

Institutional Leadership Commitment and Eradication of Mental Illness Stigmatization among Students of Kenya Medical Training College

Maina J. Kamau¹, Kenneth Goga Riany²

^{1,2}Kenya Medical Training College

Email: kkamanje@yahoo.co.uk, Rianyken@gmail.com

Abstract: Leadership is the main driver of organizational behavior and how people relate in an organization. Through the commitment of institutional leaders to a given culture and way of doing things, the entire organization community is possible to follow the direction the leaders shows. While mental illness has been a major threat to the stability of modern society, the focus has mainly been drawn on treatment, while other affecting factors such as stigmatization not being given the adequate attention. Stigmatization of mentally ill persons is a behavior that requires intensive management by the organizational leaders for it to be contained. Leaders influence behavior, thus their commitment to eradicate mental illness stigmatization would be fundamental in curbing mental illness stigmatization. With inadequate literature on the role played by leadership commitment in curbing mental illness stigmatization, this study seeks to assess the role of institutional leadership on mental illness stigmatization. The study used a descriptive research approach and a questionnaire to collect data from 384 students drawn from a population of 51045 students at the college. The data was analysed using descriptive and inferential statistics through SPSS. The findings revealed that the commitment of institutional leadership in curbing mental illness stigmatization was essential in reducing stigmatization of mentally ill persons. The study concluded that through the commitment of leaders by training and creating awareness was significant in curbing mental illness stigmatization. It is recommended that the institutional leaders have a duty to play in curbing mental illness stigmatization through creation of awareness, training of the students and providing psychosocial support to mentally-ill persons.

Keywords: Leadership Commitment; Mental illness; Mental health; Stigmatization; Kenya Medical Training College (KMTC)

I. Introduction

Institutional leadership plays a crucial role in addressing mental illness stigmatization within their organizations. According to Mirbahaeddin and Chreim (2022), institutional leadership helps in creating a culture of acceptance and understanding. The institutional leaders can take steps to foster an environment where people feel comfortable discussing mental health issues without fear of judgment or discrimination. This can include promoting open dialogue about mental health, offering mental health resources and support, and training employees on mental health awareness.

The leaders also challenge stereotypes and promote accurate information (Bikos, 2021). They work to combat harmful stereotypes and misinformation about mental illness by educating employees and the public about the realities of mental health issues. This can include providing accurate information about mental health, encouraging employees to speak out against stigmatizing behavior, and supporting mental health advocacy efforts.

According to Follmer and Jones (2018), institutional leadership commitment helps in ensuring equitable access to mental health resources by taking steps to ensure that all

employees have access to mental health resources, including affordable mental health services and mental health days. This can help to reduce barriers to care and promote a culture of self-care and wellness. It is the role of institutional leaders to prioritize mental health in organizational policies by making mental health a priority by including mental health considerations in organizational policies and practices. For example, they can offer flexible work arrangements to support employees with mental health conditions, provide accommodations for those who need them, and make mental health a part of the employee wellness program. The leadership commitment should be leading by example by sharing their own experiences with mental health and prioritizing their own self-care. This can help to reduce stigma and promote a culture of openness and support (Akkoca, 2019).

Mental illness has been regarded as a major healthcare and societal concern depriving the best talents among the society. Mental illness continues to affect many members of the society including the young, youthful and elderly in both developed and developing countries (WHO, 2016). A report by the WHO on mental health shows that over 14% of the global burden of diseases is attributed to mental illness. On the other hand, Global Mental Health (GMH) (2019) noted that over 31% of the mentally ill persons across the globe were students in colleges and other higher learning institutions. Notably, in developed countries like Canada, USA, Australia and Malaysia, 30%, 50%, 53% and 41.9% of students in colleges and institutions of higher learning had mental illnesses and related conditions respectively between the year 2013 and 2019 (Dachew, Bisetegn, & Gebremariam, 2015; Auerbach et al., 2018; Lipson, Lattie, & Eisenberg, 2019; Oswalt et al., 2020). In Africa, Dessie, Ebrahim, and Awoke (2013) noted that 21.6% of the students in higher learning institutions in Ethiopia had mental health conditions while in Nigeria, Ishaku et al. (2018) indicated that over 25% of the college students had reported distress mentally. In Kenya, over 10.8% students in colleges were reported to experience mental disorders. This is an indication that mental health among students especially college students is rampant across the globe, and Kenya is not spared.

