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Dedicated to the loving memory of my father, Alton Krwece

Declaration

PLAGIARISM STATEMENT

I declare that this mini-thesis study ***Exploring traditional African beliefs with regard to mental health, health-seeking behaviour, and treatment adherence: A systematic review*** is my own work, based on my personal study and/or research and that I have acknowledged all material and sources used in its preparation, whether they be books, articles, reports, lecture notes, and any other kind of document, electronic or personal communication. I also declare that this mini thesis has not previously been submitted for assessment for any degree or examination in any university or any other unit. I have not copied in part or whole or otherwise plagiarised the work of other students and/or persons.

Akhona Krwece

Name and Surname **Signature**

13 August 2021

Date

Abstract

Previous research indicates that mental health conditions contribute to the global burden of disease. Despite these findings, issues surrounding mental health are still plagued with ignorance and stigma. In recent years' mental health has taken priority and is increasingly being recognized as an important public health and development issue. Research has found that belief systems play a crucial role in the conceptualisation of mental health and health-seeking behaviour. The exploration of these belief systems gives valuable insight on issues related to health-seeking and treatment adherence behaviours. This study looks specifically at traditional African beliefs and perceptions of mental health. The motivation of this study is to explore how these beliefs and perceptions impact on health-seeking and treatment adherence behaviours. The study poses the following research question: What current literature exists on traditional African beliefs and perceptions about mental health? To achieve this, the study employs a systematic review methodology to assess the methodological rigour of literature on traditional African belief systems. A systematic search in eleven databases was conducted to find relevant literature published between the years 2008 and 2019 with only qualitative research studies.

The study found that traditional African beliefs and perspectives play a crucial role in understanding how mental health is understood and dealt with in the African context. Mental health related disorders were found to be mainly attributed to spiritual and supernatural forces as well as malevolent spirits. The perceived causes of mental health disorders affected the treatment and intervention strategies implemented. Families of individuals afflicted by metal health illness were more likely to seek tradition help as a form of treatment, many do so exclusively while others used traditional treatment in conjunction with medical interventions. The study also found that the stigma as well as misinformation about mental illness resulted in many families and communities hiding and ostracizing those with mental health disorders. The fear of discrimination from their communities and heath care provides prevented any from seeking and adhering to the treatment.

The significance of the findings aims to provide insight on the impact of traditional belief systems on health-seeking and treatment adherence behaviours. In addition, the findings aim to inform future mental health interventions and awareness policies.

Keywords: Africa, indigenous beliefs, mental health, beliefs, perceptions, traditional, health-seeking, treatment, adherence, stigma, discrimination, culture

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1. Introduction

This study explores traditional African beliefs and perceptions about mental health. It aims to explore how traditional belief systems, found throughout Africa, which are situated within complex and diverse cultural systems have an impact on how individuals and societies perceive mental health. In addition, it attempts to look at how these traditional beliefs and perceptions perpetuate stigmas and discrimination that impact on the health-seeking behaviours and adherence to treatment of mental health illnesses.

1.1 Background

Mental health issues are a worldwide phenomenon and impacts every single society and contributes greatly to the worldwide burden of disease. Mental illness has been identified by the World Health Organisation (WHO) as one of the leading causes of disability worldwide. (Strümpher, van Rooyen, Topper, Andersson & Schierenback, 2014).

Similar to the rest of the world, the burden of mental illness in Africa is substantial, and it is predicted to increase with the epidemiological transition to chronic and non-communicable diseases – a trend that is widespread in many low and middle-income (Lund, Kleintjes, Petersen & Bhana, 2012).

In many African belief systems, attitudes and perceptions about mental health include stigmas that perpetuate discrimination that potentially influence the health-seeking behaviours and the adherence to treatment for many individuals with mental health disorders. High levels of stigma and discrimination make individuals with mental health conditions vulnerable to abuse, violence, neglect by their families and from the whole of society (Strümpher et al., (2014).

Many of these attitudes, perceptions and stigmas are rooted in the traditional belief systems that govern societies. Exploring and understanding how these variables interact is important to hopefully be able to integrate the use of traditional healing methods and primary health care models. According to Egbe et al., (2014) over the years the stigma and discrimination of certain illnesses has remained one of the biggest public health concerns. Andersson et al., (2013) reports on a study conducted in many African countries that revealed stigma and the misconception of the cause of a mental illness as being one of

many major barriers to seeking treatment. This was found to occur in many poorly resourced contexts where local traditions and religion had a dominant impact on people's lives.

1.2 Problem Statement

In an ideal world, multiple explanatory models would be used to understand the various phenomena that occur in various societies. These explanatory models would critically take into account the traditional belief systems and perceptions embedded in the culture of that society. However, a blanket approach of understanding and explanation is used to understand and explain many social phenomena. One of those instances is mental health. On many occasions a societies' traditional beliefs and perceptions regarding mental health have been taken for granted.

With Africa being a complex and symbolic multicultural society (Latzer, 2003) traditional beliefs systems play a crucial role in understanding the attitudes and perceptions people hold about mental health. Although the African context is complex and multicultural there is an overarching socio-religious philosophy that all African belief systems share (Van Dyk, 2001).

This systematic review explores these dominant traditional African beliefs and perceptions regarding mental health. It aims to explore the various ways in which African societies conceptualize of mental health conditions. It explores how these systems and perceptions influence health-seeking and treatment adherence behaviours. In addition, the review explore how stigmas and discrimination influences the beforementioned factors.

1.3 Aims of the study

The aim of this systematic review is to explore traditional African beliefs, health-seeking behaviour and treatment adherence with regard to mental health.

1.4 Objectives of the study

- To explore traditional African beliefs about mental health.
- To explore perceptions of health-seeking behavior with regard to mental health.
- To explore perceptions of treatment adherence with regard to mental health.
- To explore how stigma and discrimination impacts on health-seeking and treatment adherence behaviours.

1.5 Review questions

- What are the traditional African beliefs and perceptions with regards to mental health?
- How do the traditional beliefs and perceptions influence the conceptualization of mental health in African societies?
- What influence do the traditional beliefs and perceptions have on health-seeking and treatment adherence?
- What impact does stigma and discrimination have on health-seeking and treatment adherence?

1.6 Rationale

In both developing and developed countries studies have found that mental illnesses are the most common conditions that affect health. A study funded by the World Health Organization discovered that 10.5% of the worldwide disease burden in the year 1990 was attributed to neuropsychiatric conditions. This figure is estimated to reach 15% by the year 2020 (Hugo, Boshoff, Traut, Zungu-Dirwayi & Stein, 2003). Until most recently many African countries had not put in place national mental health policies, programs, or action plans (Okasha, 2002). In some countries such as South Africa, mental health has taken priority and is increasingly being recognized as an important public health and development issue (Kakuma et al., 2010).

Although mental health conditions are the most common conditions to affect health and contribute to the Global disease burden it is still plagued by much ignorance and stigma (Hugo et al., 2003). Health-related stigmas exist across cultures and create social exclusion within families and societies which lead to discrimination in various aspects of everyday life (e.g. education, employment, parenting rights etc,) (Quinn & Knifton, 2014). Many of the perceptions about mental health are deeply rooted in traditional belief systems mostly influence by culture (Van Dyk, 2001). Cultural beliefs define who a person or group of people are. They define how people react to, behave, and make sense of the complex world around them (Wegner & Rhoda, 2015). Cultures are complex and symbolic systems that are used for understanding and explaining phenomena. It is representative of an individual's

and societies' worldview and perception. "Culture not only affects adaptive and normative behaviours, it also finds expression in disease states such as psychopathological disorders" (Latzer, 2003, p. 78). Traditional beliefs and perceptions play an important role in understanding mental health within the African context. African healing traditions are intertwined with traditional and religious beliefs, and are holistic in nature (Truter, 2007).

Research estimates that approximately 70 % to 80 % of the African population makes use of traditional medicine before they consult with a primary health care practitioner. Given this finding, it is important that traditional belief systems be carefully considered when attempting to understand mental health and health-seeking behaviours in culturally diverse societies (Edwards, 2011).

Despite Africa being a culturally diverse context, many African societies have been found to exhibit and share a dominant socio-religious philosophy. This dominant socio-religious philosophy therefore makes it possible to talk about a predominant African worldview that differs from an Eastern and Westernized perspective (Van Dyke, 2001).

A societies "beliefs and perceptions towards mental health not only influence health-seeking behaviours but also play a crucial role in the success of the treatment and reintegration of diagnosed individuals back into the community" (Hugo et al.,2003).

Given the above research it is evident that there is a need to further explore the impact of traditional beliefs and perceptions about mental health on health-seeking behaviours and treatment adherence in the diverse African context. In addition, the assessment of the methodological rigour of research studies into mental health beliefs and perceptions can give insight onto challenges encountered when planning and implementing mental health intervention and awareness policies in such contexts.

2. Literature Review

Africa is a large continent, one that is predisposed to strife. Many African countries are characterized by low incomes, high prevalence of communicable diseases, malnutrition, low life expectancy and poorly staffed services. For many of these countries issues regarding mental health do not make it to the top of the list of priorities for policy makers. Generally, health is still a poorly funded, under resourced and under-developed area of social services and mental health is no exception. According to Okasha (2002), "Most African countries have no mental health policies, programs or action plans" (p.32).

In many African countries mental health problems are understood in the framework of indigenous knowledge, religious and spiritual, biomedical and social explanatory models (Quinn & Knifton, 2014). People have a tendency to have strong beliefs about the mentally ill, and many of these perceptions are based on predominant cultural systems of belief (Kabir, Iliyasu, Abubakar and Aliyu, 2004). The World Health Organisation Centre for Health Development defines traditional African beliefs as:

The sum total of all knowledge and practices, whether explicable or not, used in diagnosis, prevention and elimination of physical, mental, or societal imbalance, and relying exclusively on practical experience and observation handed down from generation to generation, whether verbally or in writing. (Truter, 2007, p. 57)

A societies' conceptualization of illness is largely determined by that society's culture and worldview. Societal cultural pedigrees influence an individual's interpretation and acceptance of symptoms, as well their behaviour towards mental illness (Monteiro & Balogun, 2014).

The traditional African world view of mental illness is based on a holistic and anthropocentric ontology (Van Dyk, 2001). This means that the individual creates an "inseparable whole" with the cosmos and all things and entities that form part of that cosmos including God, spirits and nature are seen from the point of view of the individual who is at the heart of the universe (Van Dyk, 2001, p.60).

Spirituality has also been found to provide a sense of support, social affiliation and coping styles for those who subscribe to the notion or practice. Spirituality (similar to religion) may include a personal conversion, and an encounter with divine existence that has a sacred meaning for a person (Seybold & Hill, 2001).

According to many African beliefs, ancestral spirits are considered to be the guardians and custodians of peoples' lives. They are believed to be all-knowing, omnipresent and possess extraordinary powers that bring about good or bad luck if they are pleased or angered (Edwards, Makhunga, Thwala & Mbele, 2009). In South Africa, the *Nguni* people believe that the ancestors play a role of protecting the home, they keep and restore harmony and when appropriate, cause misfortune to teach lessons and to rebuke undesirable behaviour (Edwards et al., 2009).

Traditional health practitioners in Kenya have mostly been known to use herbal medication, counselling and consulting ancestral spirits for the treatment of various illnesses. A study was conducted in Kenya exploring challenges faced by trained informal health providers referring individuals with suspected mental illnesses for treatment. It was found that patients reported healers to be more affordable, accessible and approachable than formal health professionals (Musyimi, et al., 2017). In Ghana it was found that people sought out traditional healing specialists because they were more accessible and most importantly, they shared the same perceptions about mental health disorders making them more relatable (Musyimi, et al., 2017).

Sow ((1980) as cited in van Dyk, 2001) makes a distinction between three tiers of the cosmos as an explanation of the traditional African worldview. These three tiers are the macro-cosmos, the meso-cosmos and the micro-cosmos. The macro-cosmos is the highest level of the universe, it consists of divine entities such as God, the spirits and the ancestors. God is considered to be a supreme being that is distant from human beings. Community perceptions of Ugandans had described God as possessing the power to inflict mental illness as punishment for wrongdoing (Shah et al., 2017). In contrast the living ancestral spirits are regarded to be more important in the everyday existence of African people more than God (van Dyk, 2001).

In the meso-cosmos also referred to as the "structured collective imaginary" is the intermediate universe which functions as forbidden territory where benevolent spirits and entities such as witches and sorcerers reside. These entities are responsible for both good and bad fortunes. The everyday psychological fortune of individual human beings in Africa is believed to be regulated and well-ordered by the complex relations that exist between human beings and the unseen but powerful creatures of the meso-cosmos (Van Dyk, 2001).

The micro-cosmos is representative of the day-to-day hands-on and shared life of man. A small degree of illness is attributed to the micro-cosmos (Van Dyk, 2001). Studies previously conducted on mental health in Ethiopia emphasized the important role of supernatural and spiritual explanatory models in the conceptualization of mental illness (Monteiro & Balogun, 2014). A study conducted in Uganda on community mental health perceptions also found that external spiritual forces such as demonic powers, curses, bewitchment and emotional forces resulted in extensive emotional conflict and poverty. Together with poor choices these factors were believed to be the causes of mental illness (Shah et al., 2017). A Kenyan study reported that 34 % of the study participants attributed the cause of mental illness to drug misuse, 18% attributed mental illness to divine punishment and God's will and another 18% to magic and the possession of spirits (Kabir et al., 2014).

According to Sheikh and Furnham (2000), people's understanding of mental health is closely linked to their wider cultural beliefs. There has been found to be an association between people's conceptualization of mental health illness and the attitudes that people have towards seeking professional help and treatment

A study conducted in Uganda in 2007 reported that approximately 35 % of the Ugandan population suffered from some mental health condition with less than half requiring treatment for their illness. The study found that most individuals with mental illnesses did not seek mental health services. The stigma of mental health had been identified as being the biggest culprit that resulted in people not seeking help for their illness (Shah et al., 2017). It is also a key reason why sufferers of mental illness fail to recognize and accept their illness and has been described as the fundamental factor mitigating against the social re-integration of those recovering from mental illness (Crabb et al., 2012).

The experience of stigma is characterized by intense feelings of shame. The individual blames themselves for the illness. It is also characterised by secrecy and isolation including social exclusion and discrimination. The stigma and discrimination related with mental illness has been strongly linked by the World Health Organisation (WHO) with suffering, disability and poverty (Crabb et al., 2012 Wright, Jorm & Mackinnon, 2011).

Stigma plays a key role in the persistent suffering, disability and economic loss related with mental illnesses (Kakuma, et al., 2010). Individuals diagnosed with mental illnesses are often victimized for their illnesses and face unfair discrimination. They have difficulty accessing the most basic services and many are denied the opportunity to part-take in any societal roles (Kakuma, et al., 2010). It was found that women with mental health problems were more likely to experience sexual abuse and are not considered fit to run their households and raise their children (Quinn & Knifton, 2014). Self-stigma can result in the delay of seeking help for mental illness.

