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Enablers and barriers for task sharing of mental health care from nurses to community health workers: A scoping review

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ABSTRACT

Background: The World Health Organisation (WHO) and other legislative mandates such as South African Mental Health Care Act 17 of 2002, advocate for mental health services to be rendered at the community level closer to the families. This requires task sharing of mental health activities with community health care workers.
Objective: To identify the existing literature on enablers and barriers of task sharing of mental health services to community health care workers at the community level.
Methods: The scoping review was guided by Arksey and O'Malley (2005) framework. Literature was searched in the following databases: Academic Search Complete, Health Source: Nursing/Academic Edition, Pubmed, APA PsychInfo, and Medline via Ebscohost.
Results: 15 articles were eligible for inclusion; however, 6 articles were excluded following full-text screening because they did not have sufficient information on the task sharing of mental health services. Therefore 9 articles met the inclusion criteria. Seven themes were identified of which three are barriers (individual factors (insufficient training, stigma, and family resistance), organisational factors (lack of supervision, lack of equipment, and work overload) and confidentiality and four are enablers (ongoing training, CHWs are known to the community, collaboration of CHWs with the key stakeholders, and feasibility of task sharing of Mental Health Services with CHWs).
Conclusion: As evidenced by the results of the reviewed literature, if the barriers can be managed or dealt with it is feasible to implement the task sharing of mental health services to community health care workers at the community level.

1. Introduction

Mental health has now become a serious and urgent global health issue with an estimation of 450 million people having serious mental illnesses worldwide. A large percentage of this population lives in low- and middle-income countries (LMICs) where health services are limited (Abdullah & Choudhury, 2018). In LMICs like South Africa, there is a high shortage of mental health professionals and the available services do not match the population's needs (Weinmann & Koesters, 2016). The World Mental Health Surveys reported that there is a treatment gap such that 76–85 % of people suffering from mental illness in the LMICs are not receiving treatment (Weinmann & Koesters, 2016). In this regard, the treatment gap is defined as the difference in the proportion of people who have mental disorders and the proportion of those who are receiving care (Kazdin, 2019). There are less than 0.5 psychiatrists and 0.4 mental health nurses per 100,000 population in LMICs which poses a challenge in the provision of mental health services (World Health Organization, 2020). The findings of the studies that were conducted in India and Ghana established that task sharing for mental health is a viable and successful strategy for closing the mental health human resources gap in LMICs (Javadi et al., 2017). If task sharing of mental health services to Community Health Workers (CHWs) can be implemented, the relapse rate will be reduced, and the quality of mental health services will improve. In the South African context, CHW refer to all lay healthcare workers within the health services (Mhlongo and Lutge, 2019).

Given the above, the WHO has developed a pyramid that illustrates an optimal mix of services for delivering mental health services. The

Abbreviations: LMICs, low - and middle-income countries; CHWs, Community Health Workers; MHCUs, Mental Health Care Users.

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pyramid advocates for mental health services to be rendered at the bottom of the pyramid where there is self-care and community care which will assist in increasing access to mental health services (Patterson & Edwards, 2018). The WHO advocated for the incorporation of community health workers (CHWs) into the service delivery of mental health in the community-based setting (Barnett, Gonzalez, Miranda, Chavira, & Lau, 2018). Mental health outreach programmes to the communities are critical for human rights protection. The programmes assist in addressing negative social determinants of mental health, such as economic deprivation, ethnic/racial discrimination, exposure to traumatic events, and violation of human rights against Mental Health Care Users (MHCUs) (Kohrt et al., 2018).

Similarly, the South African Mental Health Care Act 17 of 2002, discourages institutionalisation of MHCUs and promotes community care. In addition, South Africa's Ward Based Primary Health Care Outreach Teams (WBPHCOT) Policy Framework and Strategy, was developed as part of PHC reengineering to strengthen the outreach programmes to the community (Schneider, Daviaud, Besada, Rhode, & Sanders, 2020). The WBPHCOTs consists of one registered nurse who is the outreach team leader and six CHWs. The WBPHCOT Policy Framework and Strategy consists of two components namely, preventive maternal-child health interventions and follow-up of chronic lifelong conditions in adults which includes mental health services (Schneider et al., 2020).

However, the transition from the institutionalisation of MHCUs to communities has its challenges especially in LMICs. Lack of resources (both physical and human), stigma, and lack of understanding of mental health in the community are the main challenges in the implementation of mental health services in communities. Even though the policies and guidelines have been developed, it is not evident if the mental health services are fully implemented by the CHWs. Ideally, the CHWs would be responsible for tasks such as home visits and registrations, patient referrals for medical consultation, health education, and promotion, as well as encouraging treatment compliance for those with chronic illnesses (Ramakumba, 2020). In contrast, CHWs felt that there was not enough time allocated for their training on mental health concerns and that inadequate material was offered during the program for them to feel confident in delivering mental health services (Shahmalak, Blakemore, Waheed, & Waheed, 2019). In support of the above, a survey carried out in South Africa revealed that 64.8 % of CHWs did not feel secure enough to speak with individuals who had mental health issues (Nyalunga, Ndimande, Ogunbanjo, Masango-Makgobela, & Bogongo, 2019).

