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Research article

Knowledge and Attitude towards Mental Illness among In-School Adolescents in Enugu, Southeast Nigeria

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ABSTRACT

The knowledge of mental health in adolescents is essential because it empowers them with the skills to build better lives, positive attitudes, better systems of care and better society. In most societies today, mental illness has become a global problem, affecting people of all ages at any given point in time. And poor knowledge of mental illness has led to negative attitude towards mental illness and people living with it in different communities and has contributed to low treatment seeking and stigmatization of people with mental illness. This study was aimed at assessing the knowledge and attitude towards mental illness among in-school adolescents. A descriptive survey design was used for the study. Using a multi stage sampling procedure, two secondary schools in Enugu were randomly (balloting) selected for the study. Simple random sampling method was used to select a sample of 140 in-school adolescent students aged 15-19 years who met the inclusion criteria was used. Data was collected using the validated Disposition towards Mental Illness Scale to determine the adolescents' level of knowledge of mental illness and attitude towards mental illness. The overall level of knowledge of mental illness among in-school adolescents was generally low (42.1%) and the overall attitude towards mental illness was high and positive (71.3%). There is need to improve the knowledge of mental health and mental illness among adolescents for proper psychosocial development and improved mental wellbeing.

Keywords: *Mental illness, knowledge of mental illness, attitude towards mental illness, in-school adolescents, mental health knowledge*

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INTRODUCTION

One of society's most important resources is its youth and their awareness of mental health and mental illness is crucial to their balanced growth and development. Mental health is essential for the growth of human capital and connects to people's wellness and chances for a better quality of life (Honnappa & Omkarappa, 2021). All adolescents should be concerned about mental health awareness since it will benefit them and those around them. Adolescents who understand the concepts of mental health and mental illness will find themselves better able to control their emotions; develop healthier alternatives to risky behaviour and resilience to deal with adversity; as well as foster positive social settings and interactions with others. Adolescence is the period when many health-risky behaviors like substance use and sexual experimentation begin. Risk-taking behaviors can have a negative impact on an adolescent's mental and physical health and can be an unhelpful coping mechanism for emotional troubles (WHO, 2021).

About 10 percent of the adolescent population suffers from mental health disorders and the prevalence is said to be increasing (AL Omari *et al*, 2022). Majority of mental illnesses emerge in middle adolescence (before the age of 18 years). Having a good knowledge and positive attitude towards mental illness is a fundamental requirement for adolescent healthy transition to adulthood yet, according to research, many young individuals have reservations toward peers who have mental health issues. Untreated mental illnesses could lead to adult mental health disorders in addition to the immediate limitations it places on the adolescents (Zang *et al*, 2021).

There is a prevalent negative public perception of and attitude towards mental illness and this fosters a climate of isolation and alienation which hinders both getting treatment and recovering. Adolescents in secondary schools and universities have the same negative attitudes towards people with mental illness as the public (Al Omari *et al*, 2020; AlAzzam, & Abuhammad, 2021). Judging from the fact that most serious mental disorders would have developed during

the adolescent period, school is a crucial platform for providing instruction and increasing students' knowledge about mental illness (Imran *et al.*, 2018). The school should serve as a hub for social connections among teenagers and a crucial environment for fostering the health and wellness of students (Honnappa & Omkarappa, 2021). However, studies in Nigeria still show inadequate knowledge and negative perceptions /attitudes both in the general population and among students (Mojiminiyi, 2020; Chukwujekwu, 2018).

Mental illness exists globally, affecting about 13% of the world's population, at any given point in time (Walsh, 2023). Despite the vast population affected, negative attitude towards mental illness has been consistently reported to be prevalent in all societies. People with mental illnesses face prejudice in every facet of their lives in most societies today (Puspitasari *et al.*, 2020). The negative attitude in turn contributes to discrimination against persons with mental illness, which may hinder them from pursuing two crucial possibilities to achieving their life goals: employment prospects and the ability to live freely and safely (Hartini *et al.*, 2020). In addition to discrimination, mental illness exposes sufferers to financial burden, pain, social isolation, and the danger of suicide. Due to the negative attitudes and the stigma they experience from the society, people with mental illness typically do not seek treatment (Puspitasari *et al.*, 2020).