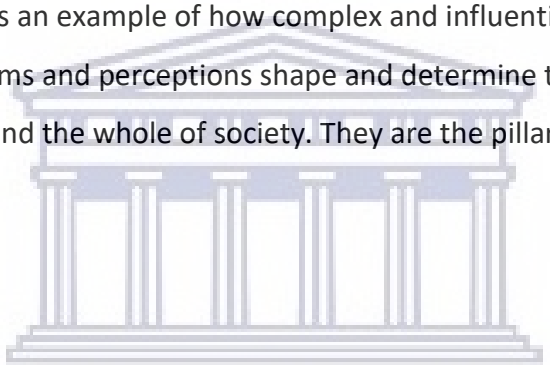
Results from studies conducted in Uganda looking at beliefs, stigmas and discrimination associated with mental health problems suggested that negative attitudes were exhibited from health-care professionals and structural discrimination had manifested in a lack of consultation and consent about treatment (Quinn & Knifton, 2014).

Studies conducted to explore mental health stigmas in South Africa identified structural discriminant and stigma as being prominent. The former refers to “policies of the dominant group institutions, and the behaviour of individuals controlling these institutions and implementing policies, unintentionally having a differential and/or harmful impact on minority groups” (Kakuma, et al, 2010, p, 117) and the latter is the violation of human rights through loss and the denial of access to basic services (housing, employment etc.,) (Kakuma, et al, 2010).

In many African communities’ people with mental illnesses are seen as being dangerous and evil and are being punished for all their wrong doings. Because of this many families often conceal mental health problems for fear of the consequence of disclosure (Quinn & Knifton, 2014).

Stigmas and negative attitudes that many people hold towards metal health (illnesses) are perpetuated by traditional, cultural and socio-religious perceptions that

govern many African societies. The above literature aims to explain, although very briefly, the influence of traditional African beliefs on the conceptualization of mental health illness. Traditional African and cultural beliefs greatly influence how many African societies come to conceptualize and as a result deal with mental illness. Many of these beliefs are rooted in spirituality and a belief in a multi-tiered cosmos. God and ancestral spirits play a very dominant role in the way mental illness is perceived. As a result of such deep cosmological and spiritual connections, stigma and discrimination are attached to mental illness. It is believed that it is a result of misfortune brought upon an individual as punishment for displeasing God and the ancestors. The stigma associated with mental illness results in many individuals not seeking treatment for their illness. These individuals are also ostracised from the rest of the community and hidden as they are seen as a source of shame and disgrace for the entire family. This is an example of how complex and influential belief systems can be. Traditional belief systems and perceptions shape and determine the attitudes and behaviours of individuals and the whole of society. They are the pillars that uphold and maintain many societies.



3. Methodology:

3.1 Research design

This study incorporated a systematic review methodology. A systematic review provides a means of identifying, making evaluations, summarising and interpreting data using a filtration method from existing research study findings that are relevant to the present research topic (Petticrew & Roberts, 2006; Trimble, 2015).

A systematic review is a very structured method of research on primary data that is detailed and always articulated clearly at the beginning of every review. The research design is characterised by being clearly detailed and having a complete plan and research strategy. In addition, systematic reviews address the research question at hand, identifies the methods that will be undertaken in order to perform the review; explicitly identifies the inclusion and exclusion criteria and last but not least it documents and provides a trail of the search strategies so that readers may access the rigour, as well as identify a clear retrieval strategy (Miller & Brewer, 2003; Uman, 2011).

A systematic review was more relevant for this research study because of a need for filtered literature on traditional African beliefs with regard to mental health, health-seeking behaviour and treatment adherence. A systematic review is advantageous as it reduces large quantities of data on the selected topic, providing a systematic summation of research studies that report on the content and methodological rigour which is missing in current research on the topic (Dixon-Woods et al., 2005).

3.2 Inclusion criteria

Only qualitative research studies were considered. Peer- reviewed journals, book chapters and reports were used. Research studies agreed upon by researcher, co-researcher and supervisor were considered. Studies published in the past 10 years were included in the review. A 10-year time period is most likely to yield an extensive number of research studies on the topic at hand. Only studies published on African indigenous beliefs and perspectives in Africa were included (as indicated in the research topic, focus of study is strictly on traditional African beliefs and perspectives). Both longitudinal and cross-sectional studies were included.

3.3 Exclusion criteria

Studies were excluded if the following occurred; quantitative studies, the full text version of journal-article was not available, the full text requires payment to view, the journal-article was not published in English, and if the journal-articles were written and published before January 2008. Journals with studies conducted outside of the African setting were not considered for analysis although included in the literature review.

3.4 Retrieval strategy and Data- base list

A comprehensive search was conducted across Psychology, Health, Education, Social and Psychiatric Sciences using the 6 following data- bases; Bio-med Central: Open Access, J-Store, Psych Articles, Sabinet African Journals, Sage Journals and Taylor and Francis. These databases were relevant as an initial search and were found to be a sufficient primary source of qualitative studies regarding the topic under investigation. Only research studies [that met the inclusion/exclusion criteria] generated from the above databases were included for final analysis in the research study.

3.5 Review process

The systematic review was implemented following five main procedures, namely, identification, screening, eligibility, appraisal and summation with the operational steps of each level included. (Diagram of review process see Appendix G).

3.5.1 Identification

This step of the systematic review involved the identification of possible articles using three operational steps which were: (1) Keyword identification; (2) Database search and (3) Reference mining. In each of operational steps the total number of records identified were recorded in the title summary – extraction sheet.

A limited search of the above-mentioned databases was conducted to analyse the keywords contained in the title and abstract. All the identified keywords were further used to conduct a comprehensive title search in the databases. Additional references were

identified using reference mining and other sources. The reference list of selected articles was searched for further research studies and a title reading and extraction tool was used (See Appendix A).

3.5.2 Screening

Screening was done by evaluating the abstracts of journal-articles successfully identified in the identification stage according to the inclusion and exclusion criteria specified earlier. This involved evaluating the abstracts of the journal-articles selected in the title screening stage and then deciding which of the journal articles will be included based on the review criteria. Selected journal-articles were screened using an abstract summary extraction sheet (See appendix D).

3.5.3 Eligibility

Full text versions of abstracts that were successfully screened were retrieved for review. The full text articles were evaluated by the researcher with assistance from the supervisor for methodological quality, rigour and coherence using a critical appraisal tool. The information of all full texts screened was recorded in the full-text summary – extraction sheet (See appendix E).

3.6 Appraisal

Once journals passed the above selection stages, they were appraised using an appraisal tool agreed upon by the researcher and a supervisor (See Appendix G). The methodological quality appraisal tool was developed by Smith, Franciscus and Swartbooi (n.d as cited in Monei, 2015). The appraisal tool ensures that there is a systematic assessment of the selected journals methodological rigor using threshold scores (also agreed upon by the researcher and supervisor) to further exclude and include selected journals. Each of the journal-articles assessed was given a final rating score indicating methodological rigour ranging from weak (0-40%) to moderate (41-60%), to strong (61-80%) and excellent (81-100%). The threshold score will be “moderate” to ensure that there is a sufficient number of articles included in the study (Trimble, 2015).

3.7 Summation

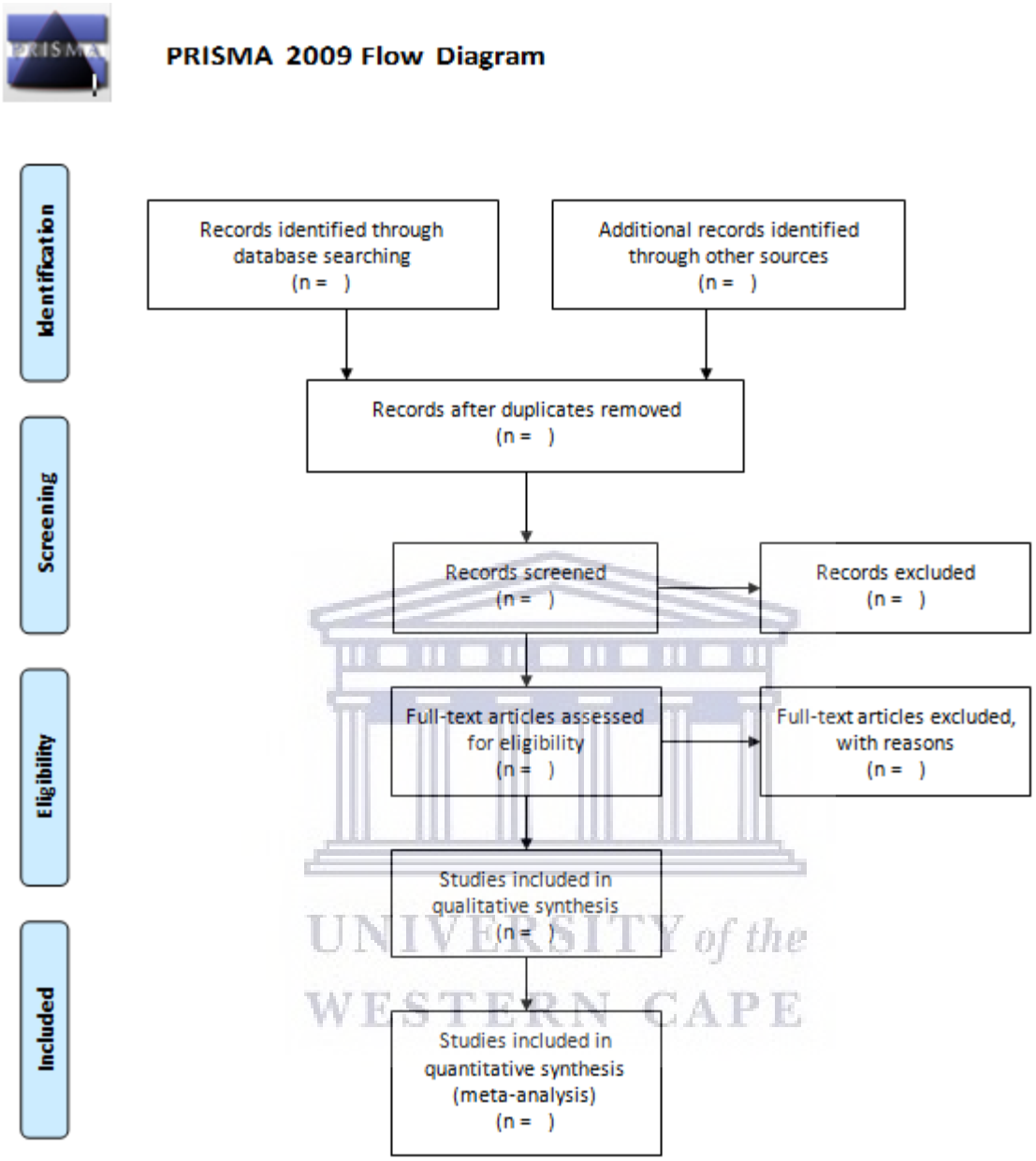
This step of the review process continues from the data extraction stage and in addition includes a meta-synthesis component.

The meta-synthesis component was an integration of all the results from the qualitative research studies. In addition, it also attempted to make rigorous examinations and interpretations of the findings about traditional African beliefs and perceptions of mental health from the research studies that met the inclusion criteria and were used in data extraction.

The qualitative approach aimed to provide an in-depth understandings of traditional African beliefs with regard to mental health, health-seeking behaviour and treatment adherence. A meta-synthesis approach produced a more functional and integrative interpretation of findings than the source investigations (Finfgeld, 2003). A thematic (narrative) approach was most suitable because it allows for the identification and analysis of patterns in qualitative data. The analysis consists of 5 phases which are: coding (the generation of labels for most essential features of the data), searching for themes, reviewing themes (assessing whether there is cohesiveness between extracted themes and full data set), defining and naming themes and the write up (integration of narratives and themes to produce a coherent story for reader) (Clarke & Braun, 2013). This systematic review scrutinized the methodological rigour of the included journal articles based on the criteria in Appendix F. The final findings and discussions from the extracted data were written using a narrative approach.

Figure 3.1 below is a PRISMA flow diagram that best displays the various steps taken in the systematic review process. The PRISMA flow diagram was used as a guide to identify the processes along with corresponding operational steps taken in the systematic review data collection process. These processes include and are not limited to: “Identification”, “Screening”, “Eligibility” and “Inclusion”. (Moher, Liberati, Tetzlaff, Altman , The PRISMA Group, 2009).

Figure 3.1: Diagram of review process



4. Ethics

Permission and ethical clearance were requested from the University of the Western Cape to conduct the systematic review. Existing research literature was treated accurately and fairly. Results of methodological rigour were addressed objectively and without bias. Literature searches were limited to information that is already in the public domain. The authors of the literature were not contacted for further information. Findings of research studies that have questionable ethical issues were flagged but were not included in the final analysis of the systematic review. Access to the UWC database was obtained as a result of the researcher being a registered student at the University of the Western Cape. The tools (appendix C, D, E, F and G) used in this systematic review were previously used in a master's research thesis by Isaac's (2017). Permission to utilise the critical appraisal tool was sought via email from the developer of the tool (to acknowledge the work of the authors). Once permission was granted, the researcher systematically appraised all literature meeting the inclusion criteria for methodological rigour in an attempt to answer the prescribed review question.