To date, there have been limited or few reviews on task sharing of mental health services to community health workers at community-based services in South Africa to improve mental health services in the community. Therefore, this review aims to explore the barriers and enablers for the task sharing of mental health care from nurses to community health care workers.

2. Material and methods

The review was guided by a framework for scoping reviews as proposed by Arksey and O'Malley (2005). The framework comprises of iterative six-stages as follows: (1) identifying the research question, (2) identifying relevant studies, (3) study selection, (4) charting the data, (5) collating, summarizing, and reporting the results, and (6) an optional consultation exercise. The Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) for scoping reviews were used to explain how the articles were selected.

2.1. Stage 1: Identifying the research question

This review aimed to identify the existing literature related to the barriers and enablers of task sharing of mental health services to CHWs working at the community level in the community. The broad question of the review was "What are the enablers and barriers for task sharing of mental health services to Community Health workers working at the community level"?

2.2. Stage 2: Identifying relevant studies

A search strategy was developed, and the following databases were included: Academic search complete, Medline, Health source: Nursing/Academic Edition, APA PsychInfo via Ebscohost and Pubmed. The period selected for the review was 11 years, starting from 2013 to 2024 due to limited studies available on this topic. MeSH terms that were used are task sharing, integration, task sharing, Mental health services, psychiatric services, Nurses, Community health workers and lay health workers. The following search strategies were used based on the Boolean phrases to search articles that met the inclusion criteria. ("Task Shifting" or Integration or Incorporation or "task sharing") AND ("Mental health care" or "Mental health services" or "psychiatric services") AND (Nurses or nurse or "Registered nurses" or "Nursing personnel") AND ("Community health workers" or "Village health workers" or "Community health assistants" or "lay health workers").

2.3. Stage 3: Study selection

Titles and abstracts were screened for eligibility. Full text of the articles that met the inclusion criteria were downloaded independently.

2.3.1. Inclusion criteria

The inclusion criteria were as follows: (1) articles that focused on task sharing of mental health services to CHWs in the community and published in English over 11 years (2013 to 2024); (2) studies that outlined the integration of mental health services in the primary health care; (3) studies that highlighted interventions designed to impact on engagement of the CHWs to mitigate the challenge of access to mental health services and shortage of mental health professionals.

2.3.2. Exclusion criteria

Studies that focused on task sharing of HIV and other chronic illnesses like diabetes and hypertension to CHWs were excluded. Studies that only focused on mental health integration at the Primary Health Care (PHC) level and not community-based services were also excluded. Studies that were focused on the integration of mental health services with other health professionals but not CHWs were also excluded.

2.3.3. Search results

Fig. 1 below depicts the literature search results using PRISMA flow chart. At the beginning of the search, 634 abstracts were identified in various databases. The initial screening excluded 124 duplicates. The remaining 470 non-duplicate articles were screened for eligibility. A total of 455 were removed after title and abstract screening. Many of the articles that were removed focused on task sharing of HIV and other chronic illnesses like diabetes and hypertension to community health workers. Fifteen articles were eligible for inclusion. However, six articles were excluded following full-text screening because they did not have sufficient information on the content. Therefore, nine articles met the inclusion criteria.

2.4. Stage 4: Charting of data

The data extraction table (Table 1) was developed with the following headings: author(s) name(s), year of publication, title of the study, the aim of the study, study populations, study setting, study findings, and conclusions. A careful review of the included studies was undertaken, and the two researchers independently extracted data from the seven articles. The findings were collated and discussed by the research team and were also compared with the articles identified in the literature search.

