


# Barriers and facilitators to mental health service accessibility among youth in Zambia

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**Background.** Mental health challenges among Zambian youths are an increasing public health concern. Recent studies estimate that ~20% of the Zambian population is affected by mental health disorders, with adolescents showing a sharp rise in reported cases, from 0.7% in 2021 to 1.54% in 2023 (2 914 to 6 825 cases). Despite this growing burden, only 0.1% of government health expenditure is allocated to mental health services, and there is currently no youth-specific policy framework in place. With young people aged 15 - 35 years comprising 36.7% of Zambia's total population, the lack of investment and targeted interventions underscores the urgency of addressing barriers and strengthening facilitators to improve youth access to mental healthcare.

**Objectives.** To explore the barriers and facilitators that influence youths' access to mental health services in Zambia, with a focus on understanding the underlying factors that impact service utilisation.

**Methods.** A systematic literature review was conducted, drawing on studies published between 2005 and 2025 from databases including Google Scholar, PubMed and ResearchGate. A total of 20 articles were identified and reviewed, with inclusion based on relevance to youth mental health service accessibility in Zambia. The review did not involve any primary participants; instead, the sample consisted of peer-reviewed studies, national reports and institutional documents. Data were analysed manually using a qualitative thematic approach, where key patterns, recurring themes and emerging categories of barriers and facilitators were identified and synthesised. This approach allowed for an in-depth understanding of the cultural, social and systemic factors that influence youths' access to mental health services.

**Results.** The findings highlight several barriers to accessing mental health services, including stigma, cultural beliefs, inadequate infrastructure and resources, low mental health awareness and gendered norms. The majority of the reviewed literature focused on urban and peri-urban settings, with fewer studies addressing rural contexts. In urban and peri-urban settings, common themes included stigma, limited infrastructure concentrated in tertiary hospitals and gendered expectations that discouraged male youths from seeking care. In rural contexts, the analysis revealed geographical inaccessibility, severe shortages of trained personnel and reliance on traditional or informal sources of support. Across both settings, low awareness of mental health conditions consistently emerged as a barrier. Conversely, facilitators such as school-based mental health programmes, community outreach initiatives, peer support groups and mobile-based interventions were identified as effective strategies to enhance accessibility for youths.

**Conclusion.** Access to mental health services for Zambian youths is a multifaceted web of social, cultural and systemic factors. Addressing these challenges requires a comprehensive approach. The article concludes with recommendations aimed at improving youth-friendly mental health service delivery and access.

**Keywords:** youth mental health, help-seeking behaviour, mental health services, health service accessibility, Zambia

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Zambia, like many countries navigating mental health disorders, aims to increase awareness and address the mental health challenges affecting the country. The World Health Organization (WHO)<sup>[1]</sup> describes mental health as a state of wellbeing where individuals realise their abilities, cope with normal stresses, work productively and contribute to their communities. The WHO further states that mental health is crucial for achieving the highest standard of health and sustainable development. However, mental healthcare has historically been a neglected part of the healthcare system in Zambia. Although efforts are being made to change this narrative, most care is concentrated at provincial government hospitals and not at the primary healthcare level, which is located closer to communities.<sup>[2]</sup>

In recent years, global advocacy for mental health has underscored the importance of integrating culturally sensitive and community-based interventions into national health systems. Zambia is beginning to recognise these priorities, especially as stigma and limited mental health literacy continue to deter individuals from seeking formal

care. Traditional beliefs often attribute mental illness to spiritual or supernatural forces, causing many to turn to faith healers and community leaders rather than clinical services.<sup>[3]</sup> This gap between cultural practices and healthcare highlights the urgent need for public mental health education, the incorporation of mental health into primary healthcare and the development of collaborative care models. These measures are critical for ensuring early identification, referral and sustained support for vulnerable groups, particularly adolescents and young adults.

According to a study by Longwe *et al.*,<sup>[4]</sup> the prevalence of mental health disorders in Zambia is estimated at ~20%. Among adolescents, the incidence rate has increased significantly from 0.7% in 2021 to 1.54% in 2023, with the number of reported cases rising from 2 914 to 6 825. The most commonly diagnosed conditions include acute psychotic episodes, affective disorders (such as depression), schizophrenia, alcohol-related problems and organic brain syndromes.<sup>[5]</sup> Despite these rising figures, Zambia's 2020 Mental

Health Atlas<sup>[6]</sup> revealed that there is no specific mental health policy targeting adolescents or youth groups, even though they are among the most affected. The urgency is underscored by demographic data from the United Nations Population Fund,<sup>[7]</sup> which reported that 4.8 million young people aged 15 - 35 years made up 36.7% of Zambia's total population. Alarming, only 0.1% of government expenditure is allocated to mental health services as a whole, reflecting significant underinvestment in addressing this growing public health concern.<sup>[7]</sup>

Some of the potential causes of mental health conditions among Zambian youth include stressful family relationships, infections such as malaria, meningitis, syphilis and HIV, and the use of and dependence on alcohol and other psychotropic substances.<sup>[8]</sup> Substance abuse and certain lifestyle patterns contribute significantly to the high prevalence of mental health issues among young people. Although the situation could improve with appropriate health interventions, access to mental health services remains limited owing to various barriers. Understanding these obstacles and identifying the factors that facilitate access are essential for developing effective, youth-centred mental health interventions.