Results Section

5. Data collection

Table 1

List of studies extracted for final analysis

No.	Title of journal	Author(s) / Date of publication	Database found
1	Perceived causes of severe mental disturbance and preferred interventions by the Borana semi-nomadic population in southern Ethiopia: a qualitative study.	Teferra and Shibre (2012)	**Bio-Med Central: Open Access** *BMC Psychiatry* 12*(79) doi:10.1186/1471-244X-12-79*
2	Psychiatric stigma and discrimination in South Africa: perspectives from key stakeholders	O Egbe et al., (2014)	**Bio-Med Central: Open Access** *BMC Psychiatry 14(191) doi:10.1186/1471-244X-14-191*
3	Local suffering and the global discourse of mental health and human rights: An ethnographic study of responses to mental illness in rural Ghana.	Read, Adijbokah and Nyame (2009)	**Bio-Med Central: Open Access** *Globalization and Health 5(13) doi:10.1186/1744-8603-5-13*
4	Madness or sadness? Local concepts of mental illness in four conflict-affected African communities.	Ventevogel, Jordans, Reis and de Jong (2013)	**Bio-Med Central: Open Access** *Conflict and Health 7(3) doi:10.1186/1752-1505-7-3*
5	Stakeholder's perceptions of help-seeking behaviour among people with mental health problems in Uganda.	Nsereko et al., (2011)	**Bio-Med Central: Open Access** *International Journal of Mental Health Systems 5:5.* doi:10.1186/1752-4458-5-5
6	Policy perspectives and attitudes towards mental health treatment in rural Senegal.	Monteiro, Ndiaye, Blanas and Ba, (2014)	**Bio-Med Central: Open Access** *International Journal of Mental Health Systems 8(9).* doi:10.1186/1752-4458-8-9
7	A constant struggle to receive mental health care": health care professionals' acquired experience of barriers to mental health care services in Rwanda.	Rugema, Krantz, Mogren, Ntaganira and Persson (2015)	**Bio-Med Central: Open Access** *BMC Psychiatry 15(314) DOI 10.1186/s12888-015-0699-z*

8	The content of delusions in a sample of South African Xhosa people with Schizophrenia.	Campbel et al., (2017)	**Bio-Med Central: Open Access** *BMC Psychiatry 17(41) DOI 10.1186/s12888-017-1196-3*
9	Exploring mental health practice among Traditional health practitioners: a qualitative study in rural Kenya.	Musyimi, Mutiso, Loeffen, Krumeich and Ndetei, (2018)	**Bio-Med Central: Open Access** *BMC Complementary and Alternative Medicine 18(334) doi:10.1186/s12906-018-2393-4*
10	African traditional healers' perception and diagnosis of mental illness.	Madzhie, Mashamba and Takalani, (2014)	**Sabinet African Journals** *African Journal for Physical, Health Education, Recreation and Dance 1(2), 319-328*
11	Beliefs, stigma and discrimination associated with mental health problems in Uganda: Implications for theory and practice.	Quinn and Knifton, (2014)	**Sage Journal** *International Journal of Social Psychiatry Vol. 60(6) 554–561; DOI: 10.1177/0020764013504559*
12	The role of Ubuntu in families living with mental illness in the community.	Engelbrecht and Kasiram, (2012)	**Taylor & Francis** *South African Family Practice, 54:5, 441-446, DOI:10.1080/20786204.2012.10874268*
13	Child mental illness and the help-seeking process: a qualitative study among parents in a Ugandan community.	Skylstad et al., (2019)	**Bio-Med Central: Open Access** *Child and Adolescent Psychiatry and Mental Health 13(3) /doi.org/10.1186/s13034-019-0262-7*

Note. Data collection was achieved using a title reading and key word extraction tool as well as an abstract reading and extraction tool (see appendix A table 6 and appendix B, table 7 respectively). The table presented above (table 1) is a summary (n=13) of the initial (n=55) studies revised in the data collection process.

6. Data Analysis

Table 2

Data analysis of eligible Journal articles

No.	Title of journal included	Authors(s) / Date	Location stored (database)	Aims/ Objectives	Study design	Population/Sample	Data collection	Data Analysis
1	Perceived causes of severe mental disturbance and preferred interventions by the Borana semi-nomadic population in southern Ethiopia: a qualitative study	Teferra and Shibre (2012)	**Bio-Med Central: Open Access** *BMC Psychiatry* 12*(79)* *doi:10.1186/1471-244X-12-79*	Aims and objectives of the study not clearly stated	A qualitative research study that used purposive sampling.	The study comprised of 56 key informants over the ages of 18 from the Borana, a semi-nomadic population in southern Ethiopia with a system of indigenous healing practices that involve different rituals.	Six audio recorded Focus Group Discussions each comprising of between eight and 10 participants with a duration of between 45 to 80 min. The focus groups consisted of an Ethiopian psychiatrist moderator and note taker who were both fluent in the local Borana dialect.	Audio transcription by translator fluent in the local dialect and transcriptions translated to English. A thematic/content analysis was conducted with the independent coding of the transcripts by each of the researchers using Open Code Software.
2	Psychiatric stigma and discrimination in South Africa: perspectives from key stakeholders	O Egbe et al., (2014)	**Bio-Med Central: Open Access** *BMC Psychiatry 14(191) doi:10.1186/1471-244X-14-191*	i) the experience of psychiatric stigma and discrimination by service users with mental illness, at the primary health care level as well as within their families and communities.	A qualitative research design using convenience sampling, qualitative individual interviews and focus group discussions	The study consisted of 77 participants from the Dr Kenneth Kaunda District (KKD) in the North West province of South Africa. Participants were purposively sampled including 32 health care service providers and 45	Service users (other than those with severe mental illness) were recruited from the waiting rooms of three large primary health care facilities in the study area. Service users with severe mental disorder were recruited in two ways using a	Guided thematic content analysis was used. Two rounds of data analysis aided by the software NVIVO 10.1 after the transcription and translation of the interviews

				ii) the perceived causes of stigma and discrimination. iii) the perceived impact of stigma and discrimination on service users; and iv) the perceptions on appropriate interventions to address this problem.		mental health service users with depression and schizophrenia.	convenience sampling approach: (i) through clinic registers held in two primary care clinics, and (ii) through the North West Mental Health Society. Interviews were conducted by 2 Setswana speaking clinical psychologists.	using both deductive and inductive approaches.
3	Local suffering and the global discourse of mental health and human rights: An ethnographic study of responses to mental illness in rural Ghana	Read, Adijbokah and Nyame (2009)	**Bio-Med Central: Open Access** *Globalization and Health 5(13) doi:10.1186/1744-8603-5-13*	The aim of the study was to discover the particularities of responses to severe mental illness as embedded within the experience of living in a rural West African community	Anthropological methods including file work, participant observation, conversation and semi-structured interviews	67 participants were interviewed including 25 patients, 31 carers, 3 traditional healers, 4 pastors, 1 mall-am and 3 imams.	Purposive sampling was used to recruit participants from various religious establishments, healing centres, family homes and from a database of an earlier epidemiological study of psychosis. Alongside interviews, constant observations of people with mental illnesses and their families where carries. The researcher assistant assisted with translations of verbal accounts by participants.	A Grounded Theory approach was taken. Interviews and focus groups transcribed and translated by trained bilingual assistants. Transcripts and field-notes were read, and recurring themes and differences noted
4	Madness or sadness? Local concepts of mental illness in four	Ventevogel , Jordans, Reis and de Jong (2013)	**Bio-Med Central: Open Access** *Conflict and Health 7(3)*	Not clearly reported	Methods of rapid ethnographic assessment with qualitative	The study was conducted in four African settings (South Sudan, DRC, Congo and Burundi), where HealthNet TPO	For each of the four settings Focus group discussions with a duration of between one and a half to three and a	The discussions and interviews were noted by the research assistant in one of the local

	conflict-affected African communities		*doi:10.1186/1752-1505-7-3*		research techniques	implements programmes to construct or reconstruct health care systems. A total of 251 participants who were purposefully selected on the basis of age and gender took part in the study.	half hours were conducted by researchers and assistants that were fluent in the local dialect. Key informant interview were conducted with people identified as being 'experts in problems of mental health'.	languages and translated into English. A content analysis, with an iterative coding procedure was then conducted.
5	Stakeholder's perceptions of help-seeking behaviour among people with mental health problems in Uganda	Nsereko et al., (2011)	**Bio-Med Central: Open Access** *International Journal of Mental Health Systems 5:5.* doi:10.1186/1752-4458-5-5	The aim of the study is to explore the policy interventions necessary to address the vicious cycle of mental ill-health and poverty	A qualitative research study.	106 participants aged between 19 and 72 (including participants from various stakeholders) were purposefully selected based on two key factors; they represented a range of key mental health organizations in Uganda and they held specialized knowledge on mental health issues	A total of 62 semi-structured interviews and 6 focus group discussions (each consisting of 5-9 participants) were conducted in English over a period of 6 months.	The interviews and focus group discussions were audio-recorded and transcribed verbatim. Thematic analysis of the data was conducted using a framework analysis approach from the transcriptions that were coded and entered into NVivo7 qualitative data analysis software.
6	Policy perspectives and attitudes towards mental health	Monteiro, Ndiaye, Blanas and Ba, (2014)	**Bio-Med Central: Open Access** *International Journal of Mental Health Systems 8(9).*	To explore health care workers' and policy stakeholders' knowledge and attitudes regarding mental illness,	A qualitative research design using purposive sampling	The study sample was comprised of 15 health staff in Saraya, an isolated, resource-poor area in the South-Eastern region of Kedougou,	Semi-structured interviews were conducted with eight key informant medical staff members and community health workers. The	The interview data was interpreted from French to English and using a grounded theory

	treatment in rural Senegal		doi:10.1186/1752-4458-8-9	interactions with patients in the community, To explore the perceived training needs at a health clinic in rural South-Eastern Senegal.		Senegal. They consisted of permanent staff members, including a permanent doctor, midwives, nurses, and part-time community health workers.	interviews were audio recorded lasted between 45 -60min.	approach, a qualitative content analysis was conducted.
7	A constant struggle to receive mental health care": health care professionals' acquired experience of barriers to mental health care services in Rwanda	Rugema, Krantz, Mogren, Ntaganira and Persson (2015)	**Bio-Med Central: Open Access** *BMC Psychiatry 15(314) DOI 10.1186/s12888-015-0699-z*	The study aim was to explore health care professionals' acquired knowledge and experience of barriers and facilitators that people with mental disorder face when they are seeking mental health care services in Rwanda.	A qualitative study design using purposive sampling	Health care professionals providing care to people with mental problems from three district hospitals and one mental hospital situated in the Southern part of Rwanda, one psychosocial centre within the capital city Kigali and one mental hospital located on the outskirts of the capital city Kigali were selected to represent variety of health care facilities providing health care to people with differing severity of mental disorders.	Six focus group discussions averaging 90mins long were conducted with a moderator, a co-moderator, note-taker and observer. FGDs were digitally recorded with participants' permission.	All recordings were transcribed verbatim before translation into English. A qualitative content analysis was used to highlight differences and similarities in the text and these were organised into codes, sub-categories, categories and theme.
8	The content of delusions in a sample of South African Xhosa people with Schizophrenia	Campbel et al., (2017)	**Bio-Med Central: Open Access** *BMC Psychiatry 17(41) DOI 10.1186/s12888-017-1196-3*	The study aims to contribute to understanding about the relationship between culture and the content of delusions.	Study design not reported.	The sample included the first 200 participants who were recruited between January and July 2015 on the SAX study across both the Eastern and Western	A team of five Xhosa psychiatric nurses managed the recruitment process, supervised by a medical doctor working in psychiatry, proficient in Xhosa. Level of	These responses were then extracted from the SCID-I, tabulated and analyzed for recurring themes

						Cape provinces of South Africa.	understanding of elements of the study and capacity to consent to participate were evaluated using the University of California, San Diego Brief Assessment of Capacity to Consent Questionnaire (UBACC). Participants then completed a clinical assess-ment in Xhosa comprising the Structured Clinical Interview for DSM-IV Axis I Disorders (SCID-I), along with a neuro-cognitive battery and other measures such as socio-demographic instruments, the Childhood Trauma Question-naire and the Discrimination and Stigma Experiences Scale. Participants also provided blood samples for DNA and HIV testing.	by the first author.
9	Exploring mental health practice among Traditional health practitioners:	Musyimi, Mutiso, Loeffen, Krumeich and Ndetei, (2018)	**Bio-Med Central: Open Access** *BMC Complementary and Alternative Medicine 18(334)*	This study serves as a baseline-study aiming to qualitatively explore the views of traditional and faith healers in rural Kenya.	Study design not reported	36 participants consisting of traditional healer's faith healers clinicians a group of traditional healers and clinicians and finally a combined group	Focus group discussions where conducted. Only four (strictly for traditional healers and faith healers) of the eight FGD were reviewed for analysis (study aimed to	The English transcripts of the four selected FGDs were analyzed using the grounded theory approach, and

	a qualitative study in rural Kenya		*doi:10.1186/s12906-018-2393-4*			of faith healers and clinicians	explore only the perspectives of THPs). Each FGD consisted of 8–10 participants to ensure variation of opinions and lasted between forty minutes to one hour.	open coding used to identify themes. Thematic content analysis was done with use of QSR NVivo 10.
10	African traditional healers' perception and diagnosis of mental illness	Madzhie, Mashamba and Takalani, (2014)	**Sabinet African Journals** *African Journal for Physical, Health Education, Recreation and Dance 1(2), 319-328*	The aim of the study is to explore and describe traditional healers' perceptions on mental illness.	A qualitative study that utilizes snowball sampling	Six Tshivenda speaking traditional healers aged between 30 to 70 years, three males and three females from the Thulamela municipality were selected to take part in the study.	Recorded face-to-face interviews with open ended questions were used to collect the data from the participants.	A thematic content analysis was used on the collected data which was transcribed and translated into English.
11	Beliefs, stigma and discrimination associated with mental health problems in Uganda: Implications for theory and practice	Quinn and Knifton, (2014)	**Sage Journal** *International Journal of Social Psychiatry Vol. 60(6) 554–561; DOI: 10.1177/0020764013504559*	The research study aimed to understand and conceptualise stigma relating to mental health problems in Uganda.	A qualitative methodological study using purposive sampling with an element of convenience sampling and snowballing	The study participants included a broad range of stakeholders spanning policymakers; human rights organisations; psychiatry, psychology and social work practitioners; mental health activists; NGOs; community workers; journalists and academics from a range of Disciplines	Individual, semi-structured interviews with 16 key informants and two focus group discussions with broad range of stakeholders.	A systematic approach to analysis was used on the transcribed data.
12	The role of Ubuntu in families living with mental	Engelbrecht and Kasiram, (2012)	**Taylor & Francis** *South African Family Practice, 54:5, 441-446,*	The study aimed to understand the caring for families living with severe mental illness,	A qualitative research study that is a specific phase of a broader research study on	The sample consisted of Zulu-speaking communities of Umlazi and KwaDabeka in KwaZulu-Natal	In this reported phase of the study, theoretical sampling was used. Participants took part in individual interviews	Data analysis method not reported.

	illness in the community		*DOI:10.1080/20786204.2012.10874268*	as well as their challenges, coping strategies and desires	understanding mental illness in the community		with one primary question, from which other related questions developed	
13	Child mental illness and the help-seeking process: a qualitative study among parents in a Ugandan community	Skylstad et al., (2019)	**Bio-Med Central: Open Access** *Child and Adolescent Psychiatry and Mental Health 13(3) /doi.org/10.1186/s13034-019-0262-7*	This study explored parents' perspectives of sociocultural barriers and facilitators in the help-seeking process. Secondly the study investigated how parents recognise a mental health problem in their children, what they believe causes it, and where they would turn to for help.	A qualitative research study	The study was conducted in the Mbale district in eastern Uganda.74 participants consisting of parents of children younger than 10 years of age were purposively selected and recruited by mobilisers from the community. .	8 Focus group discussions and two pilot group discussions with 6-8 parents were used to collect data. All group discussions were audio recorded	Videos were transcribed in groups of 2 or 3 by assistant researchers fluent in the 4 local languages. Audio trans-criptions were translated to English and were trans-ferred to the open coding software NVIVO 10 for initial data sorting and analysis.