The PRISMA diagram (Fig. 1) highlights how data appraisal was

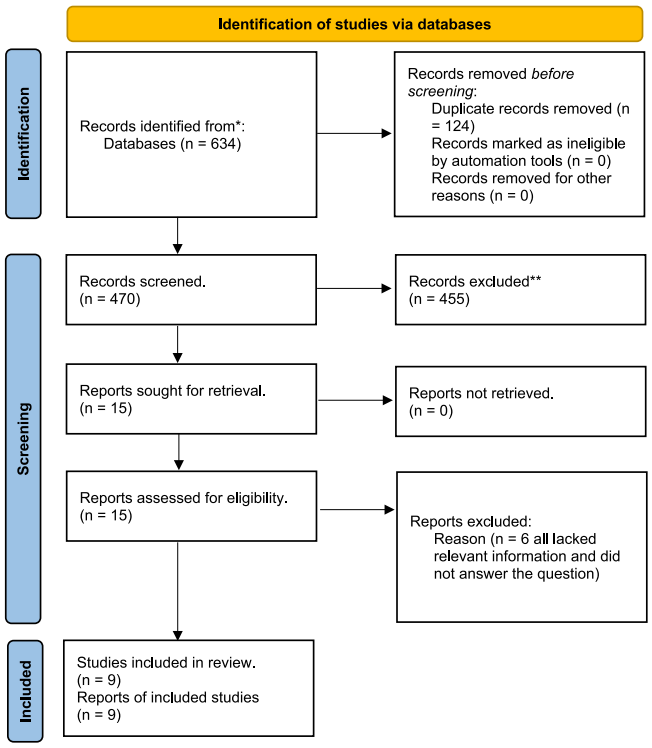

Fig. 1. Prisma flow chart.

conducted by using the Mixed Methods Appraisal (MMAT) tool version 2018 (Table 2). The MMAT tool has the capacity to appraise the quality of 5 methodological categories namely: qualitative, randomised controlled trials, non-randomised studies, quantitative descriptive studies, and mixed methods studies (Hong et al. 2018). The studies that were ranked as medium (50 % – 75 %) and high quality (100 %) were retained for data abstraction and synthesis. All seven papers were included in the analysis. The identified articles were studies from Ethiopia, India, Nepal, South Africa, and Uganda (n = 1), Brazil and Canada (n = 1), India (n = 2), Mozambique (n = 1), Ethiopia (n = 1), Washington and India (n = 1), United Kingdom (n = 1), and South Africa (n = 1).

2.5. Stage 5: Collating, summarising, and reporting results

Thematic analysis and deductive approach were used for data analysis. Each article was analysed manually and deductively coded under the following headings: enablers, and barriers to task sharing of mental health services to community health workers at the community level. The thematic worksheet was used to analyse and synthesise the data.

3. Results

The scoping review has identified barriers and enablers for the task sharing of mental health services to the CHWs' services (see Table 3). The barriers are identified as individual factors (insufficient of training, stigma, and family resistance), organisational factors (lack of supervision, lack of equipment, and work overload) and confidentiality. The enablers are the ongoing training, the CHWs are known to the community, collaboration of CHWs with the key stakeholders, and the feasibility of task sharing of Mental Health Services with CHWs.

3.1. Barriers to task sharing mental health services to the CHWs

3.1.1. Theme 1: Individual factors

In some of the reviewed articles, individual factors emerged as one of the barriers to task sharing of mental health services to the CHWs. The following subthemes emerged: Insufficient training, stigma, and family resistance.

3.1.1.1. Insufficient training. Most of the studies (n = 8) identified the lack of training in treating people with mental illness as the barrier to task-sharing of mental health services to CHWs. CHWs' understanding of mental illness is limited (Carrara, Bobbili, & Ventura, 2023). One study revealed that insufficient training is due to the training facilitators only devoting a small amount of time and attention to mental health during training (Tilahun et al., 2017). Due to a lack of knowledge, CHWs lack confidence in assisting MHCUs at their respective homes during home visits (Mabunda et al., (2022); Sibeko et al., (2018)).

3.1.1.2. Stigma. Some articles (n = 3) identified CHWs' stigmatising beliefs or myths about mental illness as the barrier to the task-sharing of mental health services to CHWs. According to Carrara et al. (2023) and Tilahun et al. (2017) established that some CHWs are still harbouring stigmatising beliefs about people who are suffering from mental illness and substance abuse. In the study by Wood, Seevak, Bhatia, McBain, and Nadkarni (2021), several CHWs had the myth that they may get mental illness themselves by helping those who were mentally ill.

3.1.1.3. Family resistance. In most cases, the CHWs are community members who come from the same community, and their family members are part of that community (Wood et al., 2021). This means that they share the same beliefs and values with the community that they reside in. It is not surprising that the family's beliefs are in line with the community. In the study by Wood et al. (2021), it was discovered that some CHWs experience some resistance from their family members in pursuing mental health work.

3.1.2. Theme 2: Organisational factors

In some articles that were reviewed, organisational factors emerged as one of the barriers to task sharing of mental health services to the CHWs. The following subthemes emerged: lack of supervision, lack of equipment, and work overload.

3.1.2.1. Lack of supervision. All articles (n = 9) reflected on aspects of supervision regarding task sharing of mental health services to CHWs. The article by Tilahun et al. (2017) revealed that there is a lack of supportive supervision, poor coordination, and collaborative work with CHWs. described supervision and support for CHWs as one of the barriers to task sharing of mental health services to CHWs. Importantly, Mendenhall et al. (2014) reported that the CHWs need constant supervision in rendering mental health services.

