocation directly influenced the quality and accessibility of mental health services. At the macrosystem level, broader national economic conditions and policy priorities shaped investment in the mental health sector and

the availability of specialised services. These interconnected ecological influences demonstrate that improving mental healthcare requires strengthening both institutional capacity and national health system investment.

The findings highlight the urgent need for increased investment in mental health infrastructure, recruitment and retention of specialised mental health professionals, continuous professional development and improved availability of essential psychotropic medication. Strengthening multidisciplinary collaboration, including the expanded involvement of social workers, psychologists, psychiatric nurses and psychiatrists, would enhance the quality, accessibility and sustainability of mental health services in Zimbabwe.

POLICY AND HEALTH SYSTEM CHALLENGES AFFECTING MENTAL HEALTH SERVICE DELIVERY

Participants identified weaknesses in mental health policy implementation and inadequate integration of mental healthcare into the broader healthcare system as important barriers to effective service delivery. Healthcare providers reported that although Zimbabwe has policies and legislation intended to support mental healthcare, implementation remains constrained by inadequate funding, insufficient institutional support and limited prioritisation of mental health within the national healthcare agenda. Participants further indicated that mental health services continue to operate largely as specialised services, limiting accessibility for many individuals, particularly those residing in underserved communities.

Healthcare providers explained that the absence of adequate institutional support and limited policy implementation negatively affected service provision by contributing to shortages of resources, inadequate infrastructure and workforce constraints. Participants noted that these systemic challenges reduced the capacity of health facilities to respond effectively to the growing demand for mental healthcare.

The findings suggest that improving mental healthcare requires more than expanding clinical services. Effective implementation of mental health policies, stronger governance structures and integration of mental health into primary healthcare are equally important in ensuring equitable access to services. Integrating mental healthcare into primary healthcare would facilitate earlier identification of mental health conditions, improve referral pathways and reduce dependence on specialised referral hospitals, thereby improving accessibility and continuity of care.

These findings are consistent with previous research conducted in Zimbabwe and other low- and middle-income countries. WHO (2022) emphasizes that effective mental healthcare depends not only on policy development, but also on adequate implementation, sustainable financing and integration into general healthcare systems. Patel *et al.* (2022) similarly argue that integrating mental health into primary healthcare represents one of the most effective strategies for reducing the treatment gap in resource-constrained settings. Thornicroft *et al.* (2022) further note that fragmented mental health systems and weak policy implementation continue to undermine equitable access to quality mental healthcare worldwide. Within Zimbabwe, Chibanda *et al.* (2016) also highlight that strengthening health system governance

and expanding community-based mental health services are essential for improving service accessibility.

Bronfenbrenner's Ecological Systems Theory provides an appropriate explanation for these findings. At the exosystemic level, institutional structures, health policies and service organisation directly influenced the availability and quality of mental healthcare. At the macrosystem level, national legislation, government priorities and socioeconomic conditions shaped investment in mental health services and determined how effectively existing policies translated into practice. These ecological influences demonstrate that individual healthcare experiences are strongly influenced by broader policy and governance environments.

The findings underscore the importance of strengthening implementation of existing mental health policies, increasing government investment in mental healthcare and integrating mental health services into primary healthcare. Such reforms would improve accessibility, enhance continuity of care and promote a more equitable and responsive mental health system. Social workers should continue to advocate for policy implementation, participate in multidisciplinary mental healthcare planning and support community-based mental health initiatives that bridge the gap between specialised psychiatric services and primary healthcare.

STRENGTHENING COMMUNITY AWARENESS AND MENTAL HEALTH PROMOTION

Participants emphasized that improving community awareness and reducing stigma are essential strategies for increasing access

to mental health services in Zimbabwe. Both patients and healthcare providers observed that inadequate public understanding of mental illness contributes to misconceptions, delayed treatment seeking and continued discrimination against individuals living with mental health conditions. Participants recommended sustained mental health education programmes aimed at improving mental health literacy and promoting early help-seeking behaviours within communities.

Healthcare providers highlighted that community awareness campaigns should extend beyond health facilities and actively involve schools, churches, community leaders and local organisations to reach broader populations. Participants believed that increasing public understanding of mental illness would reduce fear, challenge harmful stereotypes and encourage individuals to seek professional support before their conditions became severe.