Table 3

Data analysis and result outcomes of eligible studies

	Authors(s)/ Date	Results	conclusions	Recommendations	Strengths and limitations
1	Teferra and Shibre (2012)	No distinct differences in male and female participants' conceptualization and perception of causes of mental disturbances. Traditional beliefs dominated the expressed conceptualizations of mental illness. However, there were several biological and psychosocial factors mentioned as causing *marata* (Borana word meaning 'mad'). Conceptualizations and perceptions were based on supernatural beliefs about witchcraft, exposure and attacks by evils spirits, 'winds' during childbirth. Other causes of mental disturbances were attributed to exposure to blood, wars and exposure to dirty water from crossing flooded rivers. Biological and psychosocial factors included: loss and worry, substance use and heredity. When intervention was concerned, the Borana mostly preferred the use of wise men and indigenous healers. Other forms of interventions considered were the use of holy water and modern mental health interventions were reported to be the last resort.	It was found that even remote populations such as the Borana has mixed views and perceptions regarding the cause of mental disturbances. Various factors were reported (biological, psychological and social) to play a part in the manifestation of mental disturbances. Given the various causes it makes sense that various intervention strategies be present. The Borana have a varied preference when it comes to intervention, ranging from indigenous to modern methods. Policies on mental health and intervention should be informed by such knowledge. Educating the public and working together with traditional institutions will be essential when planning expansion of mental health service to the community which is likely to be recommended.	Recommendations not reported	The strength of this study is its representation of the important knowledge of the perceptions of the understudied Borana population. Their concept-ualization and perceptions of the causes of mental disturbances and intervention strategies. The qualitative nature and analysis of the study allowed for the detailed account of the lived experiences of the Borana population. This is an important tool in the investigation of mental health phenomena. The limitation of this study is generalizability. The qualitative nature of the study does not allow for generalizations to be made across the entire population because the participants were purposefully selected by the investigator. Second limitation was although the main focus was transcription of the participant accounts, the potential source of bias from the researcher's educational background and being a psychiatrist was considered.
2	O Egbe et al., (2014)	Experiences of externalized stigma was reported in both providers and users of	Traditional explanatory model of mental illness play an important role in	The authors recommend an exploration of the	This study did not seek to explore the differences in attitude and

		mental health services. There was reported general ill-treatment from clinic staff and the avoidance of people with mental illnesses by healthcare service providers (health professionals). The users of mental health services (Patients diagnosed with schizophrenia) experienced externalized stigma which results in them being discriminated against by health professionals and some family members. Ill-treatment ranged from being denial food and being harshly restrained to neglect and public ridicule. The causes of psychiatric stigma were attributed to the misconception about the causes of mental illnesses and misconceptions about people with mental illness (i.e. being aggressive, weak and witchcraft). Psychiatric stigma has an impacts the individuals' ability to lead normal lives and result in worsened state of health. Education has been the biggest factor in bring awareness about mental illnesses to both healthcare users, providers, and community in which they all reside.	perpetuating stigma and discrimination. These held beliefs and models have a negative impact on people with mental illnesses. They greatly perpetuate the stigma and discrimination of people with mental illnesses and It impacts on the likelihood of the individuals seeking help. There is also a need for education and training of both mental health users and providers on the biomedical causes and treatment of severe mental illness in order to curb stigmatizing practices which only worsen the mental health of people with mental illnesses in the society. This can be done while still respecting the traditional and cultural beliefs.	conceptualization of stigma in this setting. Also, the use of quantitative measures to assess the level of stigma will be a useful tool in monitoring interventions and time trends.	conceptualization of mental illness in this context as compared with a westernized definition of mental illness. It also did not explore traditional conceptualization of psychiatric stigma within the cultural context of the study participants. The generalizability of the findings and applicability of the recommendations based on the findings is limited. The use of convenient sampling may also have introduced bias to the findings.
3	Read, Adijbokah and Nyame (2009)	Providing mental healthcare that is in accordance with human rights has been found to be difficult in many African countries. Many inhumane intervention strategies such as use of restraints have been use in many healing centres and homes in Ethiopia. In addition, severe treatments such as beatings, starvations, and the cutting of people with mental	Without state welfare provisions, many families and healing centres struggle to care for people with mental illnesses. They struggle to cope and resort to drastic treatment and intervention strategies that can be labelled as being inhumane and infringing on the human rights of the people with mental disabilities.	Recommendations not study.	The study provides an in-depth study of factors surrounding responses to mental illness within the communities under study. The very small sample size and varying personal, historical, social, and cultural factors make generalizability across other contexts difficult.

		illnesses have been reported. There has been found to be lack of State welfare provisions which put the responsibility of treatment on the family and healing centres resulting in caregiver burden. The scarcity of accessible and high-quality mental health care and strong beliefs in spiritual influences of mental health undoubtedly contributes to the continued popularity of alternative traditional interventions.	Legislation to protect the human rights of people with mental illness is undoubtedly a vital tool to regulate abuses within both government and private treatment facilities. Even when put in place, the implementation of such regulations would prove to be difficult in many distant and rural communities.		The ethnographic nature of the study resulting in the presence of both educated Ghanaian researchers and a white European researcher undoubtedly influenced the responses provided in both positive and negative ways. The use of *Twi* (one of the dialects) as the lingua franca may have disadvantaged those for whom it was not their first language, and the process of translation inevitably leads to some loss or distortion of meaning.
4	Ventevogel, Jordans, Reis and de Jong (2013)	Across all four of the settings the most common description or definition of someone with a mental illness was the presence of aggressive and erratic behaviours. Sadness, a 'disturbed or busy 'mind was also reported by the participants to be indicative of some mental ailment. Supernatural, natural and psychosocial factors were also found to contribute to the causes of mental illness. In all four settings, treatment decisions were strongly dependent on the perceived cause of the condition, these ranged from use of traditional healers, healthcare facilities and family and community interventions.	While cultural categories may be relatively connected to mainstream psychiatric classifications, it is important to realize they are not identical and to resist reifying them into professional psychiatric categories. Individuals in war-thorn countries do not seek mental health mental health treatment within the formal health sector as this option is not readily available, and not because they do not wish to try it. Many symptoms presented are not categories has medical problems and thus do not require intervention from the health sector. It is therefore the responsibility of the family and community to consider viable intervention.	Recommendations not reported.	Data that is gathered through focus groups can be easily biased. It can be influenced by social group dynamics. The data produced by the study are limited and could not shed light on how the illness categories described here actually play out in people's lives. The use of local researcher who were fluent in the language the presence of an expatriate researcher in some of the FGDs could possibly result in interviewer bias. Focus group discussions presented a problem of participants not wanting to be honest with local people in the same room. The limitation with the approach used; through the elicitation of how local syndromes are commonly understood, there is a risk of an 'essentializing' approach.

5	Nsereko et al.,(2011)	Traditional healers were the first option before Western methods of mental health treatments when considering seeking treatment. Factors that influenced help-seeking behaviours included but not limited to; access to services, stigma, the beliefs held about the causes of ailment and shared experienced of others who had sought help.	The results of the study imply that there is a need to improve and to reinforce the Ugandan health care system by providing adequate human and financial resources to conventional mental health services and distributing such services so that they are more accessible to all populations, particularly in rural areas. This includes addressing and providing awareness about the stigmas about mental health. The views and belief systems of the communities should be considered. A close collaboration between healthcare systems and traditional healing should be established.	Further research should consider interviewing family members of people with mental illness as separate stakeholders.	Family members of people affected by mental illness were not interviewed as a separate group of stakeholders, although several of the stakeholders interviewed were also family members of service users.
6	Monteiro, Ndiaye, Blanas and Ba, (2014)	The findings indicate that staff members encounter many patients with emotional/psychological problems or mental illnesses. Accounts from various stakeholders show how many of the mental health service user externalize explanations of symptoms and illness, and attribute their causes to witchcraft and evil spirits". Various strategies have been employed in treating these patients such as Islamic and traditional healing methods. The stigma of mental health illness from healthcare providers and the general community contributed to the widespread problem of poor health-seeking behaviours. Respondents also highlighted the need for more training to address and diagnose	An important finding is that health workers presented a psycho-social-cultural understanding of mental illness in rural Senegal that can be used to further refine efforts to integrate mental illness into primary care settings.	Several possible areas for future research, include but are not limited to: Community definitions of mental illness, including cultural perceptions and conceptualizations Community uses of traditional healers in treatment of mental disorders Prevalence of mental disorders, such as depression, anxiety, psychosis, and trauma Specific gender issues—differences in assessment, treatment, and outcomes for women vs. men	The small sample size suggests that additional studies are needed to examine other important topics and generalize these initial findings.

		mental health problems, especially severe psychiatric illnesses.			
7	Rugema, Krantz, Mogren, Ntaganira and Persson (2015)	The following subcategories were found to mirror the barriers identified: "Poverty and lack of family support", "Fear of stigmatization", "Poor community awareness of mental disorders", "Societal beliefs in traditional healers and prayers", "Scarce resources in mental health care" and "Gender imbalance in care seeking behaviour". The factors facilitating health care seeking were: "Collaboration between authorities and organizations in mental health" and "Family with awareness of mental disorder and health insurance" to receive treatment and follow-up.	This study revealed important findings of the numerous barriers and the few facilitating factors available to people seeking health for mental disorders. Having a supportive family with awareness of mental disorders who also were equipped with a health insurance was perceived as vital for successful treatment. This study highlights the need of improving availability, accessibility, acceptability and quality of mental health care at all levels in order to improve mental health care among Rwandans affected by mental disorders.	Recommendations not reported.	One strength of our study is the purposive selection of participants working at different levels of the health care system and including different medical professions and both sexes as well as rural and urban areas of the country. Limitations of the study not reported.
8	Campbel et al., (2017)	The majority of participants (n = 125 72.5%) believed that others had bewitched them in order to bring about their mental illness, because they were in some way jealous of the participant. This explanation aligns well with the understanding of jealousy-induced witchcraft in Southern African communities and highlights the important role that culture plays in their content of delusions.	Improved knowledge of these explanatory frameworks highlights the potential value of culturally sensitive assessment tools and stigma interventions in patient recovery. Furthermore, such qualitative analyses contribute towards discussion about aspects of delusional thought that may be more universally stable, and those that may be more culturally variable.	Recommendations not reported.	One limitation of this study is that it does not document the verbatim responses of participants. However, findings provide a snapshot of the typical content of delusions. A second limitation is that this sample is not representative of all Xhosa people with schizophrenia but rather provides insight into the content of delusions of a sample of patients, the majority of which were male (84%) and living in the Eastern Cape (71%). This paper did not examine how these belief effects extend to other psychotic symptoms including hallucinations.

9	Musyimi, Mutiso, Loeffen, Krumeich and Ndetei, (2018)	The four themes that reflect THPs' mental health practice perspectives emerged as follows: 1) Categorization of mental illness; 2) Diagnostics in traditional mental health practice; 3) Treatments and challenges in current traditional mental health practice; and 4) Solutions to improve traditional mental health practice	These themes provide insight into the perspectives of Kenyan traditional and faith healers on their mental health practice, in an attempt to offer a meaningful contribution to the debate on collaboration between informal and formal health care providers in improving mental health services in Kenya. Furthermore, the presented challenges and solutions can inform policy makers in their task to improve and scale up mental health services in resource-poor areas in Kenya. Addressing these issues would be a first step towards understanding the solid foundation of traditional medicine that is necessary before collaboration can be successfully attempted. Further research is also recommended to assess patients' needs and explore potential forms of collaboration, in order to achieve sustainable improvement in the mental health care pathways for patients.	Future studies should incorporate other methods of data collection such as key informant interviews to reveal any confidential information that may not be discussed within FGDs.	The use of FGDs to explore the perspectives of THPs potentially elicits socially desirable statements of the participants.
10	Madzhie, Mashamba and Takalani, (2014)	The study found that traditional healers perceived mental illness to be in the form of madness and disturbance in the person's brain, memory, and personality. The mental illness resulted in the disturbance in the mental functioning of the individual and also resulted in behaviours believed to be culturally unacceptable. Conflict and disturbed social relationship and witches/ sorcerers were found to be the most perceived causes of mental illnesses. Traditional herbal remedies were the treatment	The study concluded that although there are various perceived causes of mental illnesses, they can be treated by use of traditional medicine interventions and they can be prevented. Prevention is possible through establishing strong positive relationships with the people in the community. Maintaining a good relationship with family is important to one's mental wellbeing.	Similar studies to be conducted across various ethnic groups. Support and mental illness awareness campaign programmes and research on treatment of mental illness should be available from the Department of Health and Social Development.	Not reported.

		optioned mostly used for mental illnesses.			
11	Quinn and Knifton, (2014)	Mental illness stigmas were found to be reported by family members, communities as well as mental health service providers. Stigmatizing beliefs were linked to traditional, religious, and medical explanatory frameworks, high levels of 'associated stigma' common mental health problems rarely medicalised and discrimination linked to poverty, gender and conflict.	The study findings recommend the need to address stigma in their cultural and social context, alongside other human rights initiatives.	The diversity within and between communities in Ugandan society, including urban/rural, ethnic, and tribal differences, requires more extensive study.	A qualitative approach has allowed for the acknowledgement of different constructs of mental health and the consideration of the inequalities and structural discrimination within Ugandan society. It also allowed for a gather rich data associated from different perspective. A lack of cross-analysis indicating whether there were different views among the stakeholders, although with the exception of the role of psychiatric services in perpetuating stigma, common themes did emerge from the different stakeholders.
12	Engelbrecht and Kasiram, (2012)	It was found that there was little support from the community in assisting families to carry their burden of care for their mentally ill. There is a reflection on the possibility that the spirit of *Ubuntu* may well help families living with mental illness, regardless of the burden that communities have to take on when fulfilling their own family obligations.	In a community that has Ubuntu as the fundamental guide, a way of life and life philosophy, these values could be restored and revitalized to promote the survival and recovery of families living with mental illness in the community, and to reintroduce humanness in the community	This study did not specifically focus on Ubuntu, but its importance was strongly expressed. Future research could be dedicated to understanding how families perceive and practise Ubuntu principles.	Strengths and limitations not reported.
13	Skylstad et al., (2019)	Descriptions of severe symptoms and epileptic seizures were highlighted in the recognition of problematic behaviours as being indicative of mental illness as opposed to mere 'stubbornness' or challenging behaviour. A combination of supernatural, biomedical, and environmental understandings as	An awareness of symptoms closer to normal behaviour must be increased in order to improve the recognition of common mental illnesses in children. It is important for all relevant stakeholders should capitalise on the common recognition of the importance of the schooling structures during the planning,	In order to improve the outcomes of children and young people suffering from mental ill health in Ugandan communities there needs to be a continued focus on the misconceptions about	The large variation in age might have contributed to socially desirable answers across generations. The use of translated transcripts could have resulted in possibly losing some of the original expression of concepts. However, the study made use of bilingual research assistants and used

	underlying causes was echoed in the help-seeking process, and different treatment providers and relevant institutions, such as schools, were contacted simultaneously. A weakened community social support was an ideal that was seen to hinder access to care.	upscaling, and implementation of and improved access to services. Multifactorial beliefs within the spiritual and biomedical realms about the causes of mental illness led to multi-sectoral help-seeking, albeit without collaboration between the various disciplines	mental illnesses causes. These need to be addressed to reduce stigma and promote help-seeking. Increased awareness about the symptoms closer to normal behaviour must be prioritised to improve recognition of common mental illness in children.	group consensus on the translations to minimise the impact.