## Methods

A systematic literature review was conducted, drawing on studies published between 2005 and 2025 from databases including Google Scholar, PubMed and ResearchGate. A total of 20 articles were identified and reviewed, with inclusion based on relevance to youth mental health service accessibility in Zambia. The review did not involve any primary participants; instead, the sample consisted of peer-reviewed studies, national reports and institutional documents, which meant that formal ethical approval was not required. Data were analysed manually using a qualitative thematic approach, where key patterns, recurring themes and emerging categories of barriers and facilitators were identified and synthesised. This approach allowed for an in-depth understanding of the cultural, social and systemic factors that influence youths' access to mental health services. Key search terms included 'youth mental health', 'mental health services', 'health service accessibility' and 'help-seeking behaviour'.

## Results

### Barriers to accessing mental health services

#### Stigma and cultural beliefs

Mental health stigma remains a significant barrier in Zambia. Many communities perceive mental illness as a sign of weakness or a spiritual affliction, which often leads to discrimination, social exclusion and a reluctance among affected individuals to seek help.<sup>[9]</sup> A study conducted by Milanzi *et al.*<sup>[9]</sup> found that stigma was a significant predictor of mental health help-seeking intentions: participants who perceived stigma were 3.19 times less likely to seek help than those who did not. The study also revealed strong negative perceptions associated with seeking psychological services, making it unsurprising that some individuals hide their psychological concerns and avoid treatment to escape the social consequences of being stigmatised.

Furthermore, cultural beliefs that attribute mental illness to supernatural causes continue to discourage youths from seeking formal help, as they often fear judgement from peers and family members. While traditional coping mechanisms such as prayer and family support may offer comfort, they are not substitutes for professional mental health services. This may help explain why a high proportion of students in the study by Milanzi *et al.*<sup>[9]</sup> preferred seeking help from informal sources such as family and friends rather than health facilities. In addition, some youths affected by mental health conditions showed a reliance on traditional

medicine and healers, which can further delay access to formal mental healthcare.<sup>[2]</sup>

#### Inadequate infrastructure and resources

Health facilities in Zambia often lack the necessary infrastructure and resources to provide comprehensive mental health services. These services are largely hospital based and concentrated at the tertiary level, with very few community-level facilities capable of delivering even basic mental healthcare. This centralisation of services raises issues regarding geographical accessibility, particularly for youths in rural areas who require long-distance travel to access these facilities.<sup>[2]</sup> For instance, Chainama Hills Mental Hospital – the primary mental health facility located in the capital city of Lusaka – is the only main psychiatric hospital in Zambia and has limited capacity to serve the growing population, which hampers service delivery.<sup>[10]</sup>

Not only is infrastructure a problem, but Zambia also suffers from critical shortages of trained mental health professionals, especially at primary healthcare level.<sup>[10]</sup> In 2020, the nation had <500 providers in total, and none with expertise in youth mental health service delivery. There is only one psychiatric hospital, and no graduate-level psychology or social work training programmes mean that local capacity to support adolescents is practically non-existent.<sup>[11]</sup>

#### Lack of awareness

There is a general lack of awareness around mental health issues among youths and their caregivers in Zambia. Many are unable to recognise the early signs and symptoms of mental health conditions, resulting in delayed treatment.<sup>[12]</sup> In a study on strengthening mental health systems in Zambia, all participating family members reported having little to no knowledge of mental health before caring for a relative with a mental health condition. Their experiences as caregivers significantly increased their awareness and understanding. Similarly, some youth participants indicated that prior knowledge of mental health conditions would have improved their experiences and reduced the severity of the impact.<sup>[3]</sup> This gap in knowledge highlights the fact that many affected individuals and their families not only are unaware of the available mental health services and how to access them, but also struggle to recognise early signs of mental health issues.

#### Gendered and social norms

In many parts of Zambia, prevailing social norms emphasise that males must exhibit both physical and mental strength. As a result, male youths are generally less inclined to seek mental health services than their female counterparts.<sup>[12]</sup> This behaviour reflects deeply rooted societal masculinity norms that discourage emotional vulnerability and promote self-reliance. Stigma-related concerns among caregivers further amplify this reluctance. Cultural narratives in Zambia place the burden of caregiving primarily on families; however, when the mental health needs of male children evoke perceptions of shame, families may resort to concealment rather than seeking appropriate help.<sup>[11]</sup> These challenges are further compounded by condemnation and stigma at structural levels, such as within educational institutions and community settings, which reinforce gendered disparities in mental health-seeking behaviours.