These findings suggest that strengthening mental health promotion is a critical component of improving access to mental healthcare. Public education has the potential to address misconceptions surrounding mental illness, improve recognition of early symptoms and encourage families to support affected individuals in accessing appropriate treatment. Community awareness initiatives may also contribute to reducing self-stigma and discrimination, thereby improving treatment adherence and social inclusion among people living with mental health conditions.

The findings are supported by previous studies demonstrating that community-based mental health education significantly

improves mental health literacy and reduces stigma. Thornicroft *et al.* (2022) report that anti-stigma interventions and public awareness campaigns increase acceptance of individuals living with mental illness, while encouraging early utilisation of mental healthcare services. Similarly, WHO (2022) emphasizes that mental health promotion and community engagement are fundamental components of comprehensive mental health systems. Patel *et al.* (2022) further argue that involving communities in mental health promotion strengthens prevention efforts and improves healthcare utilisation, particularly in low-resource settings. Chibanda *et al.* (2016) also highlight the value of community participation in strengthening mental healthcare delivery within Zimbabwe.

Bronfenbrenner's Ecological Systems Theory provides a useful framework for understanding the importance of community awareness initiatives. At the mesosystem level, collaboration between families, schools, healthcare institutions, religious organisations and community structures can strengthen supportive environments that encourage timely treatment seeking. At the macrosystem level, broader societal attitudes and cultural norms can gradually shift through sustained public education, resulting in greater acceptance of mental health conditions and improved utilisation of professional services.

The findings therefore demonstrate that effective mental health promotion requires multisectoral collaboration involving healthcare professionals, educators, traditional and religious leaders, civil society organisations and government institutions. Social workers are particularly well positioned to coordinate community awareness programmes, facilitate psychosocial

education, advocate against stigma and strengthen community support systems that promote mental well-being and improve access to mental healthcare.

HEALTH SYSTEM STRENGTHENING THROUGH POLICY REFORM, WORKFORCE DEVELOPMENT AND RESOURCE INVESTMENT

Participants emphasized that addressing barriers to mental health service delivery requires comprehensive strengthening of Zimbabwe's mental healthcare system. Both patients and healthcare providers recommended increased government investment, policy reform, improved resource allocation and expansion of the mental health workforce as critical strategies for improving access to quality mental healthcare. Participants believed that strengthening health system capacity would improve service accessibility, reduce waiting times and enhance the quality of care provided to individuals living with mental health conditions.

Healthcare providers particularly stressed the need for greater investment in mental health infrastructure, continuous availability of essential psychotropic medication and recruitment of additional psychiatrists, psychologists, psychiatric nurses, social workers and other mental health professionals. Participants also highlighted the importance of continuous professional development to ensure that healthcare providers remain equipped to respond to emerging mental health needs within an increasingly complex healthcare environment.

The findings demonstrate that sustainable improvements in mental healthcare require coordinated investment across multiple components of the health system, rather than isolated

interventions. While community awareness and stigma reduction remain essential, these efforts must be accompanied by strengthened governance, adequate financing, workforce expansion and improved infrastructure to ensure that increased demand for services can be effectively met. Without corresponding improvements in system capacity, efforts to increase mental health awareness may place additional pressure on already overstretched services.

These findings are consistent with existing literature advocating for health system strengthening as a prerequisite for improving mental healthcare in low- and middle-income countries. The WHO (2022) emphasizes that sustainable mental health services depend on adequate financing, strong governance, a skilled workforce and reliable access to essential medicines. Similarly, Patel *et al.* (2022) argue that strengthening health systems through policy implementation, workforce development and integration of mental health into primary healthcare is fundamental to reducing the global treatment gap. Thornicroft *et al.* (2022) further maintain that investment in human resources and community-based mental health services improves service accessibility, continuity of care and long-term recovery outcomes. These findings are also consistent with Chibanda *et al.* (2016), who advocate for increased investment in Zimbabwe's mental health system to address persistent shortages of personnel and resources.

Bronfenbrenner's Ecological Systems Theory supports these findings by demonstrating that improvements at the exosystemic and macrosystem levels have far-reaching effects on individual healthcare experiences. Institutional investment, workforce development, policy implementation and national health

financing collectively shape the availability, accessibility and quality of mental healthcare services. Strengthening these broader systems creates enabling environments that support effective service delivery and improve health outcomes for individuals, families and communities.