In Nigeria, about one quarter of the people (60 million) in a country of about 223 million citizens suffer from mental disorders (World population review, 2023; Uthman, 2022). There are only eight (8) federal psychiatric hospitals in Nigeria and less than 10 percent of her population has access to mental healthcare. Mental illness has a large impact on the society, affecting its economic productivity. This burden of mental illness continues to grow significantly hence the need to create awareness and also accept the mentally affected persons in the society urgently (Noykhovich *et al.*, 2012, WHO, 2022, Federal Ministry of Health, 2022).

Nigerians stigmatize people who suffer from mental illness (Okpalauwaekwe *et al.*, 2017), even starting in childhood. Children are observed to frequently make fun of those who suffer from mental problems in Nigeria. Daily occurrences of unfavourable views and social exclusion toward people with mental illness in society are proof that this behaviour continues into adulthood (Oduguwa *et al.*, 2017).

The stigmatizing attitudes and lack of understanding of mental illness among Nigerians have been found to be a significant barrier to the improvement of mental health there. This reign of ignorance and stigma prevails either because mental illnesses are misunderstood by most people or are surrounded by preconceived biases. This influences the priority for what resources—such as facilities or services—are needed to care for the mentally sick. On the other hand, Okpalauwaekwe *et al.*, (2017) reported that there is growing evidence that changing Nigerians' attitudes toward mental illness may result in the nation's healthcare system providing an enhanced and effective care. However, as long as negative cultural beliefs and attitudes exist regarding mental illnesses, the possibility of consumers of mental health services coming out to access and receive optimal health care services will continue to diminish especially in developing countries (Benti *et al.*, 2016).

These effects could be of particular significance during teenage years, when the prevalence of a wide range of psychiatric problems peaks and at this age, they are most sensitive to peer criticism. It is crucial to learn more about young people's attitudes and knowledge regarding mental illness (Honnappa & Omkarappa, 2021). However, in Nigeria, especially in the southeast, knowledge and attitude towards mental illness among adolescents has not received much research attention. Hence, there is a need to assess the knowledge and attitude towards mental illness among adolescents with a view to developing mental health training programme on mental health and mental illness.

MATERIALS AND METHODS

Research design: This study adopted descriptive survey design.

Study population: A total of 140 adolescent students in senior secondary three (SS 3) participated in the study out of the target population of 190 students in senior secondary class three. They were randomly selected from two government senior secondary schools in Enugu, Nigeria. Only Government owned secondary schools were chosen because there is no discrimination in public schools in terms of socio-economic status, religion or ethnicity which serves as a level playing ground for research and it gives a heterogeneous data. The study made use of only the students in SS3 classes because, it was assumed that at this stage the students were about finishing their secondary school curriculum, getting ready to enter higher institutions and also the incidence of suicide and involvement in risky behavior is high at this age group.

Data collection: Disposition towards Mental Illness Scale used in this study is a 43-item questionnaire adapted from the study of Puspitasari *et al.* (2020). The adapted instrument measured four variables – demographic data, perception, knowledge, and attitude towards mental illness, but two variables including demographic characteristics adapted from the instrument were used in this study. In the instrument, the knowledge section comprised 8 adapted questions, and 12 new questions about mental illness added resulting in 20 questions in total. The attitude section has 8 adapted questions and 6 new questions resulting in total of 14 questions.

The knowledge questions assess the adolescents' knowledge of concept, characteristics and types, prevalence, causes and treatments of mental illness. In the knowledge questions, each response (“Yes,” “No,” and “Not sure”) was assigned a score. Correct answers were given a score of 1, while incorrect responses and “Not sure” were scored 0. Items 2, 4, 13, 14, 15, 16, 18, and 20 were negatively stated and therefore were reverse-scored. The knowledge scores of each participant were summed to obtain the total knowledge score which was expressed as a percentage. Score less than 50% was regarded as poor knowledge while score from 50% and above was regarded as good knowledge.