One of the astonishing aspects about mental illness among students is the continued stigma (Trautmann, Rehm, & Wittchen, 2016). According to Li, Liang, Yuan, and Zeng (2020), three (3) in every seven (7) mentally ill students have been stigmatized and one (1) in every three (3) stigmatized individuals end up taking more detrimental measures such as suicide or murder. This is an implication that stigmatization among the mentally ill has been high while still causing more harm to the victims (Elliott, Chakkalackal, Purcell, Graham, & Chandra, 2015). According to the World Federation for Mental Health (WFMH) (2018), one of the main interventions for curbing mental health is pushing for acceptance of the mentally ill in the society and eradicating stigmatization.

According to Dimoff and Kelloway (2019), institutional leadership commitment has a critical role to play in reducing mental illness stigmatization within their organizations. By promoting acceptance, challenging stereotypes, providing resources, prioritizing mental health in policies and practices, and leading by example, leaders can create a culture of understanding and support that benefits everyone in the organization. For institutions like the higher learning institutions to contain mental health stigmatization, they ought to have a committed leadership (Søvold et al., 2021). This is where the leaders of the institutions lead by example and implement key strategies and policies to ensure stigmatization is discouraged within and out of the institutions.

1.1 Statement of the Problem

As the surge in cases of mental illness is recorded in every part of the world including Kenya, it remains a major concern not only among the medical world, but also to the society as whole. Despite the continued efforts by agencies such as the World Health Organization to reduce the devastating impacts of mental illness especially among young persons, the impacts

continue to ravage societies. Notably, one of the major setbacks for these efforts has been the continued stigmatization of the mentally ill persons (Röhm, Hastall & Ritterfeld, 2017; Mumtaz, 2020). WHO (2017) reports that stigmatization of mental illness has directly and indirectly driven the devastating consequences of mental disorders such as suicide, drug abuse among others. Based on the existing empirical evidence, one of the major drivers of mental illness debates and perceptions including stigmatization are mass media content (Sadagheyani & Tatari, 2020). As the mental stigmatization continues to ravage those affected by mental illness, leadership commitment has not been given the adequate attention among empirical studies. Leaders are known to influence behaviour among the organizational stakeholders. Leaders show the strategic direction for their institutions, and this cuts across even to the students. However, the available research has not exclusively addressed the role played by institutional leadership in curbing mental illness stigmatization. This therefore motivated this study to assess the role the institutional leadership commitment plays in eradicating mental illness stigmatization among college students at the Kenya Medical training college.

1.2 Objectives of the Study

1. To examine the effect of institutional leadership commitment on the eradication of mental illness stigmatization among students of Kenya Medical Training College

1.3 Research Hypotheses

HO: There is no significant effect of institutional leadership commitment on eradication of mental illness stigmatization among students of Kenya Medical Training College.

II. Review of Literature

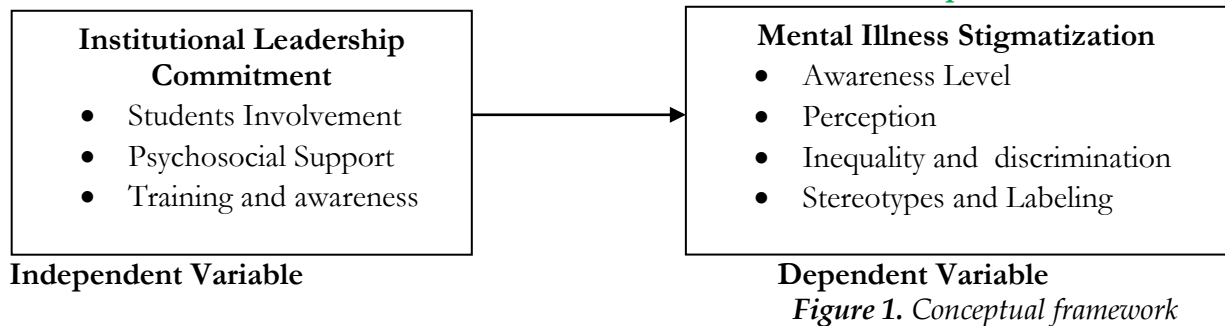
2.1 Leadership Commitment and Mental Illness Stigmatization