7. Summary of Results

According the Teferra and Shibre (2012) study, there were no clearly observable differences between males and females when it came to the conceptualization of mental health disorders. Conceptualizations about mental disorders were largely determined by traditional beliefs held about mental illness. These traditional beliefs were intertwined with spiritual or supernatural beliefs such as witchcraft and other malicious spirits (Ventevogel et al., 2013). There were however other factors that were found to also contribute to mental disturbances which were biological and psychosocial in nature (Skylstad et al., 2019). This was evident in many of the descriptions given by some study participants about what they thought mental illness was and how it presented physically. These included the presence of violent and unpredictable behaviours, sadness as well as a distraught or preoccupied mind (Ventevogel et al., 2013)

The presence of externalized stigma and discrimination was found to be prevalent throughout many of the communities interviewed for all the respective studies. The stigma and discrimination of people or families with individuals with mental health illness was found in both the users and providers of mental health services. Mental health patients were discriminated against by healthcare providers who, along with many of the members of that particular community subscribed to the notion that mental health illness was caused by supernatural and/or evil entities (O Egbe et al., 2014). In addition, the stigma and discrimination were encouraged by the misconceptions about people with mental illness such them being weak, aggressive, and volatile (Quinn & Knifton, 2014)

The externalized stigma and discrimination against people with mental health illness was found to have a grave impact on health seeking behaviours and adherence to treatment especially of those already diagnosed with psychiatric disorders (Monteiro et al., 2014; O Egbe et al., 2014). This further influenced how these individuals lead their lives. A lack of proper treatment which resulted in the worsening of their mental health conditions contributed to them being ostracized and/or hidden away from the rest of society. They are denied basic human rights such has education, employment and many deprived of being parents.

Many individuals and families of individuals with mental illnesses refused treatment or any other forms of interventions not only because of the stigma and discrimination of suffering from mental illnesses. They refused treatment because of the inhumane way in which mental health patients are treated in treatment facilities or what many referred to as 'healing centres' (Read, Adijbokah & Nyame, 2009). Other than the lack of State welfare provisions, many patients were subjected to harsh treatment such as cuttings, beatings, starvation and shackling of patients to prevent escape. In addition to stigma, a lack of family and community support and low socioeconomic status was also identified to contribute to poor help seeking and treatment adherence behaviours for many mental health patients (Engelbrecht & Kasiram, 2012; Rugema et al., 2015)

When it came to the treatment of mental health illnesses, many of the participants preferred the use of traditional or indigenous healers or healing procedures [rituals] (Nsereko et al.,2011). The use of religious and modern intervention methods was used as a last resort (Teferra & Shibre, 2012). This was attributed to the easy accessibility of traditional or spiritual healers. They were usually found within the same village as the patient and were considered to be cheaper than using modern medicine. Traditional healers were also found to share the same beliefs and perceptions about mental health as the people they treated. The shared beliefs made their treatment methods more appealing and trustworthy (Madzhie, Mashamba & Takalani, 2014). In addition, the use of traditional methods was inversely due to the scarcity of accessible mental health care facilities that provided high quality mental health services (Read et al., 2009; Rugema et al., 2015).

8. Methodological Appraisal

Table 4
Ranking of methodological quality and rigour

Author	Rank	Quality	Subsections								
			Purpose (5)	Study design (7)	Ethics (6)	Data Collection (7)	Data Analysis (5)	Sample (8)	Results (3)	Conclusion (4)	Total (45)
Skylstad et al., (2019)	1	Excellent	4	5	4	5	5	7	3	4	37= 82%
Rugema, Krantz, Mogren, Ntaganira and Persson (2015)	2	Strong	4	4	6	5	4	6	3	2	34= 75.5%
Monteiro, Ndiaye, Blanas and Ba, (2014)	3	Strong	5	3	3	4	4	6	3	4	32= 71.1%
O Egbe et al., (2014)	4	Strong	4	5	4	3	5	5	2	4	30 =66.7%
Read, Adiibokah and Nyame (2009)	5	Strong	4	5	4	4	5	4	1	3	30 = 66.7%

Musyimi, Mutiso, Loeffen, Krumeich and Ndetei, (2018)	6	Strong	4	3	4	2	4	5	3	4	29= 64%
Campbel et al., (2017)	7	Moderate	3	4	3	3	4	5	2	3	27= 60%
Teferra and Shibre (2012)	8	Moderate	2	4	3	3	4	5	2	3	26 = 57.8 %
Nsereko et al., (2011)	9	Moderate	3	3	3	3	4	4	2	4	26=57.8%
Quinn and Knifton, (2014)	10	Moderate	3	5	0	2	4	6	2	4	26= 57.8 %
Ventevogel, Jordans, Reis and de Jong (2013)	11	Moderate	2	4	3	2	4	4	3	3	25= 55.5%
Engelbrecht and Kasiram, (2012)	12	Moderate	3	7	1	5	2	2	2	3	25= 55%
Madzhie, Mashamba and Takalani, (2014)	13	Moderate	3	4	5	3	4	3	1	1	24= 53%

Ranking: **Weak: (<40 %)** **Moderate: (41-60%)** **Strong: (61-80%)** **Excellent: (>80%)**

Note. Table 5 demonstrates a ranking from highest to lowest quality of the methodological rigour of the journals selected. The total score was generated using the critical appraisal checklist for a systematic review (Appendix G).

Methodological appraisal summary

After vigorous research and analysis of an initial 42 articles, the study focused on a total of 13 articles to critique or assess the categories. Each of the research studies into mental health in the African context had decided to emphasize and prioritise different areas depending on the research question posed. This meant that many of them omitted important information that is crucial for the reader or reviewer to know. Issues to be discussed include theoretical framework, study design including study population, data collection and data analysis methods used in the respective research studies. Ethical considerations, study results, conclusions, strengths, and weaknesses as well as any recommendations posed by the studies. Each of these will be briefly discussed with respect to the overall methodological rigour score provided in the above table.

A total of 7 of the research studies were identified to be of moderate quality in comparison to 5 being of strong quality and only 1 research study being of excellent quality. The biggest trend identified was their lack of the inclusion of any theoretical framework for any of the studies. Only one research article included a theoretical framework in support of the research literature and purpose. Very little information was provided in support of the data analysis method used in the respective studies. However, many of the research studies provided very detailed information regarding the population being studied and how data collection was carried out. Although not clearly identified by many authors the research study aims and rationales were appropriately linked with the study's data collection, analysis methods and result outcomes. The coherency allowed for sound discussions and conclusions to be made.

Except for only one research study, all report on the ethical considerations of the respective studies. Proper ethical protocols were followed and permission to conduct the studies were approved by the relevant ethical committees. However, outside of the ethical committees that granted the permission very little details are given regarding other ethical expects such as informed consent, anonymity, confidentiality, and the right to withdraw from the study. The research articles were selected as source material despite the previously mentioned and none of the studies was identified to have violated any ethical guidelines.

9. Discussion

Traditional African beliefs and perspectives play a crucial role in understanding how mental health is understood and dealt with in the African context. The African models of understanding the causes of mental health have long been ignored and replaced by more Westernised models. The purpose of this systematic review was to explore how traditional African beliefs and perspectives with regards to mental health impact on health seeking behaviours and adherence to treatment for individuals diagnosed with mental health conditions.

The studies reviewed for this analysis have shown a common thread throughout. All the studies (n=13) selected for the final analysis have reported on the common factors that had been found to be the cause of mental illnesses. Exploring the perceived causes of mental illnesses helps to map out the various treatment interventions and challenges associated with treating mental health illnesses in the African context. These studies were purposefully selected as they were conducted by researchers among African communities. Many of the communities where the studies took place are rural and impoverished and still in the process of recovering from war inflictions. These communities were selected because many had little to no mental health services put in place by the government. In many of these countries there are no mental health policies put in place to combat the problem of increased mental health issues.

Beliefs and perceptions about mental illness

In many of the studies it was found that many study participants had various conceptualizations and perceptions as well as factors that were the cause mental illnesses. Some of the factors that were believed to result in mental illnesses were said to be biological, psychological, and social. The biological conceptualization of mental illness was attributed to internal factors like stress, constant worry and some even appreciated the influence of heredity as a potential contributor. Some of the psychological perceptions included feelings of sadness and a 'disturbed or busy 'mind.

The most prominent conceptualizations and perceptions about mental illnesses were found to be associated with spiritual phenomena, supernatural spirits, witchcraft, or sorcery. In many of the communities studied it had been found that mental illness was

caused by evil spiritual possession, witchcraft, or sorcery. It was understood by many to be a form of punishment from god or from the ancestors for wrongdoing or disobedience.

Other causes of mental disturbances were attributed to exposure to 'unclean' blood, exposure to dirty water from crossing flooded rivers and wars. It is unclear whether the perception of war being a cause of mental illness was as a response to the trauma from the violence and loss associated with war. This factor was found to be constant in many of the communities from countries that had been recovering from years of wars and civil unrest.

Perceptions of health seeking behaviour; perceptions of treatment adherence

As previously stated, the causes of mental illnesses were attributed to several factors, although a vast majority attributed mental illness to be caused by supernatural and spiritual entities. The different perceived causes of mental health were found to play a crucial role in the treatment or intervention strategy that was used.

In many of the studied communities, the use of traditional and spiritual interventions was very prominent. This is also because traditional and spiritual healers are readily available and more cost effective. As previously mentioned, many of these communities do not have mental health services easily available to them, for many they must travel to the city which can be hundreds of kilometres away for treatment. However, in many communities the use of medical and traditional treatment methods has been used, the former used in extreme cases when the individual needs inpatient treatment and hospitalization.

In many cases the choice of treatment is decided upon by the family. The decision is influenced by perceived cause of the illness. The individual affected by the illness has very little say on the treatment used. If the family believes in traditional forms of healing and interventions, then that is the method that will be used regardless of how the individual feels. This resulted in many patients being forcefully admitted to spiritual and treatment centres against their will. In the most severe of cases many were chained and shackled to prevent escape. Another reason that contributed to the inhumane treatment was the misconceptions that healthcare workers and communities had about people with mental

illnesses. They were believed to be very violent and unpredictable and needing extreme restraint methods. These misconceptions were fuelled by stigmas around mental health in many communities.

Impact of stigma and discrimination

Social stigma and discrimination of people with mental illnesses had been found to be prevalent throughout the communities. The stigma was most evident in communities that associate the causes of the mental as being as a result of witchcraft and sorcery as it was believed that the mental illnesses was punishment for wrongdoing. As a result, the rest of society did not want to associate with the individual and their family. This meant that many families hide their loved ones with mental illness. They keep them ostracized from the rest of society. Individuals afflicted by mental health illnesses were further discriminated against and treated inhumanely at treatment centres. The mistreatment was from health care service providers who had subscribed to the more traditional conceptualizations of mental health. Many of the centres did not have experienced and knowledgeable mental health providers. Many had no psychological or psychiatric educational background or training.

The stigma and discrimination that is faced by many individuals and families with people with mental health illness impacts on the help-seeking and treatment adherence behaviours. The shame of having a mental disorder meant that many do not seek help and many families opt for self-treatment. Many people with mental illnesses decide to not seek treatment for fear of being shamed and alienated by society and the fear of being ill-treated once admitted to the treatment facilities. Individuals with mental illnesses are discriminated against and denied many opportunities because they are regarded as being unstable and therefore not able to handle any responsibilities. They are denied work opportunities, the right to have families and to participant in everyday life. They are labelled as unfit and weak and it is this fear and discrimination that results in many hiding their mental health issues.

10. Conclusion

Traditional African beliefs and perspectives play a crucial role in understanding the conceptualization of mental health in the African context. These perceptions and belief systems influence how mental health issues are dealt with both from and individual and societal level to health care policies that frame mental health treatment interventions and strategies.

The perceived causes of mental health disorders affect the treatment and intervention strategies implemented. Access to mental health care services also has an influence on the type of treatment or interventions used. The study found that for many rural communities, that have underfunded healthcare facilities, traditional treatment optioned were most likely to be used because of their availability and cost effectiveness. However, most importantly, the use of traditional methods of treatment was due to the belief that the illness was as a result of supernatural or spiritual causes.

Families of individuals afflicted by metal health illness were more likely to seek tradition help as a form of treatment, many do so exclusively while others used traditional treatment in conjunction with medical interventions, in extreme cases where inpatient care was needed.

Help-seeking and treatment adherence behaviours were associated with the stigma and misinformation regarding mental health. The stigma surrounding mental illnesses resulted in many families and communities hiding and ostracizing those with mental health disorders. The fear of discrimination from their communities and heath care providers prevented any from seeking and adhering to the treatment.

The findings of this study are important as they provide insight on the impact of traditional belief systems on health-seeking and treatment adherence behaviours. They emphasize the importance of considering the traditional beliefs and cultural frameworks that are the foundation of many societies. These impact how any phenomena is conceptualized by the inhabitants of that community, and mental health is no exception. In addition, the findings aim to inform future mental health interventions and awareness policies. It gives valuable

insight on how African and Westernised models of health care can collaborate in producing and maintaining effective intervention strategies

11. Strengths and Limitations

The strength of this research study lies in the use of the systematic review process. The systematic review attempted to make rigorous examinations and interpretations of the findings about traditional African beliefs and perceptions of mental health from the pre-existing research studies which met the criteria for inclusion. The review stayed true to the investigation of traditional African perceptions and beliefs regarding mental health by selecting and drawing on source material that was relevant to the topic at hand. The review process scrutinized the methodological rigour of the included journal articles based on established and strict criteria.

The use of a systematic review allowed for a more in-depth qualitative, thematic, and narrative approach to the analysis of the data (research studies). The qualitative approach provided an in-depth understandings of traditional African beliefs with regard to mental health, health-seeking behaviour, and treatment adherence. A thematic (narrative) approach allowed for the identification and analysis of patterns in qualitative data.

The current research study used research studies that addressed issues regarding perception and beliefs about mental health in the African context. All the sources that were used in the research were studies conducted on African participants living in African communities. Although the study did source research studies covering the same topic conducted on Africans living outside of Africa, none of them were used in the final analysis process. It would have made for an interesting discussion to compare any differences if any between these two context. The beforementioned could therefore be regarded as a limitation of this study.