Meanwhile, each participant's attitude towards people with mental illness was assessed using 14 statements with a four-point Likert scale, where Strongly Disagree was assigned

1 and Strongly Agree was assigned 4. Items 3 and 8-14 were negatively stated and therefore, were reverse-scored. The attitude scores of each participant were summed, resulting in total attitude score (ranges from 0 to 56 points) which was expressed as a percentage. Attitudes were considered positive if total attitude mean score was higher than 28 points (50% and above) and negative if the score was less than 28 points (< 50%). Cronbach's Alpha, a measure of the scale's internal consistency was used to establish the reliability of the instrument. Test-retest reliability was conducted to determine the internal consistency of the questionnaires. The reliability coefficients were as follows: knowledge of mental illness subscale = 0.946 and attitude towards mental illness subscale = 0.686. As a result, the questionnaires were reliable.

Ethical Consideration: Ethical clearance for the conduct of the study was obtained from Research and Ethics Committee, Enugu State Ministry of Health. The ethical clearance number is Ref. No.: MH/MSD/REC21/238. Administrative permit into the schools was obtained from the office of the Permanent Secretary, Post Primary School Management Board, Enugu state.

Informed consent was obtained by sending an information letter to all students, informing them about the study and that participation was voluntary. The response procedure guaranteed total anonymity for the individual participant.

Data analysis: All the questionnaires were stored in locked cabinets throughout the study and accessed only by the researchers so as to ensure confidentiality and to avoid data loss. After data collection, a double entry of the same data was done to maintain accuracy. The data was entered using Microsoft Excel and then exported to IBM SPSS software version 25.0 for analysis. Coding and verification of the data was done for easy analysis and presentation. Descriptive analysis was done using means, proportions and frequencies. Chi-square homogeneity of proportion test was used to show association between the participants' gender and knowledge and attitude towards mental illness. Significant association hence existed if p-value was less than 0.05 (P< .05). Otherwise, there is no significance.

RESULTS

Table 1 shows the socio-demographic characteristics of the respondents. The mean age of the respondents was 17 years (SD ± 1.1). Greater proportions were females (57.8%). Only a few had visited a psychiatric hospital (11.1%) and the major reason for the visit was 'to see a patient' (86.7%]. More than half of the respondents have had an experience with a person with mental illness (56.3%). Those who had been diagnosed with mental illness were in the minority (2.2%). Majority opined that they knew about mental illness/disorder (83.0%). The major sources of information on mental illness were movies/radio (79.3%), books (65.2%) as well as from friends/families (63.0%).

Table 2 shows that the overall level of knowledge of mental illness among in-school adolescents was generally low (42.1%). However, highest level of knowledge was observed

in the following responses: people who have mental illness should go to psychiatric hospital (95.6%); use of hard drugs could lead to mental illness (71.9%); mental illnesses can be prevented (57.8%) and that loss of parents/loved ones/property may cause mental disorder (55.6%).

Table 1:
Socio-demographic Characteristics of the respondents (n = 135)

Variables	Options	F	%
Age	14 -16	38	28.1
	17 - 19	97	71.9
<i>Mean (±SD) age</i>		<i>17 ± 1.1</i>	
Gender	Male	57	42.2
	Female	78	57.8
Visited psychiatric hospital	Yes	15	11.1
	No	20	88.9
Reason for visit* (n = 15)	Treatment	0	0
	See a patient	13	86.7
	Excursion	2	13.3
Experience with a person with mental illness	Yes	76	56.3
	No	59	43.7
Diagnosed with mental illness	Yes	3	2.2
	No	132	97.8
Know mental illness/disorder	Yes	112	83.0
	No	23	17.0
Source(s) of information*	Teachers	81	60.0
	Movies, radio, etc.	107	79.3
	Friends, family, etc.	85	63.0
	Books	88	65.2
	Social media	80	59.3
	Workshop, seminar, etc.	48	35.6

F=frequency; % = percentage

Table 3 showed that the overall attitude towards mental illness among in-school adolescents was high and positive (71.3%). A greater proportion of respondents exhibited positive attitude in their stance that we should help people with mental illness (mean = 3.7) as well as in their opinion that learning about mental illness was important (mean = 3.7). In addition, a greater proportion of respondents refuted that people with mental illness should not marry or have children (mean = 3.3] and that they would most likely not tell their friends if they had a mental problem.