3.1.2.2. Lack of equipment. Most CHWs do not have any form of transport to use when rendering their services in the community (Tilahun et al., 2017). In support of the above statement, Wood et al. (2021) revealed that most CHWs travel by walking to patients' homes which is time-consuming and tiring for them. There is also a lack of other essential equipment such as tools of trade to enable CHWs to conduct their work effectively (Wood et al., 2021). According to Hoeft, Fortney, Patel, and Unützer (2018), resource constraints include things like, a lack of trained professionals on mental health in health facilities, a lack of mental health services, as well as financial issues for transport and treatment. This means that as much as the task sharing of mental health services with the CHWs can happen if the receiving facilities are not capacitated to receive and treat them, the efforts are worthless.

3.1.2.3. Work overload. Two articles describe workload as one of the barriers to task sharing of mental health services to community health workers. Tilahun et al. (2017) revealed that CHWs are experiencing a heavy workload due to a shortage of personnel. However, it is crucial to

Table 1
Data extraction.

AUTHOR AND PUBLICATION YEAR	TITLE OF THE STUDY	AIM OF THE STUDY	STUDY POPULATION	STUDY SETTING	STUDY FINDINGS	CONCLUSIONS
Mendenhall, E., De Silva, M. J., Hanlon, C., Petersen, I., Shidhaye, R., Jordans, M., … & Lund, C. (2014).	Acceptability and feasibility of using non-specialist health workers to deliver mental health care: stakeholder perceptions from the PRIME district sites in Ethiopia, India, Nepal, South Africa, and Uganda.	PRIME aims to generate evidence on implementing and scaling up mental health services in primary care in Ethiopia, India, Nepal, South Africa, and Uganda	*home (e.g., CHWs), clinic (e.g., service users), or workplace (e.g., PHC workers and policymakers).*	Ethiopia, India, Nepal, South Africa, and Uganda	It was found that task-sharing mental health services are perceived to be acceptable and feasible in these LMICs as long as key conditions are met: 1) increased numbers of human resources and better access to medications; 2) ongoing structured supportive supervision at the community and primary care-levels; and 3) adequate training and compensation for health workers involved in task-sharing. Considering the socio-cultural context is fundamental for identifying local personnel who can assist in detecting mental illness and facilitate treatment and care as well as training, supervision, and service delivery.	By recognizing the systemic challenges and sociocultural nuances that may influence task-sharing mental health care, locally situated interventions could be more easily planned to provide appropriate and acceptable mental health care in LMICs.
Mabunda, D., Oliveira, D., Sidat, M., Cournos, F., Wainberg, M., & Mari, J. D. J. (2022).	Perceptions of CHWs on barriers and enablers to care for people with psychosis in rural Mozambique: findings of a focus group discussion study using the Capability, Opportunity, Motivation and Behaviour framework	This study aimed to explore the CHWs' perception of psychosis and their experiences and beliefs about the factors that might enable or hinder care-taking for patients with psychosis in rural settings in Mozambique.	Community health workers	Rural districts of Maputo Province, a southern region of Mozambique	There were nine main themes found. In general, CHWs believed that psychosis was a medical disease that could be treated, and they had a positive outlook on helping patients in rural areas who were experiencing psychosis. CHWs saw partnerships with important stakeholders such as families, healthcare professionals, and traditional healers – as **enablers** of better access to care in rural areas. However, according to CHWs, stigma, misconceptions, and a lack of training in treating individuals with psychosis were **barriers** to providing the right care.	When given the necessary resources, CHWs may be able to assist in identifying and referring patients with psychosis in remote areas. This includes tracking down patients who have been prescribed medication for psychosis and identifying those who need further attention. It is important to consider including fundamental mental health care competencies in CHW training.
Shahmalak, U., Blakemore, A., Waheed, M. W., & Waheed, W. (2019).	The experiences of lay health workers trained in task-shifting psychological interventions: a qualitative systematic review. International Journal of Mental Health Systems.	The study aimed to explore the experiences of lay health workers trained in task-shifting psychological interventions.	Lay health workers	Low-income and middle-income countries	The main takeaways were that although LHWs were happy with their training, they desired more thorough supervision; insufficient time was dedicated to training on mental health issues; and LHWs' increased confidence affected their interpersonal interactions.	This evaluation is the first to synthesize previous qualitative studies to examine LHWs' experiences in training and therapy delivery. Several important takeaways from this research can enhance the calibre of the training courses and emphasize the advantages that lie ahead for the LHW in providing psychological treatments. .
Sibeko, G., Milligan, P. D., Roelofse, M., Molefe, L., Jonker, D., Ipser,	Piloting a mental health training program for community health workers in South Africa:	To examine whether a structured mental health training program would be	Community Health Workers	Western Cape province of South Africa	Training outcomes: Knowledge, Confidence, Attitudes. Training feedback: The following	CHW training intervention led to improvements in knowledge, and confidence. Feedback showed the