### Facilitators to accessing mental health services

#### School-based programmes

The integration of mental health education and counselling services in schools, youth centres and universities, such as the My FRIENDS Youth Program, has proven both feasible and acceptable, with studies showing significant reductions in anxiety and depressive symptoms among youths.<sup>[11]</sup>

### Mobile-based interventions

A 2024 systematic review by Muleya<sup>[13]</sup> highlighted that the growing penetration of smartphones among Zambian youths presents a promising opportunity to deliver mental health services through mobile phones and short message service (SMS) options. This digital route offers the advantage of reducing stigma and enhancing privacy, which are significant barriers to mental health service access among young people. By leveraging technology, challenges such as geographical distance from mental health facilities, the shortage of locally trained mental health professionals and the fear of public exposure that often deter youths from seeking help can be overcome.<sup>[13]</sup>

### Peer support groups

Youths and adolescents who participated in a study by Saasa *et al.*<sup>[11]</sup> on the effectiveness of a school-based mental health intervention in Zambia reported that peer support groups offered a safe space to discuss mental health issues, and encouraged them to seek professional help. Additionally, efforts by the Zambian Ministry of Health<sup>[14]</sup> to establish adolescent-responsive spaces at clinics and community levels further support this strategy.

## Discussion

The synthesis underscores that intersecting social, cultural and systemic constraints shape youths' access to mental healthcare in Zambia. Consistent with regional and global literature, stigma, limited service readiness and cultural perceptions of mental illness continue to impede early help-seeking behaviour. Stigma, in particular, remains deeply entrenched and is perpetuated by the misconception that mental illness reflects personal weakness or spiritual affliction. This not only discourages individuals from seeking professional care, but also reinforces societal silence around mental health. These patterns mirror findings from other sub-Saharan African countries, where social stigma and reliance on traditional healing practices remain dominant barriers to mental health service access.

Inadequate infrastructure and a shortage of trained mental health professionals further constrain service availability, especially outside urban centres. The concentration of services in tertiary hospitals, such as Chainama Hills Mental Hospital, leaves large segments of the youth population underserved. Integrating basic mental health services into primary healthcare could mitigate this imbalance, ensuring that screening, counselling and referral become routine within existing healthcare delivery frameworks. Evidence from countries such as Kenya and South Africa suggests that task-shifting to trained lay counsellors and primary health workers can substantially improve access to care and health outcomes in low-resource contexts.

The findings also highlight the critical influence of gender and social norms. Societal expectations of male resilience and emotional restraint deter young men from acknowledging distress or pursuing professional support. Addressing these norms through gender-sensitive campaigns, school-based education and male peer-ambassador initiatives may help normalise help-seeking behaviour among young men and reduce gender disparities in mental health outcomes.

Despite these challenges, the review identifies emerging facilitators with potential for scale-up. School-based and peer support programmes provide a trusted, low-threshold entry point for adolescents to access psychosocial support. Their success underscores the importance of embedding mental health literacy and counselling within educational settings, where youths spend a significant portion of their time. Likewise, the increasing accessibility of digital technologies creates new avenues for engagement through

mobile-based mental health education, screening and anonymous counselling services. Such innovations can reduce stigma, expand reach to rural populations and promote early intervention at relatively low cost.

Future implementation efforts should prioritise embedding mental health competencies within primary care, supported by community-based referral networks and partnerships with trusted local actors such as faith-based leaders and traditional healers. Such collaborations can help bridge cultural divides and reshape public narratives around mental illness. Additionally, the development of a national youth-focused mental health policy framework would ensure institutional commitment to resource allocation, service integration and workforce development.

### Study limitations

The main limitation encountered in developing this manuscript was the scarcity of Zambian evidence-based data. Existing studies specifically addressing mental health remain limited in both number and scope, which constrains the depth of analysis. Furthermore, the review relies solely on published and available literature, introducing the potential for publication bias.

### Recommendations

Although some facilitators currently support youth access to mental healthcare, a comprehensive and co-ordinated approach is essential to effectively address existing barriers and improve overall access to mental health services. This may include the following strategies:

- (i) scaling up the school-based model across provinces, districts and communities – especially when combined with community outreach and lay counsellor training – to significantly improve early identification and support for youths;
- (ii) promoting active public educational awareness messages and engagement with influential leaders, to aid in diminishing stigma. Using tailored communication involving churches, traditional healers and community forums can shift prevailing myths;
- (iii) training community health workers and primary care nurses in youth-specific mental health services and issues, emphasising identification, supportive counselling and proper referral protocols;
- (iv) deploying other youths as anti-stigma ambassadors, who can work in peer-led support groups to normalise help-seeking behaviour, especially among males; and
- (v) introducing routine collection of data on help-seeking behaviour, service uptake and outcome measures through collaborations with academic institutions (such as the University of Zambia), to build long-term research capacity and enable longitudinal tracking of emerging mental health issues and outcomes.

## Conclusion

Youths in Zambia face a complex web of barriers when accessing mental healthcare, including severe resource constraints, cultural stigma, low mental health literacy and gendered norms. Despite these challenges, promising facilitators exist, such as supportive government policies for youth and school health, a growing youth population with increased mobile access and the emergence of peer-led support groups. To build on these strengths and address the gaps, a robust and comprehensive approach is needed, encompassing policy reforms, community outreach, lay counsellor training, engagement of trusted community figures, increased funding and long-term research to guide future interventions.

**Data availability.** All data used in this article were obtained from previously published sources. No primary data were collected for this study.

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