A key objective of this study is to examine the effect of institutional leadership commitment on eradicating mental illness stigmatization among students of Kenya Medical Training College. Davidovitz, Mikulincer, Shaver, Izsak, & Popper, (2007) have given a critical view of leadership within institutions in as far as mental health is concerned, saying institutional leadership provides protection, security and mentorship to followers. They further argue that followers always want to feel close to a leader who is able to protect them and who provides the advice, guidance, and resources that they need for their effective personal performance. On the other hand, when a leader is unable or unwilling to respond sensitively to followers' needs, this can result in insecurity and demoralization in followers, which can be worse if those followers are people with mental illness. This state of insecurity and demoralization can intensify followers' distress and vulnerability, raises doubts about their own efficacy, triggers psychological defenses, and interferes with performance, growth, and adjustment.

In as far as mental health stigmatization is concerned, the institutional leaders are seen to hold key positions that can influence students in their perception of mental illness stigmatization, because, owing to their strong respectability and associated credibility, opinion leaders hold a powerful position in society to influence public perception of mental illness and related stigma (Rössler, 2016). The exception, however, according to the author, might be people working in the medical field whose commitment might seem rather doubtful because they themselves do not often have the best opinions about the mentally ill. Persons who are trusted can have very high credibility, especially if they themselves have been affected by these illnesses and can therefore report first-hand experiences and comment on treatments. Such persons can receive even more attention if they are well known to the general public.

Despite this important role played by leadership in steering mental health agenda, the World Health Organization (WHO) World Mental Health Survey decries the lack of treatment of mental illnesses in Africa, revealing that only one in five of those with common but serious mental disorders in Nigeria had received any treatment in the preceding 12 months. A fundamental problem underlying the treatment gap is the low priority given to mental health issues by governments in the region (Arboleda-Flórez, & Stuart, 2012). The key reason for this low priority is the fact that many countries are implementing a government program on mental health service that is guided by a clear policy. This study attempts to examine the effect of institutional leadership commitment on the relationship between mass media and the mental illness stigmatization among students of Kenya Medical Training College.

2.2 Conceptual Framework



III. Research Method

The study adopted a descriptive survey research design. This design entails explanation of a phenomenon, estimating a proportion of a population with similar characteristics and ascertaining the relationship that occurs amid the variables under study (Myers, 2013). The target population for this study was the students and administrative staff at the Kenyan Medical Training College (KMTC). For purposes of convenience and effective representation of the target respondents characteristics, the study focused on the campuses that had more than 1000 students as at July 2022 (KMTC, 2022). The sample size was determined using the Fisher *et al.* (1991) and Cochran (1977) formula that are designed for large populations. According to Fischer, any population of more than 10,000 people is considered infinite, and the sample size is calculated using the formula:

$$n = \frac{z^2 p (1-p)}{e^2}$$

Where:

z = is the Z value for the corresponding confidence level (i.e., 1.96 for 95% confidence);

e = is the margin of error (i.e., 0.05 = ± 5%) and

p = is the estimated value for the proportion of a sample that have the condition of interest.

P= 50% (the most conservative estimate)

$$n = \frac{1.96 \times 1.96 \times 0.5 (1- 0.5)}{0.05 \times 0.05} = 384$$

A stratified random sampling was used where the three years of study (first, second and third year) were the strata. The identified number of the respondents based on the distribution of the sample size as per the sampling formula was randomly selected in each of the strata. This ensured that students in all the years of study were captured while every student having an

equal opportunity to be selected. This reduced biasness and ensured that the selected sample was the most appropriate representation of the targeted population. The main data used in this study was the primary data which was collected using a structured questionnaire and an interview guide. The questionnaire was developed and administered by the researcher and two trained assistants to obtain qualitative data from sampled students. Quantitative data from the questionnaires was taken through a coding scheme to classify responses. All data was entered into the system twice to minimize data entry errors. It was then analyzed using descriptive statistics including mean, mode, percentages and cross tabulations. Data was also analyzed using inferential statistics.

IV. Results and Discussion

4.1 Response Rate

The study sampled 384 respondents, out of which 281 returned back the fully filled questionnaires. This represented a response rate of 73.2%. According to Saunders (2019), a response rate of between 50% and 70% is adequate for the study with over a third (30%) of the population as the sample size. This implies that a response rate of 73.2% was appropriate to represent the population of the study.