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Table 1 (*continued*)

AUTHOR AND PUBLICATION YEAR	TITLE OF THE STUDY	AIM OF THE STUDY	STUDY POPULATION	STUDY SETTING	STUDY FINDINGS	CONCLUSIONS
J., … & Stein, D. J. (2018).	an exploration of changes in knowledge, confidence, and attitudes.	acceptable and feasible, and result improved knowledge, confidence, and attitudes amongst CHWs.			themes emerging from the daily evaluation forms included 1) new exposure to aspects of culture; 2) lack of confidence in dealing with the mentally ill; 3) ongoing training needs, and 4) emphasizing positive features of the training; 5) expressing gratitude; and 6) ongoing training needs.	training was acceptable, with high attendance and stakeholder support indicating its feasibility and potential for involving CHWs in mental health care.
Pallikkuth, R., Kumar, T. M., Manickam, L. S., Cherian, A. V., Bunders-Aelen, J. F., & Regeer, B. J. (2021).	Community-based psychosocial intervention for persons with severe mental illness in Rural Kerala: Evaluation of training of lay mental health workers.	This study aimed to evaluate the classroom training methods employed to educate the LMHW.	Lay mental health workers (LMHW)	Rural Kerala, India	After participating in the classroom training session, the LMHW's knowledge, attitudes, perceived interpersonal skills, and confidence levels showed a discernible shift.	In rural India, it is possible to teach LMHWs to provide psychosocial therapies to individuals with severe mental problems and their families. Case-based training and appropriate continuing supervision are needed in addition to classroom instruction to improve their knowledge, abilities, and attitudes.
Wood, S., Seevak, E., Bhatia, U., McBain, R., & Nadkarni, A. (2021).	"I will not step back": a qualitative study of lay mental health workers' experiences in India.	The study aimed to understand the barriers and facilitators lay health workers (LHWs) face in delivering mental healthcare.	Lay mental health workers and mental health program stakeholders.	Non-governmental organisations across India	LHWs perceived barriers and facilitators at three levels: **individually** (related to personal characteristics and family support, and in their daily work such as in relationship building and supervision), **organization** ally (for example, related to compensation), and **societally** (such as encountering gender discrimination and stigma).	Interventions can be more successful and acceptable to the community if it is understood what obstacles LHWs encounter and what supports them in their work. Global program design and decision-making for mental health interventions should prioritize the perspectives of LHWs. Asking LHWs for advice on how to get through obstacles can make them feel more appreciated and could even lead to better results.
Tilahun, D., Hanlon, C., Araya, M., Davey, B., Hoekstra, R. A., & Fekadu, A. (2017).	Training needs and perspectives of community health workers about integrating child mental health care into primary health care in a rural setting in sub-Saharan Africa: a mixed methods study.	This study aimed to examine the training needs and perspectives of community CHWs concerning providing child mental health care in rural Ethiopia.	Community health workers	Southern Nations, Nationalities, and Peoples' Region (SNNPR) of Ethiopia	Barriers to Integration of Child Mental Health Care: **Individual Level:** CHWs face barriers such as poor knowledge and skills, negative attitudes, stigma, and demotivation. **Community Level:** Barriers included misconceptions, negative attitudes, stigma, discrimination, low community, and family expectations of CHWs input, and lack of community appreciation, which demotivated CHWs. **Institutional Level:** Common barriers were resource constraints (lack of trained professionals, services, facilities, financial issues for transport and treatment), minimal government attention, lack of supportive supervision, poor coordination, and collaborative work. Insufficient training, due	Although the HEAT training on child mental health was brief, it appears to have had an important impact in motivating community health workers and in providing services for children with mental health needs and their family. If the key barriers to service provision are addressed and supported by policy guidance, CHWs may contribute substantially in addressing the treatment gap for children with mental health needs.

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Table 1 (*continued*)

AUTHOR AND PUBLICATION YEAR	TITLE OF THE STUDY	AIM OF THE STUDY	STUDY POPULATION	STUDY SETTING	STUDY FINDINGS	CONCLUSIONS
					to inadequate time, content, methods, and scope, with minimal focus on mental health by tutors, inaccessible training materials, and heavy workloads, also hindered integration.	
Hoeft, T. J., Fortney, J. C., Patel, V., & Unützer, J. (2018).	Task-sharing approaches to improve mental health care in rural and other low-resource settings: a systematic review.	This review focuses on task shifting approaches and highlights future directions for research in this area.	Community Health workers and primary health care providers	Rural and Other Low-Resource Settings	It was determined that using technology, mental health professionals might be better utilized to assist care in a variety of settings, including primary care and the community. The evaluation also emphasized the ways in which task sharing might be supported by provider monitoring, education, and relationships with local populations. Issues like confidentiality are frequently left out of the literature.	Task sharing strategies can potentially expand the availability and efficacy of mental health services in underserved areas, such as rural areas.
Carrara, B. S., Bobbili, S. J., & Ventura, C. A. A. (2023).	Community health workers and stigma associated with mental illness: an integrative literature review.	This study aimed to assess evidence regarding CHWs approaches for addressing mental health issues	Community Health workers	Low-income and middle-income countries	The findings demonstrated that CHWs' understanding of mental illness is restricted, and they also harbour stigmatizing beliefs about those who struggle with mental illness or drug abuse. Though they may feel unprepared, Community Health Workers (CHWs) are valuable resources for mental health care and can help lower stigma because of their shared experiences with the communities they serve.	When CHWs are adequately trained to carry out their tasks, task-sharing between health professionals and CHWs is a valuable way to increase access to health services and lessen stigma towards individuals with mental illness.