12. Recommendations and Final remarks

Recommendations

The primary recommendation for future research is to increase or expand the scope of research contexts. This study focuses mainly on the African continent and any overarching perceptions and beliefs found throughout the countries mentioned. Although few countries were highlighted in the literature review and subsequent analysis, these were intended to be representative of the overall African context. Expanding the scope to other contexts [Western/Developed] and employing a comparative approach could be very beneficial. This would potentially help to inspire mental health policies and/or revisions of the current policies that exist in many African countries to better understand and combat mental health illnesses.

Final remarks

The current study utilized a systematic review study design. The study provides information on the quality appraisal tool, which is a critical part of the systematic review methodology. However, the appraisal tool used has not been published in any scientific literature. As a result, the appraisal tool does not indicate any appropriate level of scientific validity, and that can potentially have implications on the scientific validity of the study.

The methodological quality appraisal tool used in the study was developed by Smith, Franciscus and Swartbooi (n.d as cited in Monei, 2015). Although the appraisal tool has not been published in scientific literature it has been previously used in other systematic review studies. These research studies (Monei, 2015; Issacs, 2018; Robertson, 2018) were in addition also submitted in fulfilment of the requirements for the M.A. Psychology (Thesis) Degree at the Department of Psychology, University of the Western Cape.

Given the above, I motivate for the use of the appraisal tool in the current study. Although the appraisal tool is yet to be published in scientific literature, it is appropriate for this design study and has yielded a reasonable synthesis of the results, and a study that is overall well-conceptualised.

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14. Appendices

Appendix A: Methodology (Data Collection)

Table 5

General description of eligible studies using title reading and keyword extraction tool

No.	Author(s)/Date of publication	Title of Article	Article Keywords	Online Databases and Journal Source	Outcome: Excluded/ Included
1	Teferra and Shibre (2012)	Perceived causes of severe mental disturbance and preferred interventions by the Borana semi-nomadic population in southern Ethiopia: a qualitative study		**Bio-Med Central: Open Access** *BMC Psychiatry* 12*(79)* *doi:10.1186/1471-244X-12-79*	Included
2	O Egbe et al., (2014)	Psychiatric stigma and discrimination in South Africa: perspectives from key stakeholders	Psychiatric stigma and discrimination, Mental health, Service users, Health care service providers	**Bio-Med Central: Open Access** *BMC Psychiatry 14(191)* *doi:10.1186/1471-244X-14-191*	Included
3	Kleintjes, Lund and Swartz (2013)	Barriers to the participation of people with psychosocial disability in mental health policy development in South Africa: a qualitative study of perspectives of policy makers, professionals, religious leaders, and academics.	Psychosocial disability, Rights, Participation barriers, Policy development, South Africa	**Bio-Med Central: Open Access** *International Health and Human Rights 13(17)* *doi:10.1186/1472-698X-13-17*	Excluded
4	Read, Adiibokah and Nyame (2009)	Local suffering and the global discourse of mental health and human rights: An ethnographic study of responses to mental illness in rural Ghana		**Bio-Med Central: Open Access** *Globalization and Health 5(13)* *doi:10.1186/1744-8603-5-13*	Included
5	Ventevogel, Jordans, Reis and de Jong (2013)	Madness or sadness? Local concepts of mental illness in four conflict-affected African	Keywords: Burundi, Democratic Republic of Congo, South Sudan,	**Bio-Med Central: Open Access** *Conflict and Health 7(3)* *doi:10.1186/1752-1505-7-3*	Included

		communities	Rapid assessment, Local concepts, Mental disorder, Idioms of distress		
6	Nsereko et al., (2011)	Stakeholder's perceptions of help-seeking behaviour among people with mental health problems in Uganda		**Bio-Med Central: Open Access** *International Journal of Mental Health Systems 5:5.* doi:10.1186/1752-4458-5-5	Included
7	Monteiro, Ndiaye, Blanas and Ba, (2014)	Policy perspectives and attitudes towards mental health treatment in rural Senegal	Sub-Saharan Africa, Senegal, Mental health, Primary care system, Traditional healing	**Bio-Med Central: Open Access** *International Journal of Mental Health Systems 8(9).* doi:10.1186/1752-4458-8-9	Included
8	Burns (2012)	The Social Determinants of Schizophrenia: An African Journey in Social Epidemiology	Psychosis, schizophrenia, Africa, epidemiology, urbanization, migration	**Bio-Med Central: Open Access** *Public Heath Reviews* 34*(2)*	Included
9	Rugema, Krantz, Mogren, Ntaganira and Persson (2015)	"A constant struggle to receive mental health care": health care professionals' acquired experience of barriers to mental health care services in Rwanda	Health seeking behavior, Mental disorders, barriers, and facilitators to care, Qualitative research, Content analysis, Rwanda	**Bio-Med Central: Open Access** *BMC Psychiatry 15(314) DOI 10.1186/s12888-015-0699-z*	Included
10	McCann1, Mugavin, Renzaho and Lubman (2016)	Sub-Saharan African migrant youths' help seeking barriers and facilitators for mental health and substance use problems: a qualitative study	Sub-Saharan African migrants, Barriers, Facilitators, Focus groups, Help-seeking, Individual interviews, Mental health problems, Qualitative research, Refugees, Substance use problems	**Bio-Med Central: Open Access** *BMC Psychiatry 16(275) DOI 10.1186/s12888-016-0984-5*	Included
11	Campbel et al., (2017)	The content of delusions in a sample of South African Xhosa people with schizophrenia	Schizophrenia, Delusions, Illness explanations, South Africa, Xhosa people	**Bio-Med Central: Open Access** *BMC Psychiatry 17(41) DOI 10.1186/s12888-017-1196-3*	Included

12	Kathree, Selohilwe, Bhana and Petersen, (2014)	Perceptions of postnatal depression and healthcare needs in a South African sample: the "mental" in maternal health care	Maternal, Postnatal, Mental health, South Africa, Task-sharing, Low income	**Bio-Med Central: Open Access** *BMC Women's Health 14(140)* doi:10.1186/s12905-014-0140-7	Included
13	Musyimi, Mutiso, Loeffen, Krumeich and Ndetei, (2018)	Exploring mental health practice among Traditional health practitioners: a qualitative study in rural Kenya	Keywords: Traditional health practitioners, Traditional medicine, Mental health, Rural, Kenya	**Bio-Med Central: Open Access** *BMC Complementary and Alternative Medicine 18(334)* *doi:10.1186/s12906-018-2393-4*	Included
14	Nakku et al., (2016)	Perinatal mental health care in a rural African district, Uganda: a qualitative study of barriers, facilitators and needs	Maternal mental health, Community mental health, Primary health care, Mental health services, Postnatal depression, Perinatal mental health	**Bio-Med Central: Open Access** *BMC Health Services Research 16(295)* *DOI 10.1186/s12913-016-1547-7*	Excluded
15	Hailemariam, Fekadu, Prince and Hanlon, (2017)	Engaging and staying engaged: a phenomenological study of barriers to equitable access to mental healthcare for people with severe mental disorders in a rural African setting	Poverty, Caregivers, Access, Task-sharing, Primary care, Sub-Saharan Africa, Ethiopia, Community mental health services, Mental health	**Bio-Med Central: Open Access** *International Journal for Equity in Health 16(156)* *DOI 10.1186/s12939-017-0657-0*	Excluded
16	Mugisha, Ssebunnya and Kigozi, (2016)	Towards understanding governance issues in integration of mental health into primary health care in Uganda	Governance, Integration, Mental health, PHC, Uganda	**Bio-Med Central: Open Access** *International Journal of Mental Health Systems 10(25)* *DOI 10.1186/s13033-016-0057-7*	Excluded
17	Musyimi et al., (2017)	Mental health treatment in Kenya: task-sharing challenges and opportunities among informal health providers	Informal health providers, Task sharing, Mental health, Challenges, Kenya	**Bio-Med Central: Open Access** *International Journal of Mental Health Systems 11(45)* *DOI 10.1186/s13033-017-0152-4*	Included
18	Skylstad et al., (2019)	Child mental illness and the help-seeking process: a qualitative study among parents in a Ugandan community		**Bio-Med Central: Open Access** *Child and Adolescent Psychiatry and Mental Health 13(3)*	Included

				/doi.org/10.1186/s13034-019-0262-7	
19	Hadnes and Schumacher, (2012)	The Gods Are Watching: An Experimental Study of Religion and Traditional Belief in Burkina Faso	Field experiment, Sub-Saharan Africa, traditional beliefs, supernatural	**J-Store** *Journal for the Scientific Study of Religion 51(4)*	Included
20	Morris, Short, Robson and Soafaly, (2014)	Maternal Health Practices, Beliefs and Traditions in Southeast Madagascar	Maternal health, pregnancy, birth, postpartum, Madagascar, socio-	**J-Store** *African Journal of Reproductive Health 18(3), 101-117*	Excluded
21	Schierenbeck, Johansson, Andersson, van Rooyen, (2013)	Barriers to accessing and receiving mental health care in Eastern Cape, South Africa		**J-Store** *Health and Human Rights 15(2), 110-123*	Included
22	Idemudia, (2017)	Trauma and PTSS of Zimbabwean Refugees in South Africa: A Summary of Published Studies	trauma, PTSD or PTSS, homeless Zimbabwean refugees, pre-post migration stress or difficulties	**Psych-Articles** *Psychological Trauma: Theory, Research, Practice, and Policy9(3), 252–257 doi.10.1037/tra0000214*	Excluded
23	Wyatt et al., (2017)	Trauma and Mental Health in South Africa: Overview		**Psych-Articles** *Psychological Trauma: Theory, Research, Practice, and Policy 9(3), 249–251* doi.10.1037/tra0000144	Included
24	Madzhie, Mashamba and Takalani, (2014)	African traditional healers' perception and diagnosis of mental illness	Mental illness, tradition healers, healing, ancestors, witchcraft	**Sabinet African Journals** *African Journal for Physical, Health Education, Recreation and Dance 1(2), 319-328*	Included
25	Phiri, Mulaudzi and Heyns, (2015)	The impact of an indigenous proverb on women's mental health: A phenomenological approach		**Sabinet African Journals** *Curationis 38(2) doi.org/10.4102/curationis.v38i2.1539*	Included
26	Sehoana and Laher, (2015)	Pedi psychologists' perceptions of working with mental illness in the Pedi community in Limpopo, South Africa: The need to incorporate	Indigenous healing, indigenous knowledge, mental illness, Pedi culture, stigma, witchcraft.	**Sabinet African Journals** *Indilinga – African Journal of Indigenous Knowledge Systems 14(2),233-247*	Included

		indigenous knowledge in diagnosis and treatment			
27	Nonye, and Oseloka,(2009)	Health-seeking behaviour of mentally ill patients in Enugu, Nigeria		**Sabinet African Journals** *South African Journal of Psychiatry 15(1),19-22*	Included
28	Seedat et al., (2009)	Mental health service use among South Africans for mood, anxiety, and substance use disorders		**Sabinet African Journals** *South African Medical Journal 99(5),346-352*	Included
29	Petersen, Bhana and Swartz, (2012)	Mental Health Promotion and the Prevention of Mental Disorders in South Africa	Mental health; Promotion; Prevention; South Africa	**Sabinet African Journals** *African Journal of Psychiatry 15, 411-416*	Included
30	Matloga, (2017)	Living with stigma around mental illness		**Sabinet African Journals** *Mental Health Matters, 51-52*	Included
31	Chukwu and Onyeneho, (2015)	Sociocultural Factors Associated with Abuse of Mentally Impaired Persons in Imo State, Nigeria	Abuse, mental impairment, sociocultural factors	**Sage Journal** *International Quarterly of Community Health Education Vol. 35(4) 349–370 DOI: 10.1177/0272684X15596094*	Included
32	Sorketti, Zainal and Habil, (2011)	The characteristics of people with mental illness who are under treatment in traditional healer centres in Sudan	traditional healers, mental disorders, psychiatric service, Sudan	**Sage Journal** *International Journal of Social Psychiatry Vol. 58(2) 204–216 DOI: 10.1177/0020764010390439*	Included
33	Ikwuka, Galbraith and Nyatanga, (2014)	Causal attribution of mental illness in south-eastern Nigeria	Attribution, psychosocial, biological, supernatural, biopsychosocial	**Sage Journal** *International Journal of Social Psychiatry Vol. 60(3) 274–279; DOI: 10.1177/0020764013485331*	Included

34	Quinn and Knifton, (2014)	Beliefs, stigma and discrimination associated with mental health problems in Uganda: Implications for theory and practice	Uganda, mental health, stigma, beliefs	**Sage Journal** *International Journal of Social Psychiatry Vol. 60(6) 554–561; DOI: 10.1177/0020764013504559*	Included
35	Williams, (2018)	Stress and the mental health of populations of color: advancing our understanding of race-related stressors	Mental disorders, mental health, race, racial discrimination, racism, stress	**Sage Journal** *Journal of Health and Social Behavior 2018, Vol. 59(4) 466–485 doi.10.1177/0022146518814*	Included
36	Jithoo, (2017)	Contested meanings of mental health and well-being among university students	Emerging adults, emotional well-being, help-seeking, mental health, stigma.	**Sage Journal** *South African Journal of Psychology 1–12 DOI: 10.1177/0081246317731958*	Included
37	Bartholomew, (2016)	Mental health in Namibia: connecting discourses on psychological distress, western treatments, and traditional healing	Mental health, traditional healing, Namibia, integration of traditional healing and therapy	**Sage Journal** *Psychology and Developing Societies 28(1) 101–125 DOI: 10.1177/0971333615622909*	Included
38	Wolf et al., (2016)	Somali immigrant perceptions of mental health and illness: an ethnonursing study	cultural groups, Somali, Somalian, African, psychiatric/mental health, clinical areas, Somali mental health, African mental health, ethnonursing, research methods, immigrant	**Sage Journal** *Journal of Transcultural Nursing 2016, Vol. 27(4) 349–358 DOI: 10.1177/1043659614550487*	Included
39	Lê Cook et al., (2018)	A review of mental health and mental health care disparities research: 2011-2014	Mental health, disparities, mental health treatment	**Sage Journal** *Medical Care Research and Review 1–28 doi.10.1177/1077558718780592*	Included