4.2 Leadership Commitment

The study sought to establish the effect of leadership commitment on eradication of stigmatization among people with mental illness in Kenya Medical Training College. The descriptive results are as shown in Table 1. The respondents were asked to indicate their level of agreement or disagreement with key statements on leadership commitment using a 5-points Likert's scale. The findings as shown in Table 1 revealed that most of the students disagreed that the school sought students opinions in regard to making key decisions that concern them (Mean = 2.93); and that the school had an effective guidance and counseling department for mentally stressed students (Mean = 2.91). The respondents disagreed that there were frequent meetings with students to discuss personal issues affecting them and that the school had a programme to train the students on mental health and its related complications. According to Li *et al.* (2020), leadership in every organization and institution is fundamental in enabling the effectiveness of mental health efforts since they are the central decision makers. Through the leadership commitment, the students are most likely to deviate from mental health stigmatization (Hoffner et al., 2017).

The findings revealed that most of the students agreed that the school raised awareness on the implications of mental illness and stigmatization (Mean = 3.59) and that there were frequent internal communication by the institutional management on the mental illness stigmatization.

The management of the institutions had set policies against stigmatization of mentally ill students (Mean = 4.24), but there were not follow-ups by the management in case of a mental illness case in the institution (Mean = 2.61). Moreover, it was established that there were no significant punitive measures taken against individuals who stigmatize mentally ill within the school (Mean = 2.82). As DeMars and Wright (2018) elaborate, the commitment of the management should start from example setting to instilling a culture where mentally ill persons are not discriminated or treated unequally. Through punitive measures and reprimands, the students are most likely to be disciplined on segregating those with mental illnesses, thus promoting an equal learning environment.

Table 1. Descriptive Statistics on Leadership Commitment

Statements	SD	D	N	A	SA	Mean	Std. Dev.
The school seeks students opinions in regard to making key decisions that concern them	32.4%	14.1%	11.8%	11.2%	30.6%	2.93	1.66
The school has an effective guidance and counseling department for mentally stressed students	29.8%	14.0%	16.4%	14.6%	25.1%	2.91	1.57
There are frequent meetings with students to discuss personal issues affecting them	27.9%	12.8%	12.2%	15.7%	31.4%	3.09	1.63
The school has a programme to train the students on mental health and its related complications	30.6%	12.1%	12.1%	9.8%	35.3%	3.06	1.69
The school raises awareness on the implications of mental illness and stigmatization	17.1%	7.9%	16.5%	15.2%	43.3%	3.59	1.51
There are frequent internal communication by the institutional management on the mental illness stigmatization	18.9%	30.1%	14.2%	22.5%	14.3%	3.03	1.91
The management of the institution has set policies against stigmatization of mentally ill students	6.6%	1.8%	10.2%	22.9%	58.4%	4.24	1.14
There are follow-ups by the management in case of a mental illness case in the institution	37.1%	13.5%	20.0%	9.4%	20.0%	2.61	1.54
There are punitive measures taken against individuals who stigmatize mentally ill within the school	31.1%	16.2%	16.2%	12.6%	24.0%	2.82	1.57

4.3 Mental Illness Stigmatization

The study sought to establish the mental illness stigmatization among college students. The findings as shown in Table 2 revealed that majority of the respondents agreed that they were aware of the stigmatization among the mentally ill students (Mean = 4.16); and that they were aware of ways in which they could offend the mentally ill students they came across (Mean = 3.55). The respondents agreed that they avoided any actions that could be offensive to the mentally ill students and that they had perceptions that people with mental illness are not friendly (Mean = 4.13). The respondents agreed that they perceived the mentally stressed persons to be minority amongst other peers and that they focused on changing the perception of individuals who stigmatize mentally ill persons (Mean = 3.43).

The findings further revealed that majority of the respondents agreed that they had come across individuals who discriminate the mentally ill patients (Mean = 4.21) and that they always considered those with mental health conditions to be equal members of the society (Mean = 3.05). Most of the respondents agreed that they had come across stereotyping of mentally ill patients and that there were instances where mentally ill patients have been labeled as unequal members of the community. The findings imply that mental health discrimination and stigmatization of mentally ill persons was still rampant among college students.