recognise that overloading CHWs with additional tasks might be a risk, especially if mental health training is conducted without enough assistance to integrate practices, proper resources, supervision, and remuneration (Carrara et al., 2023).

3.1.3. *Theme 3: Confidentiality*

Two articles described confidentiality as one of the barriers to task sharing of mental health services to community health workers. Another barrier to task-shifting mental health, particularly in small rural settings, maybe confidentiality issues, especially because the CHWs are from the same community (Hoeft et al., 2021). Some studies described the usefulness of CHWs sharing similarities with their patients, such as a common language, age, gender, living in the same community, or family experiences with mental illnesses, however, the study by Wood et al. (2021), revealed that some CHWs felt that it was better to be from outside the community because patients were more trusting with sharing of confidential information.

3.1.4. *Enablers to task sharing mental health services with the CHWs*

3.1.4.1. Theme 4: Ongoing training. All articles (n = 9) reflected on aspects of training regarding task sharing of mental health services to CHWs. The study by Wood et al. (2021), revealed that CHWs have a desire for more continuous training on mental health. Sibeko et al. (2018); Shahmalak et al. (2019) and Pallikkuth et al. (2021) observed that after training of CHWs, there were improvements in knowledge, confidence, interpersonal skills, and attitudes among the trained CHWs. Similarly, Tilahun et al. (2017) reported that after training CHWs, there was an important impact in motivating CHWs to provide mental health services to children and their families. The study by Wood et al. (2021), revealed that mental health training has assisted other CHWs to change some of the myths that they had about mental illness.

3.1.4.2. Theme 5: CHWs are known to the community. Carrara et al. (2023), mentioned that CHWs might feel unprepared, however, they are a valuable resource for mental health care, and they can assist in lowering stigma because they have shared experiences with the community they are serving. In the study by Wood et al. (2021), the advantages of sharing similarities (for example, language, age, gender living in the same community family experiences with mental illness) with the patients that the CHWs are serving were highlighted. These cadres have been providing outreach services in the previous years for other programs like HIV & AIDS, tuberculosis, and other non-communicable diseases, they are not new to the community. Mendenhall et al. (2014) expressed that mental health problems can be addressed by experienced (lay) people who are familiar with the

Table 2
Quality appraisal of the studies using mixed methods appraisal too (MMAT_v2018).

First Author and Year	S1	S2	1.1	1.2	1.3	1.4	1.5	2.1	2.2	2.3	2.4	2.5	3.1	3.2	3.3	3.4	3.5	4.1	4.2	4.3	4.4	4.5	5.1	5.2	5.3	5.4	5.5	Score	Ranking
Mendenhall et al. 2014	1	1	1	1	1	1	1																					100 %	High quality
Mabunda et al. 2022	1	1	1	1	1	1	1																	1	1	1	1	100 %	High quality
Shahmalak et al. 2019	1	1	1	1	1	1	1																					100 %	High quality
Wood et al. 2018	1	1	1	1	1	1	1																					100 %	High quality
Carrara et al. 2023	1	1	1	1	1	1	1																					100 %	High quality
Sibeko et al. 2018	0	1											1	1	1	1	1						1	1	1	1	1	71 %	Medium
Tilahun et al. 2017	1	1																					1	1	1	1	1	100 %	High quality
Pallikkuth et al. 2021	1	1																					1	1	1	1	1	100 %	High quality
Hoeft et al. 2021	1	1																					1	1	1	1	1	100 %	High quality

Table 3
Themes.

	Themes	Sub-themes
Barriers		
Theme 1	Individual factors	Insufficient of training
		Stigma
		Family resistance
Theme 2	Organisational factors	Lack of supervision
		Lack of equipment
		Work overload
Theme 3	Confidentiality	
Enablers		
Theme 4	Ongoing training	
Theme 5	CHWs are known to the community	
Theme 6	Collaboration of CHWs with the key stakeholders	
Theme 7	Feasibility of task sharing of Mental Health Services with CHWs	

community culture. In addition, Sibeko et al. (2018) mentioned that there is a potential to engage CHWs in task sharing for mental health services.