40	Dow, (2011)	Migrants' mental health perceptions and barriers to receiving mental health services	Immigrants, barriers, mental health perceptions, symptoms, mental health, mental illness, coping mechanisms, culturally. appropriate interventions	**Sage Journal** *Home Health Care Management & Practice 23(3) 176–185* *DOI: 10.1177/1084822310390876*	Included
41	Yen and Wilbraham, (2003)	Discourses of Culture and Illness in South African Mental Health Care and Indigenous Healing, Part I: Western Psychiatric Power	Culture, discourse, indigenous healing, mental health care, South Africa	**Sage Journal** *Transcultural Psychiatry Vol 40(4): 542–561*	Included
42	Yen and Wilbraham, (2003)	Discourses of Culture and Illness in South African Mental Health Care and Indigenous Healing, Part II: African Mentality	Culture, discourse, indigenous healing, mental health care, South Africa	**Sage Journal** *Transcultural Psychiatry Vol 40(4): 562–584*	Included
43	Tempany, (2009)	What research tells us about the mental health and psychosocial wellbeing of Sudanese refugees: A literature review	Coping, mental disorder, mental health, refugees, Sudan, Wellbeing	**Sage Journal** *Transcultural Psychiatry Vol 46(2): 300–315* *DOI: 10.1177/1363461509105820*	Included
44	Petersen et al., (2010)	Collaboration Between Traditional Practitioners and Primary Health Care Staff in South Africa: Developing a Workable Partnership for Community Mental Health Services	collaboration, mental health, traditional practitioners, South Africa	**Sage Journal** *Transcultural Psychiatry Vol 47(4): 610–628* *DOI: 10.1177/1363461510383459*	Included
45	Cooper, (2016)	Research on help-seeking for mental illness in Africa: Dominant approaches and possible alternatives	Africa, epistemological assumptions, help-seeking, mental health research	**Sage Journal** *Transcultural Psychiatry, Vol. 53(6) 696–718* *DOI: 10.1177/1363461515622762*	Included
46	Irankunda and Heatherington, (2017)	Mental health treatment outcome expectancies in Burundi	Burundi, mental health, spiritual treatment, traditional healing, treatment expectancies	**Sage Journal** *Transcultural Psychiatry, Vol. 54(1) 46–65* *DOI: 10.1177/1363461516652302*	Included

47	Thela, Tomita, Maharaj, Mhlongo and Burns, (2017)	Counting the cost of Afrophobia: Post-migration adaptation and mental health challenges of African refugees in South Africa	Anxiety, depression, post-traumatic stress, refugees, South Africa	**Sage Journal** *Transcultural Psychiatry, Vol. 54(5–6) 715–732* *DOI: 10.1177/1363461517745472*	Included
48	Kpanake, (2018)	Cultural concepts of the person and mental health in Africa	African peoples, culture, mental health, personhood, psychotherapy	**Sage Journal** *Transcultural Psychiatry 2018, Vol. 55(2) 198–218* *DOI: 10.1177/1363461517749435*	Included
49	Atilola,(2016)	Mental health service utilization in sub-Saharan Africa: is public mental health literacy the problem? Setting the perspectives right	Public enlightenment, mental illness, cultural explanatory model, mental health literacy, Africa, health promotion	**Sage Journal** *Global Health Promotion 1757-9759; Vol 23(2): 30–37* *DOI: 10.1177/1757975914567179*	Included
50	Lund et al.,(2011)	Challenges facing South Africa's mental health care system: stakeholders' perceptions of causes and potential solutions	Mental health; healthcare systems; South Africa; health policy; health Priorities	**Taylor & Francis** *International Journal of Culture and Mental Health, 4:1, 23-38*, *DOI:10.1080/17542863.2010.503039*	Included
51	Booysen, Chikwanha, Chikwasha and January, (2017)	Knowledge and conceptualisation of mental illness among the Muslim population in Harare, Zimbabwe	Knowledge; mental illness; Muslim; Zimbabwe	**Taylor & Francis** *Mental Health, Religion & Culture, 19:10, 1086-1093* *DOI:10.1080/13674676.2017.1318120*	Excluded
52	M'Carthy, Sottie and Gyan, (2016)	Mental illness and stigma: a 10-year review of portrayal through print media in Ghana (2003–2012)	Stigma; mental illness; Ghana; media	**Taylor & Francis** *International Journal of Culture and Mental Health, 9:2, 197-207,* *DOI:10.1080/17542863.2016.1165271*	Included
53	Bettmann, Penney, Freeman and Lecy, (2015)	Somali Refugees' Perceptions of Mental Illness	Mental health, mental illness, refugee mental health,	**Taylor & Francis**	Included

			Somali refugee	*Social Work in Health Care, 54:8, 738-757,* *DOI: 10.1080/00981389.2015.1046578*	
54	Kyei, Dueck, Indart and Nyarko, (2014)	Supernatural belief systems, mental health and perceptions of mental disorders in Ghana	Supernatural belief systems; psychological health; perceptions of mental disorder	**Taylor & Francis** *International Journal of Culture and Mental Health, 7:2, 137-151,* *DOI:10.1080/17542863.2012.734838*	Included
55	Engelbrecht and Kasiram, (2012)	The role of Ubuntu in families living with mental. illness in the community	Ubuntu, families, mental illness, deinstitutionalization, community, grounded theory	**Taylor & Francis** *South African Family Practice, 54:5, 441-446,* *DOI:10.1080/20786204.2012.10874268*	Included

Total number of articles = 55 **Total number excluded=** 7 **Total included=** 47

Appendix B: Methodology (Data Collection)

Table 6

Ranking of eligible studies using abstract reading and extraction tool

No.	Title	Study Population	Type of Design	Instruments /Method used	Quality of results of study analysis	Outcomes: Excluded / included
1	Perceived causes of severe mental disturbance and preferred interventions by the Borana semi-nomadic population in southern Ethiopia: a qualitative study	A study conducted among the Borana semi-nomadic population in southern Ethiopia	Qualitative (Purposive sampling) research design	Focus groups and thematic/content analysis	Study presents sound results and conclusions that relate to the topic of study and warrants further investigation.	Included
2	Psychiatric stigma and discrimination in South Africa: perspectives from key stakeholders	Service users with severe mental disorders	Qualitative (Cconvenience sampling) research design	Individual interviews and focus group discussions. NVIVO 10.1 software and thematic analysis	Study presents sound results and conclusions that relate to the topic of study and warrants further investigation.	Included
3	Local suffering and the global discourse of mental health and human rights: An ethnographic study of responses to mental illness in rural Ghana	People with severe mental illness in rural Ghana	A longitudinal anthropological study.	Ethnographic methods including observations, conversation, semi-structured interviews and focus group discussions. Thematic analysis based on the Grounded Theory approach	Study presents sound results and conclusions that relate to the topic of study and warrants further investigation.	Included

4	Madness or sadness? Local concepts of mental illness in four conflict-affected African communities	Participants (including traditional healers and health workers) from four locations in Burundi, South Sudan, and the Democratic Republic of the Congo	Rapid ethnographic assessment with qualitative research techniques	focus groups discussions (251 participants) and key informant interviews. Content analysis	Study presents sound results and conclusions that relate to the topic of study and warrants further investigation.	Included
5	Stakeholder's perceptions of help-seeking behaviour among people with mental health problems in Uganda	Key stakeholders from mental health organizations from Uganda (represented by the health, education. Housing, law and justice sectors etc.).	Qualitative research method	Semi-structured interviews and focus group discussions. Thematic analysis	Study presents sound results and conclusions that relate to the topic of study and warrants further investigation	Included
6	Policy perspectives and attitudes towards mental health treatment in rural Senegal	Health care worker stakeholder and psychiatrists in Dakar.	Qualitative research method	Key informant interviews and qualitative content analysis based on the Grounded Theory approach.	Study presents sound results and conclusions that relate to the topic of study and warrants further investigation	Included
7	The Social Determinants of Schizophrenia: African Journey in Social Epidemiology				An article discussing the social determinants of schizophrenia in the African context and does not fit criteria for research study.	Excluded
8	A constant struggle to receive mental health care": health care professionals' acquired experience of barriers to mental health care services in Rwanda	Three district hospitals one mental hospital in Southern Rwanda, one psychosocial center within the capital city Kigali and one mental hospital outskirts of the capital city Kigali health care	Qualitative study design	Focus groups and Qualitative content analysis	Study presents sound results and conclusions that relate to the topic of study and warrants further investigation	Included

9	Sub-Saharan African migrant youths' help-seeking barriers and facilitators for mental health and substance use problems: a qualitative study	Sub-Saharan African migrants residing in Melbourne aged between 16 and 25 years, and sub-Saharan African born migrant parents and community leaders.	An inductive qualitative study	Individual, in-depth interviews and focus group discussions. Thematic analysis	Although the study presents with sound results and conclusions that are somewhat related to the research topic, it is conducted outside of the African context and findings would introduce a number of confounding variables.	Excluded
10	The content of delusions in a sample of South African Xhosa people with Schizophrenia	200 Xhosa people with schizophrenia	A qualitative clinical research study	Structured Clinical Interviews neurocognitive battery and other measures such as socio-demographic instruments, the Childhood Trauma Questionnaire And the Discrimination and Stigma Experiences Scale. Blood samples (DNA and HIV testing) and Thematic analysis	Study presents sound results and conclusions that relate to the topic of study and warrants further investigation	Included
11	Perceptions of postnatal depression and healthcare needs in a South African sample: the "mental" in maternal health care	Women over the age of 18 not previously diagnosed with depression, who had given birth to a live infant who was at the time of the study aged between six weeks and twelve months old at CHC postnatal.	A focused ethnographic qualitative research approach	Audio recorded In-depth face-to-face/ semi-structured interviews, and observations of participants in the home	The study focusses on maternal perceptions of depression and health-care needs. Results and conclusions although sound include variables that are not the focus of the current study. This study does not warrant further investigation	Excluded
12	Exploring mental health practice among Traditional health practitioners: a qualitative study in rural Kenya	Traditional and faith healers and clinicians within four randomly selected regions in Makueni	Qualitative study design	Focus discussions with Thematic content analysis based on the Grounded Theory approach	Study presents sound results and conclusions that relate to the topic of study and warrants further investigation	Included

		County, one of the 47 counties in Kenya				
13	Child mental illness and the help-seeking process: a qualitative study among parents in a Ugandan community	Parents of children younger than 10 years of age in the Mbale district in eastern Uganda	Qualitative study design	Focus group discussions and qualitative content analysis	Study presents sound results and conclusions that relate to the topic of study and warrants further investigation	Included
14	The Gods Are Watching: An Experimental Study of Religion and Traditional Belief in Burkina Faso	Micro-entrepreneurs from 18 randomly selected villages in the environs of Ouagadougou	Experimental research design	qualitative semi-structured interviews as priming in and play observation and post-experimental Questionnaires	The study is an experimental research design that used a mixed method approach. It therefore does not meet the inclusion criteria of qualitative research study design and does not warrant further investigation.	Excluded
15	Barriers to accessing and receiving mental health care in Eastern Cape, South Africa	Mental health care stakeholders from the health care sector in semi-urban (Nelson Mandela Bay) and rural (Kirkwood) areas of the Eastern Cape Province in South Africa.	Qualitative study design	Semi-structured interviews and systematic coded using the tree model	The study reported sound results and conclusion, however the results and conclusions discussed have little relation to the topic of the current study and do not warrant any further investigation.	Excluded
16	Trauma and Mental Health in South Africa: Overview				Article is an overview of mental health in South Africa and does not fit criteria for research study.	Excluded
17	African traditional healers' perception and diagnosis of mental illness	Six participants from the Thulamela municipality were selected to participate in the study, three males and three	Explorative and descriptive qualitative research design	Face-to-face interviews and thematic content analysis	Study presents sound results and conclusions that relate to the topic of study and warrants further investigation	Included

		females (age between 30 and 70 year) s.				
18	The impact of an indigenous proverb on women's mental health: A phenomenological approach	Married, divorced and widowed and selected single women who had indicated to have experienced the effects of the proverb under study from their married family members.	Qualitative Hermeneutic phenomenological research design	face-to-face individual interviews and focus group discussions Snowball and purposive sampling	Results and conclusions although sound include variables that are not the focus of the current study. This study does not warrant further investigation	Excluded
19	Pedi psychologists' perceptions of working with mental illness in the Pedi community in Limpopo, South Africa: The need to incorporate indigenous knowledge in diagnosis and treatment	Nine psychologists (five female and four male) from the Pedi culture from three areas of practice (clinical, educational and counseling)	Experimental qualitative research design	Semi-structured interviews Convenience sampling, and Thematic analysis	Study presents sound results and conclusions that relate to the topic of study however the focus was on perceptions of clinicians and not on traditional African beliefs and perceptions. As a result, the study warrants no further investigation.	Excluded
20	Health-seeking behaviour of mentally ill patients in Enugu, Nigeria	Patients receiving treatment at the neuropsychiatric hospital in Enugu, Nigeria	Cross-sectional quantitative research design	Structured questionnaires	Study is quantitative in nature and as a result fits into the studies exclusion criteria.	Excluded
21	Mental health service use among South Africans for mood, anxiety and substance use disorders	Adult South Africans living in households or hostel quarters	Quantitative research design	Probability sampling	The study is quantitative in nature and uses secondary data collected between the years 2002 and 2004. Both these factors fit into the studies exclusion criteria.	Excluded
22	Mental Health Promotion and the Prevention of Mental Disorders in South Africa				Article is a review of mental health promotion and prevention of mental	Excluded

					disorders in South Africa and does not fit criteria for research study.	
23	Living with stigma around mental illness				Article is an overview of living with stigma around mental illness and does not fit criteria for research study.	Excluded
24	Sociocultural Factors Associated with Abuse of Mentally Impaired Persons in Imo State, Nigeria	Persons aged 10 years and above, who have at least one Mentally Impaired Person (MIP) in their household from three LGAs in Imo State, Nigeria	Mixed-methods cross-sectional survey design	Simple random sampling Surveys and in-depth interviews	Study uses a mixed-methods design approach which fits into the exclusion criteria of the current study	Excluded
25	The characteristics of people with mental illness who are under treatment in traditional healer centres in Sudan	Inpatients with mental illness in traditional healer centres in Sudan	Mixed-methods descriptive cross-sectional study design	Structured questionnaires and the Mini International Neuropsychiatry Interviews	Study uses a mixed-methods design approach which fits into the exclusion criteria of the current study	Excluded
26	Causal attribution of mental illness in south-eastern Nigeria		Quantitative research design	Structured questionnaires Multi-stage sampling	Study uses a quantitative research design which fits into the exclusion criteria of the current research study	Excluded
27	Beliefs, stigma, and discrimination associated with mental health problems in Uganda: Implications for theory and practice	A broad range of stakeholders spanning policymakers. human rights organizations; psychiatry, psychology and social work practitioners; mental health activists. national non-governmental organizations (NGOs); community	Qualitative research design	Individual, semi-structured interviews and focus group discussions. Purposive sampling Thematic analysis	Study presents sound results and conclusions that relate to the topic of study and warrants further investigation	Included

		workers; journalists and academics from a range of disciplines				
28	Stress and the mental health of populations of color: advancing our understanding of race-related stressors				Article provides an overview of research on race-related stressors that can affect the mental health of socially disadvantaged racial and ethnic populations. It does not fit criteria for research study	Excluded
29	Contested meanings of mental health and well-being among university students	University of the Witwatersrand students between the ages of 18 and 21 years.	Phenomenological qualitative research design	semi-structured interview Thematic analysis	Study presents sound results and conclusions however, study is not centred on traditional African beliefs and perceptions. The study explores variables that are not included in the current research study and does not warrant further investigation.	Excluded
30	Mental health in Namibia: connecting discourses on psychological distress, western treatments and traditional healing				Article is an overview of mental health discourses, psychological distress, western treatment, and traditional healing in Namibia and does not fit criteria for a research study.	Excluded
31	Somali immigrant perceptions of mental health and illness: an ethno-nursing study	Somali immigrants living in the United States	Leininger's qualitative ethno-nursing research design	Interviews and thematic analysis	The study is conducted outside of the African continent	Excluded