Table 2. Mental Health Stigmatization

Statements	SD	D	N	A	SA	Mean	Std. Dev.
I am aware of the stigmatization among the mentally ill students	5.3%	4.1%	10.7%	28.4%	51.5%	4.16	1.11
I know ways in which I may offend the mentally ill students I come across	17.2%	11.8%	12.4%	16.0%	42.6%	3.55	1.54
I always avoid any actions that could be offensive to the mentally ill students	33.0%	14.7%	9.5%	14.3%	28.6%	3.30	1.92
I have perceptions that people with mental illness are not friendly	6.7%	6.1%	13.4%	14.6%	59.1%	4.13	1.25
I perceive the mentally stressed persons to be minority amongst other peers	21.1%	11.2%	21.1%	16.1%	30.4%	3.23	1.51
I always focus on changing the perception of individuals who stigmatize mentally ill persons	17.8%	21.8%	16.0%	17.8%	26.7%	3.13	1.51
I have come across individuals who discriminate the mentally ill patients	1.8%	7.1%	15.5%	19.0%	56.5%	4.21	1.06
I always consider those with mental health conditions to be equal members of the society	21.7%	15.0%	16.1%	28.9%	18.3%	3.07	1.43
Inequality and discrimination against the mentally ill students is prohibited in the institution	6.1%	14.4%	22.2%	38.9%	18.3%	3.48	1.13
I have come across stereotyping of mentally ill patients	32.8%	12.2%	4.4%	32.2%	18.3%	3.01	1.26
There are instances where mentally ill patients have been labeled as unequal members of the community	38.3%	13.9%	14.4%	13.3%	20.0%	2.52	1.79
I always discourage my peers against stereotyping and labeling the mentally ill individuals	19.4%	20.6%	12.8%	24.4%	12.8%	2.91	1.78

4.4 Hypotheses Testing

Inferential analysis was carried out to test the hypotheses of the study.

H₀: *Leadership Commitment has no significant influence on eradication of mental illness stigmatization among students of Kenya Medical Training College towards people with mental illness*

The model summary on Table 4.10 revealed that the R-square for the model was 0.403. This implies that through leadership commitment, there will be a variation of 40.3% in the eradication of mental illness stigmatization.

The ANOVA results are as shown in Table 4.10. As the results reveal, it is evident that the F-statistic for the model is 188.077. This is at a significant level of $0.000 < 0.05$, an indication that the model is statistically significant, and it can predict the relationship between leadership commitment and eradication of mental illness stigmatization.

The regression coefficients for the model are as shown in Table 4.10. As the results portray, the Beta coefficient for the model is 0.551. This implies that a unit change in leadership commitment would influence the eradication of mental illness stigmatization by 0.551 units.

The t-value for the variable is $13.714 < 2.0$ while the p-value is $0.000 < 0.05$. This implies that leadership commitment has a significant influence on the eradication of mental illness stigmatization among college students in Kenya.

Table 3. Relationship between Leadership Commitment and Mental Health Stigma

Table 3: Relationship between Leadership Commitment and Mental Health Stigmatization						
					Model Summary	
Model	R	R Square	Adjusted R Square	Std. Error of the Estimate		
1	.635 ^a	.403	.401	.58638		
a. Predictors: (Constant), Leadership Commitment						
ANOVA						
	Model	Sum of Squares	df	Mean Square	F	Sig.
1	Regression	64.669	1	64.669	188.077	.000 ^b
	Residual	95.932	279	.344		
	Total	160.600	280			
a. Dependent Variable: Mental Health Stigmatization						
b. Predictors: (Constant), Leadership Commitment						
Coefficients						
	Model	Unstandardized Coefficients		Standardized Coefficients	t	Sig.
		B	Std. Error	Beta		
1	(Constant)	1.664	.138		12.084	.000
	Leadership Commitment	.551	.040	.635	13.714	.000
a. Dependent Variable: Mental Health Stigmatization						

4.5 Discussion of Findings

The study sought to establish the effect of leadership commitment on the eradication of stigmatization among people with mental illness in Kenya Medical Training College. The results revealed that most of the students disagreed that the school sought students' opinions in regard to making key decisions that concern them and that the school had an effective guidance and counseling department for mentally stressed students. It was further revealed that there were frequent meetings with students to discuss personal issues affecting them and that the school had a programme to train the students on mental health and its related complications. Further, the findings revealed that frequent internal communication by the institutional management were upheld to raise the awareness on mental illness stigmatization. The inferential analysis results confirmed that leadership commitment had a significant effect on the eradication of mental illness stigmatization.