3.1.4.3. Theme 6: Collaboration of CHWs with the key stakeholders. The study by Sibeko et al. (2018) revealed that the training of CHWs in mental health was accepted by mental health stakeholders who even indicated that task sharing with CHWs is feasible. One study by Mabunda et al. (2022) highlighted that the CHWs identified partnerships with key stakeholders (families, health care professionals, and traditional healers) as an enabler for task-sharing of mental health services. Using technology, mental health professionals may be utilised by the CHWs to assist them while they are in outreach in the community.

3.1.4.4. Theme 7: Feasibility of task sharing of mental health services with CHWs. All reviewed articles (n = 9) reflected on aspects of the feasibility of task sharing of mental health services to CHWs. Hoeft et al. (2018), mentioned that task-sharing can potentially expand the availability and efficiency of mental health services in underserved areas. The study by Carrara et al. (2023), concluded that when CHWs are adequately trained to carry out their tasks, task-sharing between health professionals and CHWs is a valuable way to increase access to mental health services and reduce stigma against mental illness. Similarly, the study of Tilahun et al. (2017) emphasised that if the key barriers to service provision are addressed and supported by policy guidance, CHWs may contribute to addressing the treatment gap for mental health needs. In support of the above, Mabunda et al. (2022), concluded that, when given the necessary resources, CHWs may be able to assist in tracing mental health defaulters and identifying and referring patients with mental illness.

4. Discussion

The scoping review aimed to identify the existing literature relating to the barriers and enablers of task sharing of mental health services to Community Health workers working at the community level. Nine eligible studies were analysed regarding the factors relating to barriers and enablers of task sharing of mental health care services from nurses to community health workers. Two categories of themes were identified as barriers and enablers, and they are listed as follows: The barriers are identified as individual factors (insufficient of training, stigma and family resistance), organisational factors (lack of supervision, lack of equipment and work overload) and confidentiality. The enablers are the ongoing training, CHWs are known to the community, collaboration of CHWs with the key stakeholders and feasibility of task sharing of Mental Health Services with CHWs. This review pointed out the barriers and enablers for task sharing of mental health services to CHWs.

This scoping review discovered that CHWs do not have confidence in dealing with MHCUs, due to insufficient training on mental health. Task sharing involves training lay health workers, and other community

health providers in delivering evidence-based mental health services (Naslund, Shidhaye, & Patel, 2019). The findings suggest the need for mental health specialists to avail themselves for the in-service training of the CHWs. Similar findings were made by Shahmalak et al. (2019), who showed that training is a crucial element of task-sharing success. It will benefit the services if the training of CHWs can be formalised and registered with National Qualifications Framework (NQF) level.

The literature revealed that some CHWs are still having the stigmatising believes or myths about mental illness. Consistent with the results, Susanti et al. (2024) found that concerning stigma, it's important to note that some CHW cadres call individuals with mental illnesses "crazy" or "lazy." Training of CHWs is very important to reduce stigma and correct the myths about mental illness because they share the same background or beliefs with the community that they serve.

This study found out that some of the CHWs' families are not in support of their family members supporting patients that are suffering from mental illness. This result is in line with Susanti et al. (2024)'s study, which found that some cadres' (CHWs') relatives stigmatise mental health patients by also calling them "crazy" or "lazy." Families of cadres also question why cadres care for those with mental illnesses, which may be interpreted as stigmatizing attitudes toward those who suffer from mental illness.

The reviewed articles stated that support and supervision from mental health specialists should be available to the CHWs (Naslund et al., 2019). This implies that mental health practitioners should be readily available within the area of operation in case of any emergencies. In line with the findings, Jinabhai, Marcus, and Chaponda (2015) mentioned that CHWs should be led and supported by clinical and other professionals. Regular meetings between the CHWs and mental health practitioners should be held for support and guidance to enable mental health task sharing. Mental Health Practitioners may use technology to enhance the support of CHWs.

The reviewed articles revealed that CHWs do not have transport that they use when they are busy with outreach programmes. Lack of transport will cause the task sharing of mental health services to CHWs' services difficult. This finding is confirmed by Jinabhai et al. (2015) who revealed that lack of transport is a major constraint for the outreach services conducted by CHWs. The department should allocate transport for CHWs to enable them to effectively render the outreach programmes for the mental health services. There should be a budget allocated for the task sharing of mental health services to CHWs for their transportation and services to the MHCUs.

The scoping review discovered that CHWs view their workload as being very high and that makes them reluctant to take what they consider as additional work. In line with the findings, Jinabhai et al. (2015) reported that CHWs reported that are experiencing a high workload due to a shortage of CHWs. This finding suggests that workload analysis should be done for CHWs to ensure that mental health task sharing is done successfully.