The findings therefore underscore the importance of adopting a multisectoral approach to mental health system strengthening in Zimbabwe. Increased government commitment, stronger policy implementation, sustainable financing, workforce expansion and improved collaboration among health professionals are essential for improving equitable access to quality mental healthcare. Social workers should remain central to these reforms through policy advocacy, interdisciplinary collaboration, community mobilisation and delivery of psychosocial interventions that bridge healthcare services and community support systems.

CONCLUSION

This study explores barriers to accessing mental health services in Zimbabwe from the perspectives of patients and healthcare providers at Parirenyatwa Psychiatric Hospital Annexe. The findings demonstrate that access to mental healthcare is influenced by a complex interaction of individual, socioeconomic, cultural and institutional factors. Stigma and discrimination, financial constraints, limited mental health literacy and cultural beliefs were identified as major barriers discouraging individuals from seeking timely professional mental healthcare. At the health system level, inadequate funding, shortages of trained mental health professionals, limited infrastructure and weaknesses in

policy implementation continue to constrain the delivery of quality mental health services.

The study further establishes that improving access to mental healthcare requires interventions that extend beyond clinical treatment to include community education, stigma reduction, health system strengthening and effective implementation of mental health policies. The findings support Bronfenbrenner's Ecological Systems Theory by demonstrating that barriers to mental healthcare operate across multiple ecological levels, including the individual, family, community, institutional and policy environments. Consequently, addressing these barriers requires coordinated, multisectoral interventions involving government institutions, healthcare professionals, communities, civil society organisations and development partners.

Overall, this study contributes context-specific evidence on the challenges affecting mental health service accessibility in Zimbabwe and highlights the need for integrated approaches that strengthen healthcare systems while addressing the social and cultural determinants of mental health. The findings provide valuable evidence for policymakers, healthcare practitioners and social workers seeking to improve equitable access to quality mental healthcare and ultimately enhance mental health outcomes in Zimbabwe.

RECOMMENDATIONS

Based on the findings of this study, the following recommendations are proposed to improve access to mental

health services and strengthen mental healthcare delivery in Zimbabwe.

GOVERNMENT AND POLICY MAKERS

The Government of Zimbabwe should increase financial investment in mental health services through improved budgetary allocation for mental healthcare infrastructure, essential psychotropic medication and specialised mental health personnel. Existing mental health policies should be strengthened through effective implementation, monitoring and evaluation, while mental healthcare should be fully integrated into primary healthcare to improve accessibility, particularly in underserved rural communities.

HEALTHCARE INSTITUTIONS

Healthcare institutions should strengthen multidisciplinary mental healthcare by increasing the recruitment and retention of psychiatrists, psychologists, psychiatric nurses, social workers and occupational therapists. Continuous professional development programmes should be implemented to ensure that mental health professionals remain equipped with current knowledge and evidence-based interventions. Health facilities should also strengthen referral systems and ensure the consistent availability of essential psychotropic medication.

COMMUNITY AND CIVIL SOCIETY ORGANISATIONS

Community-based and faith-based organisations, traditional leaders and non-governmental organisations should collaborate with the Ministry of Health and Child Care to implement sustained mental health awareness campaigns aimed at improving mental health literacy, reducing stigma and promoting early help-

seeking behaviour. Community education initiatives should emphasize that mental illnesses are treatable health conditions requiring timely professional intervention while remaining culturally sensitive.

RECOMMENDATION FOR SOCIAL WORK PRACTICE

Social workers should play a leading role in strengthening community mental health services through psychosocial support, mental health education, advocacy and case management. They should facilitate community awareness programmes that challenge stigma and misconceptions surrounding mental illness while promoting early identification and referral of individuals requiring specialised mental healthcare. Social workers should further strengthen collaboration between healthcare facilities, families, schools, community leaders and civil society organisations to improve continuity of care and social reintegration for individuals living with mental health conditions. At policy level, the social work profession should continue advocating for increased investment in mental health services, protection of the rights of people living with mental illness and expansion of community-based mental health programmes throughout Zimbabwe.

FUTURE RESEARCH

Future studies should include larger and more diverse samples drawn from multiple psychiatric hospitals, district hospitals and community settings to improve the transferability of findings. Comparative studies involving urban and rural populations would provide a broader understanding of contextual barriers to mental healthcare access. Further research should also evaluate the effectiveness of community-based mental health interventions,

anti-stigma programmes and integrated primary mental healthcare models within the Zimbabwean context.

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