V. Conclusion

5.1 Conclusion of the Study

Leadership remains an essential driver of the behaviors of other stakeholders in an organization. The study concludes that the commitment of institutional leaders in the Kenya Medical Training College is integral in curbing mental stigmatization among the students. Where leaders show their focus on eradicating mental illness stigmatization, this behavior is trickled down to the entire organization thus curbing stigmatization among students. The leaders committing themselves to create awareness and formulate policies that eradicate stigmatization are more capable in promoting an organizational community that embraces mentally-ill persons. While the college has been embracing policies to govern students' behaviours, mental health has not been effectively integrated in the students' affairs. This

makes stigmatization of mentally ill persons to persist since there lacks a properly set culture motivated by leaders on eradication of mental illness stigmatization.

5.2 Recommendations

The study recommends the need for institutional leaders at the Kenya Medical Training College (KMTC) to uphold mental health among students as a key agenda of the institution as a way of reducing mental illness stigmatization. It is the duty of institutional leaders to commit their skills and leadership traits to involve the students and the staff in mental health decision-making so as to bring all the stakeholders in a uniform approach of embracing mentally-ill persons. While treatment of the mentally-ill persons should be upheld, there should be an equal focus on eradicating stigmatization. Training of the students on how to embrace mentally-ill persons should come from the leaders who set the policies and operations of the institutions. Setting a psychosocial support system and a department where students are supported psychologically would be an essential move for the institutional leaders to support students who are mentally-ill. The management should be focused on creating awareness by supporting messaging and communication that seeks to eradicate mental illness stigmatization. Having billboards and other communication channels within the institutions would play an essential role in creating awareness for eradication of mental illness stigmatization among students.

References

- Akkoca, Y. (2019). The role of personality characteristics on the relationship between tendency of stigmatization and organizational commitment: a research on academic staff. Retrieved from <https://acikbilim.yok.gov.tr/handle/20.500.12812/702632>
- Arboleda-Flórez, J., & Stuart, H. (2012). From sin to science: fighting the stigmatization of mental illnesses. *The Canadian Journal of Psychiatry*, 57(8), 457-463.
- Audu, A. A., Idris, S. H., Olisah, V. O., & Sheikh, T. L. (2013). Stigmatization of people with mental illness among inhabitants of rural community in Northern Nigeria. *International Journal of Social Psychiatry*, 59(1), 55-60.
- Auerbach, R. P., Mortier, P., Bruffaerts, R., Alonso, J., Benjet, C., Cuijpers, P., ... & Murray, E. (2018). WHO World Mental Health Surveys International College Student Project: Prevalence and distribution of mental disorders. *Journal of abnormal psychology*, 127(7), 623.
- Bikos, L. J. (2021). "It's all window dressing:" Canadian police officers' perceptions of mental health stigma in their workplace. *Policing: An International Journal*, 44(1), 63-76.
- Dachew, B. A., Bisetegn, T. A., & Gebremariam, R. B. (2015). Prevalence of mental distress and associated factors among undergraduate students of University of Gondar, Northwest Ethiopia: a cross-sectional institutional based study. *Plos one*, 10(3), e0119464.
- Davidovitz, R., Mikulincer, M., Shaver, P. R., Izsak, R., & Popper, M. (2007). Leaders as attachment figures: Leaders' attachment orientations predict leadership-related mental representations and followers' performance and mental health. *Journal of Personality and social Psychology*, 93(4), 632.
- DeMars, A., & Wright, M. (2018). Mental Illness Stigmas. *Mental Illness*.
- Dessie, Y., Ebrahim, J., & Awoke, T. (2013). Mental distress among university students in Ethiopia: a cross sectional survey. *Pan African Medical Journal*, 15(1).
- Dimoff, J. K., & Kelloway, E. K. (2019). With a little help from my boss: The impact of workplace mental health training on leader behaviors and employee resource utilization. *Journal of occupational health psychology*, 24(1), 4.