The reviewed articles revealed that CHWs' motivation and confidence in rendering the service increased after receiving mental health training. Consistent with this finding, Lund et al. (2014) observed that CHWs may be trained in mental health to provide basic counselling services as outreach to the community. The finding indicates that CHWs need to be trained for mental health task sharing to be successful.

CHWs are well known, and they have well established rapport with the communities in which they provide other health services as part of the outreach services. Taping on their services to include mental health services will enable the task sharing of mental health services to CHWs because they are not new to the community. Ramukumba, (2020) revealed that the communities regard CHWs as their saviours and they usually consult them for any health related advises. This finding indicates that there is a strong relationship between the community and the CHWs to enable the task sharing of mental health services to CHWs.

Importantly, the findings in this scoping review, highlighted that the health professionals in the facilities need to be trained as well so that CHWs' referral pathways are ready to receive their patients. In response to the above-mentioned challenges, the use of technology may assist CHWs to access the necessary support and assistance they need to continue delivering high-quality mental health care services (Naslund et al., 2019). Digital technology is rapidly increasing worldwide, and it provides new opportunities to support non-specialist health workers remotely and increase access to mental health services (Naslund et al., 2019). However, Jinabhai et al. (2015) indicated that cell phones are available for CHWs as field devices. The CHWs capture information electronically using those cell phones. The very same cell phones may assist in task shafting of mental health services, they are also used to consult with mental health professionals who are off-site.

The reviewed literature stated that if the barriers to task sharing of mental health services to CHWs are dealt with, then the task sharing of mental health services with CHWs will be feasible. CHWs stated in the Susanti et al. (2024) study that they are motivated to assist individuals in enhancing their mental health and lessening the stigma attached to mental illness. In support of the above Nyalunga et al. (2019) mentioned that CHWs created a bridge between health professionals and communities that may have difficulty accessing these services like MHCUs. Services like mental health were never included in CHWs' services package previously in South Africa because the initial focus was on HIV/AIDS and tuberculosis. In terms of implementation of the programs like mental health services, the National Department of Health needs to strengthen its support in terms of developing guidelines for implementation and clearly defining their role in the community and health services.

4.1. *Limitations of the review*

This study has limitations which are acknowledged. The researcher is aware that the seven themes may not be exhaustive of all the factors that barriers and enablers of task sharing of mental health services to CHWs. Despite rigorous search methodologies, it is possible that some studies were missed by the nature of the search strings used if the keywords did not appear in the title or abstract. There is limited data on this research topic.

4.2. *Recommendations for further research*

More research on this topic in a different setting needs to be conducted. One of the themes highlighted in this review is the lack of funding for the task sharing further research should be done to quantify the funding. More feasibility studies should be done to assess the possibility of officially appointing this cadre at a community level to strengthen PHC level services.

4.3. *Implications*

Task sharing of mental health services to community health workers at community-based has implications on the Department of health who must set aside the budget for the programme. It also has implications on the academic institutions to develop a curriculum that will include mental health and maybe create a qualification that is recognised for community health workers.

5. Conclusion

Task sharing of mental health services to community health workers at community-based is a relatively new concept and it is rapidly expanding due to the shift in legislation in terms of moving away from the previous institutionalisation treatment modality to community services. The scoping review identified the barriers which are identified as individual factors (insufficient of training, stigma, and family resistance), organisational factors (lack of supervision, lack of equipment, and work overload), and confidentiality. The enablers are the ongoing

training, CHWs being known to the community, collaboration of CHWs with the key stakeholders, and feasibility of task sharing of Mental Health Services with CHWs. Although the scoping review has identified the barriers to the task shifting of mental health services to CHWs, all the reviewed articles concluded that with proper training, support from mental health practitioners, availing of budget, transport, and the use of digital technology, CHWs can assist in improving access to mental health services at the community level. It is evident from the findings that the barriers that are identified consist of the items that can be managed to enable the task sharing of mental health services to CHWs. Task sharing of mental health services to CHWs is a very important intervention for LMICs like South Africa, to be able to improve access to mental health services. The reviewed literature confirmed that with the management of the identified barriers, it is feasible to implement the task sharing of mental health services to CHWs.

6. Data availability statement

The data used to support the findings of this scoping review study are available upon request.

Ethics approval

The paper is part of a bigger study that is approved by the University of Pretoria, Ethics Research Committee and the ethics reference number is 403/2023.

CRediT authorship contribution statement

Khalaeng Frans Thobane: Writing – review & editing, Writing – original draft, Methodology, Investigation, Conceptualization. **Fhumulani Mavis Mulaudzi:** Supervision. **Ndivhaleni Robert Lavhelani:** Supervision. **Rodwell Gundo:** Supervision.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that could have appeared to influence the work reported in this paper.

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