32	A review of mental health and mental health care disparities research: 2011-2014				Article is a review (literature) of mental health and mental health care disparities research and does not fit criteria for research study	Excluded
33	Migrants' mental health perceptions and barriers to receiving mental health services				Article on migrants' mental health perceptions and barriers to receiving mental health services and does not fit criteria for research study	Excluded
34	Discourses of Culture and Illness in South African Mental Health Care and Indigenous Healing, **Part I**: Western Psychiatric Power	mental health practitioners and indigenous healers – a psychiatrist, two clinical psychologists and two indigenous healers – variously associated with a psychiatric hospital in a small city in the Eastern Cape Province of South Africa	Qualitative discourse analytic study	Tape-recorded vignette-guided individual interviews. Discourse analysis	Study does not meet the date of publication inclusion criteria	Excluded
35	Discourses of Culture and Illness in South African Mental Health Care and Indigenous Healing, **Part II**: African Mentality	mental health practitioners and indigenous healers – a psychiatrist, two clinical psychologists and two indigenous healers – variously associated with a psychiatric hospital in a small city in the Eastern Cape Province of South Africa	Qualitative discourse analytic study	Tape-recorded vignette-guided individual interviews. Discourse analysis	Study does not meet the date of publication inclusion criteria.	Excluded
36	What research tells us about the mental health and psychosocial				Article is a literature review on research about mental health and	Excluded

	wellbeing of Sudanese refugees: A literature review				psychosocial wellbeing of Sudanese refuges and does not fit criteria for a research study.	
37	Collaboration Between Traditional Practitioners and Primary Health Care Staff in South Africa: Developing a Workable Partnership for Community Mental Health Services	District mental health service providers within the formal health sector as well as in NGO settings, traditional practitioners and service users,	Qualitative research study	Qualitative individual and focus group interviews. Purposive sampling	The study presents with sound results and conclusions, however there is no focus on African tradition beliefs and perceptions. In addition, the study makes use of secondary data collected in the year 2007, which fits into the current studies exclusion criteria.	Excluded
38	Research on help-seeking for mental illness in Africa: Dominant approaches and possible alternatives		Mixed-methods literature review study.		Study is a review that uses both qualitative and quantitative research methods. This fits into the current studies exclusion criteria.	Excluded
39	Mental health treatment outcome expectancies in Burundi	Patients awaiting primary health-care service in Village Health Works clinic in Burundi	Quantitative Research design	Surveys	Study is quantitative in nature and fits in the exclusion criteria of the current study	Excluded
40	Counting the cost of Afrophobia: Post-migration adaptation and mental health challenges of African refugees in South Africa	African help-seeking refugees/migrants at a non-government organization (NGO) center in Durban, South Africa	Quantitative research design	Depression, PTSD, and anxiety measurement inventories Statistical analysis	Study is quantitative in nature and fits in the exclusion criteria of the current study	Excluded
41	Cultural concepts of the person and mental health in Africa				Article reviewing the cultural concepts of the person a d mental health in Africa and does not fit the criteria for a research study.	Excluded

42	Mental health service utilization in sub-Saharan Africa is public mental health literacy the problem Setting the perspectives right.				Article reviewing mental health service utilization in sub-Saharan Africa and does not fit the criteria of a research study	Excluded
43	Challenges facing South Africa's mental health care system: stakeholders' perceptions of causes and potential solutions	policy makers, health professionals, users of psychiatric services, teachers, police officers, academics and religious and traditional leaders drawn from a range of different sectors at the national, provincial and district levels	Qualitative research design	Semi-structured interviews and focus group discussion	Study presents sound results and conclusion but does not address the main focus of the current study, tradition African beliefs regarding mental health and does not no warrant further investigation.	Excluded
44	Mental illness and stigma: a 10-year review of portrayal through print media in Ghana (2003–2012)				Study is a review of mental health stigma portrayed by the media. The review uses secondary data published within exclusion date of current study. There is no focus on tradition African beliefs and review does not warrant further investigation.	Excluded
45	Somali Refugees' Perceptions of Mental Illness	Somali refugees and who identified as either Somali or Somali Bantu	Descriptive qualitative study design	purposive sampling and Snowball sampling. Semi-structured interviews	The study is conducted outside of the African continent.	Excluded

46	Supernatural belief systems, mental health and perceptions of mental disorders in Ghana	Adults from universities, places of worship and communities in the capital, Accra.	Quantitative research design	Random sampling	Study is quantitative in nature and fits in the exclusion criteria of the current study	Excluded
47	The role of Ubuntu in families living with mental illness in the community		Qualitative research design	Individual interviews Thematic/content analysis using grounded theory approach	Study presents sound results and conclusions that relate to the topic of study and warrants further investigation	Included

Total number of articles = **47** Total articles excluded= **32** total number of articles included= **13**

Appendix C: Title Reading and Extraction Tool

Author(s)/ Date of publication	Title of Article	Article Keywords	Online Databases and Journal source	Outcome: Excluded/included

Appendix D: Abstract Reading and Extraction Tool

Title	Study Population	Type of Design	Instruments /Methods used	Quality of results of study analysis	Outcomes: Excluded/included

Appendix E: Full-Text Summary and Extraction Tool

Title of journal included	Author(s)/ Date	Location stored (Database)	Aims/Objectives	Study design	Population/Sample	Data collection	Data Analysis

Appendix F: Full-text summary Extraction and Analysis tool

Author(s)/Date	Results	Conclusions	Recommendations	Strengths and Limitations

Appendix G: Critical Appraisal Tool

CRITICAL APPRAISAL CHECKLIST FOR A SYSTEMATIC REVIEW

Bibliographic Details	Author	Title	Source

Title		Year

Purpose	Yes (1)	No (0)
1. Is there evidence that literature has been consulted in providing context or background?		
2. Is there clear problem statement?		
3. Is there a clear rationale for the study?		
4. Are the aims of the study clearly stated?		
5. Are the aims explicitly related to the problem statement?		
Total points for this section (5)		

Study Design	Yes (1)	No (0)
1. Is there theoretical orientation of the study reported?		
2. Was there theoretical orientation described in detail?		
3. Is the design of the study reported?		
4. Did the authors motivate their design choices?		
5. Were the elements of the designs reported on?		
6. What is the relationship of the design to the aim of the study? a) Minimal to no relevance (0) b) Moderate relevant (1) c) Highly relevant (2)		
Total points for this section (7)		

Ethics	Yes (1)	No (0)
1. Was ethics approval obtained from an identifiable committee?		
2. Was informed consent obtained from the participants of the study?		
3. Have ethical issues been reported on? a) Confidentiality (1) b) Anonymity (1) c) Withdrawal (1) d) Informed consent (1)		
Total points for this section (6)		

Data Collection	**Yes (1)**	**No (0)**
1. Were data collection methods clearly indicated?		
2. Was choice of data collection methods motivated?		
3. Were methods of collection appropriate for the outcome identified?		
4. For quantitative studies: a) Did they report on psychometric properties? b) Did they report on psychometric properties of the scale for this sample? c) Did the authors report on the type of data produced by the instruments? d) Did the instruments produce data that supported the data analysis?		
5. For qualitative studies: Did they report on a) Trustworthiness b) Credibility c) Reflexivity d) Respondent validation		
Total points for this section (7)		

Data Analysis	**Yes (1)**	**No (0)**
1. Was the method of analysis made explicit?		
2. Was the method of analysis motivated?		
3. Was the method of anaylsis appropriate/relative to the research question?		

4. Were the conclusions drawn appropriate and supported by the data?		
5. Were the inferences drawn supported by the type of sampling?		
Total for this section (5)		

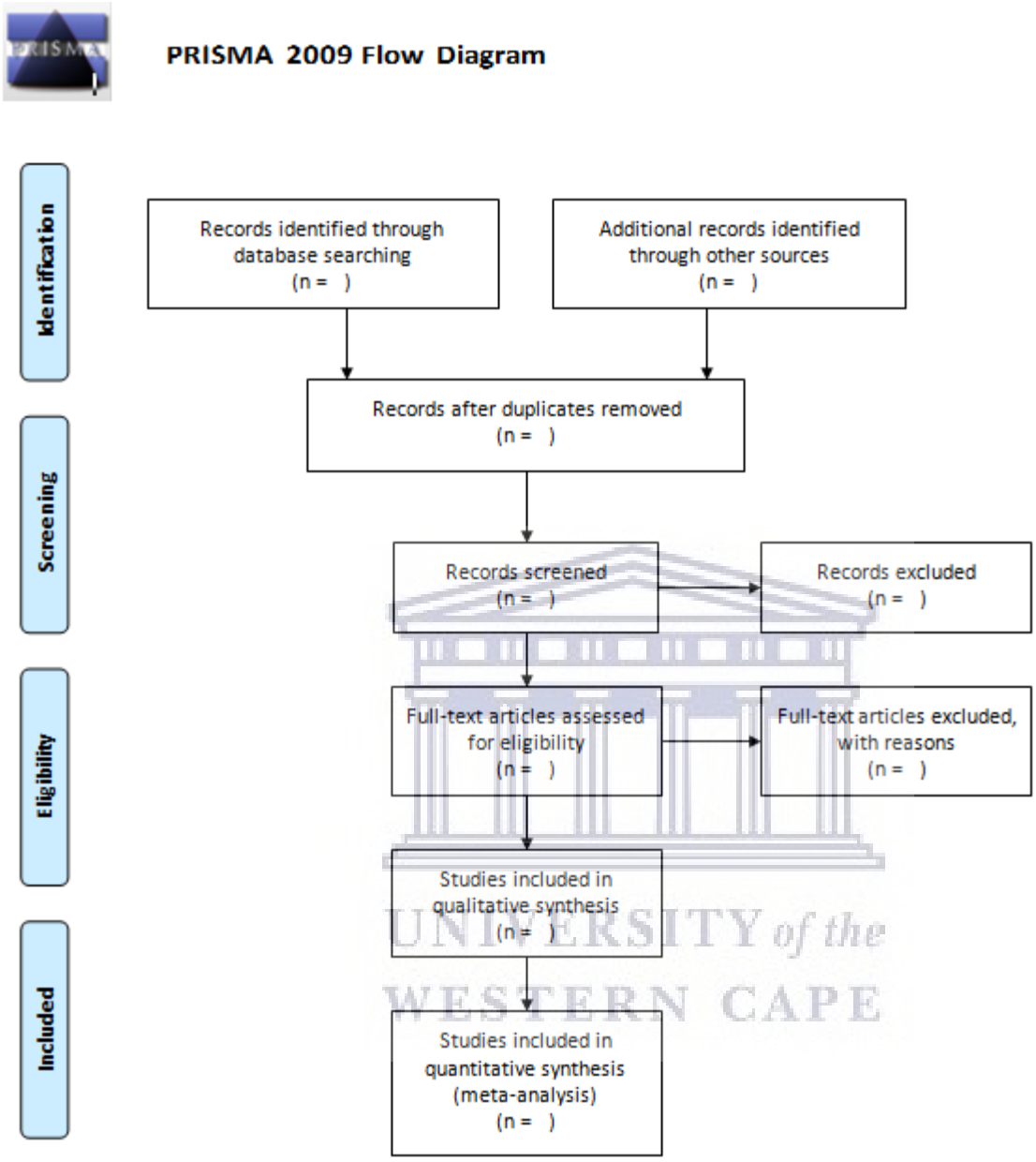
Sample	**Yes (1)**	**No (0)**
1. Was the source population clearly identified?		
2. Were the inclusion/exclusion criteria specified?		
3. Was the sampling choice motivated?		
4. Was the sampling method appropriate?		
5. How was the size of the study sample determined? a) Not reported (0) b) Using threshold numbers (1) c) Formulas (2) d) Statistical requirements (3) e) Saturation (3)		
6. Were techniques used to ensure optimal sample size?		
Total points for this section (8)		

Results	**Yes (1)**	**No (0)**
For Quantitative studies: 1. Were alpha levels reported? 2. Were results correctly interpreted? 3. Were the results clearly linked to the research questions?		

For Qualitative studies: 1. Was saturation reached? 2. Were multiple reviewers used? 3. Were the results clearly linked to the research questions?		
Total points for this section (3)		

Conclusion	**Yes (1)**	**No (0)**
1. Was a clear conclusion drawn?		
2. Was the conclusion supported by the findings?		
3. Were relevant recommendations made based on the findings?		
4. Were limitations identified?		
Total points for this section (4)		

Appendix H: Diagram of Review Process



Appendix I: Proof of registration

UNIVERSITY of the
WESTERN CAPE

STUDENT ADMINISTRATION
Private Bag X17, Bellville 7535, South Africa Telegraph: UNIBELL
Contact Centre: +27 21 959 3900/3901
www.uwc.ac.za

Date Issued: 27/02/2018

PROOF OF REGISTRATION Student Number: 3824461
Student Name: KRWECE, AKHONA (A)
Identity Number : 9204170939085

This is to certify that the above student has registered as a Full-time student at this University for the current academic year.

Degree / Diploma : MA Psychology (Structured) [8813]

Modules registered for :

	PSYCH MINI THESIS 803
PHILOSOPHICAL & SOCIAL ISSUES 831	PROGRAMME EVALUATION 832
QUALITATIVE METHODOLOGIES 833	SURVEY RESEARCH METHODS 834
ADVANCED QUANTITATIVE TECHNOLOGY835	MEASUREMENT DESIGN & CONSTRUCTN 836
RESEARCH PROP & THES WRITING 837	CONTEXTUAL/COMMUNITY PSYCHOLOGY 839
HEALTH PSYCHOLOGY 840	SKILLS TRAINING 842

Date of Commencement of Studies : JANUARY 2018

Date of Registration [Current Year] : 30/01/2018

Normal Duration of Curriculum : 1 Years

HEAD : Student Administration

UNIVERSITY OF THE WESTERN CAPE
PRIVATE BAG X 17, BELLVILLE
STUDENT ADMINISTRATION
27 FEB 2018
UNIVERSITEIT WES-KAAPLAND
PRIVATE BAG X 17, BELLVILLE
STUDENT ADMINISTRATION