- Elliott, I. B. J., Chakkalackal, L., Purcell, M., Graham, C., & Chandra, A. (2015). Fundamental facts about mental health. The Mental Health Foundation, London.
- experience and stigmatization. *Issues in mental health nursing*, 38(3), 193-201.
- Follmer, K. B., & Jones, K. S. (2018). Mental illness in the workplace: An interdisciplinary review and organizational research agenda. *Journal of Management*, 44(1), 325-351.
- Health, T. L. G. (2020). Mental health matters. *The Lancet. Global Health*, 8(11), e1352.
- Hoffner, C. A., Fujioka, Y., Cohen, E. L., & Atwell Seate, A. (2017). Perceived media influence, mental illness, and responses to news coverage of a mass shooting. *Psychology of Popular Media Culture*, 6(2), 159.
- Ishaku, U. G., Terao, T., Takai, J., Karuri, G. S., & Matsumoto, M. (2018). Comparing loneliness and mental health status of college students in Nigeria and Japan. *IFE Psychologia: An International Journal*, 26(1), 279-297.
- Kenya National Commission on Human Rights. (2011). *Silenced Minds: The Systematic Neglect on the Mental Health Systems in Kenya*, Nairobi, and Author
- Li, J., Liang, W., Yuan, B., & Zeng, G. (2020). Internalized stigmatization, social support, and individual mental health problems in the public health crisis. *International Journal of Environmental Research and Public Health*, 17(12), 4507.
- Lipson, S. K., Lattie, E. G., & Eisenberg, D. (2019). Increased rates of mental health service utilization by US college students: 10-year population-level trends (2007–2017). *Psychiatric services*, 70(1), 60-63.
- Ministry of Health. (2015). Kenya mental health policy 2015–2030. 2015. <https://publications.universalth2030.org/uploads/Kenya-Mental-Health-Policy.pdf>. Accessed 30 Apr 2020
- Mirbahaeddin, E., & Chreim, S. (2022). A narrative review of factors influencing peer support role implementation in mental health systems: implications for research, policy and practice. *Administration and Policy in Mental Health and Mental Health Services Research*, 49(4), 596-612.
- Mumtaz, M. (2020). COVID-19 and mental health challenges in Pakistan. *International Journal of Social Psychiatry*, 0020764020954487.
- Oswalt, S. B., Lederer, A. M., Chestnut-Steich, K., Day, C., Halbritter, A., & Ortiz, D. (2020). Trends in college students' mental health diagnoses and utilization of services, 2009–2015. *Journal of American college health*, 68(1), 41-51.
- Röhm, A., Hastall, M. R., & Ritterfeld, U. (2017). How movies shape Students' attitudes toward individuals with schizophrenia: an exploration of the relationships between entertainment experience and stigmatization. *Issues in mental health nursing*, 38(3), 193-201.
- Rössler, W. (2016). The stigma of mental disorders: A millennia-long history of social exclusion and prejudices. *EMBO reports*, 17(9), 1250-1253.
- Sadagheyani, H. E., & Tatari, F. (2020). Investigating the role of social media on mental health. *Mental Health and Social Inclusion*.
- Søvold, L. E., Naslund, J. A., Kousoulis, A. A., Saxena, S., Qoronfleh, M. W., Grobler, C., & Münter, L. (2021). Prioritizing the mental health and well-being of healthcare workers: an urgent global public health priority. *Frontiers in public health*, 9, 679397.
- Substance Abuse and Mental Health Services Administration, (2019). Key substance use and mental health indicators in the United States: Results from the 2018 National Survey on Drug Use and Health (HHS Publication No. PEP19-5068, NSDUH Series H-54).
- Trautmann, S., Rehm, J., & Wittchen, H. U. (2016). The economic costs of mental disorders: Do our societies react appropriately to the burden of mental disorders?. *EMBO reports*, 17(9), 1245-1249.
- World Health Organization (2015). *Mental health atlas 2014*. Switzerland: WHO.

- World Health Organization. (2010). Strengthening our response.
- World Health Organization. (2011). WHO report on the global tobacco epidemic, 2011: warning about the dangers of tobacco. Geneva: World Health Organization.
- Zhu, Y., Zhang, H., Yang, G., Hu, X., Liu, Z., Guo, N., ... & Rosenheck, R. (2018). Attitudes towards mental illness among medical students in China: Impact of medical education on stigma. *Asia-Pacific Psychiatry*, 10(2), e12294.