DISCUSSION

A greater proportion of the respondents were females. The population of females dominating the total population of the respondents contradicted the report that at the level of students' enrolment, males have the highest figures when compared to the female at all levels of education in Nigeria (Momo, *et al*, 2020).

Table 2:
Level of knowledge of mental illness among in-school adolescents

Characteristics	Yes	No	Not sure
	N (%)	N (%)	N (%)
Exercise helps to maintain our mental health.	66 (48.9)	36 (26.7)	33 (24.4)
Mental illnesses are caused by wrong way of thinking	48 (35.6)	49 (36.3)	38 (28.1)
Many people have psychiatric problems, but they do not know.	26 (19.3)	70 (51.9)	39 (28.9)
Mental illness is as a result of punishment from God	50 (37.0)	47 (34.8)	38 (28.1)
Mental health promotes normal intelligence and interpersonal relationships	38 (28.1)	60 (44.4)	37 (27.4)
People can recover from mental health problems	57 (42.2)	31 (23.0)	47 (34.8)
People who have mental illness should go to psychiatric hospital.	129 (95.6)	2 (1.5)	4 (3.0)
Mental illnesses can be suffered by anyone	33 (24.4)	55 (40.7)	47 (34.8)
Mental illnesses can be prevented	78 (57.8)	0 (0)	57 (42.2)
Use of hard drugs could lead to mental illness	97 (71.9)	28 (20.7)	10 (7.4)
One of the main symptoms of major mental illnesses is seeing what others are not seeing	58 (43.0)	45 (33.3)	32 (23.7)
Individuals who have a family history of mental illness have a higher risk of experiencing mental illnesses	51 (37.8)	48 (35.6)	36 (26.7)
Mental illnesses in adolescents do not affect academic grades.	10 (7.4)	60 (44.4)	65 (48.1)
Mental illnesses are untreatable	50 (37.0)	37 (27.4)	48 (35.6)
The best treatment for mental illness is using herbal drugs and prayers	58 (43.0)	42 (31.1)	35 (25.9)
Mental illness can be contracted by shaking hands with or eating with a mentally ill person	9 (6.7)	40 (29.6)	86 (63.7)
Depression is a type of mental illness	68 (50.4)	40 (29.6)	27 (20.0)
Children and adolescents do not suffer from mental illness	39 (28.9)	40 (29.6)	56 (41.5)
Loss of parents/loved ones/property may cause mental disorder	75 (55.6)	44 (32.6)	16 (11.9)
Mental illness is caused by supernatural powers or witchcraft	52 (38.5)	46 (34.1)	37 (27.4)
Overall knowledge score	Good knowledge (42.1%)		
	Poor knowledge (57.9%)		

*Overall knowledge - average of all variables that measured correct knowledge

Variables analyzed in reversed form; SA – strongly agree, A – agree; D – disagree and SD – strongly disagree

Overall attitude scores - average of all positive responses to variables that measures attitude

Table 3:
Attitude towards mental illness among in-school adolescents

Characteristics	SA	A	D	SD	Mean
	N (%)	N (%)	N (%)	N (%)	
People with mental illness deserve respect.	29 (21.5)	80 (63.7)	15 (11.1)	11 (8.2)	2.9
We should help people with mental illness	96 (71.1)	34 (25.2)	3 (0)	2 (1.5)	3.7
Mocking people with mental illness is acceptable*	19 (6.7)	12 (4.4)	30 (22.2)	74 (54.8)	3.2
Learning about mental illness is important	100 (74.8)	27 (20.0)	4 (3.0)	4 (3.0)	3.7
Someone with mental illness could be a good friend	29 (21.5)	64 (47.4)	22 (23.7)	20 (20.0)	2.8
I could be comfortable encountering people with mental illness	17 (12.6)	42 (33.3)	43 (39.3)	33 (31.9)	2.3
People with mental illness could also be helpful	33 (29.6)	70 (51.9)	16 (11.9)	16 (11.9)	2.9
I would not stand people with mental illness*	13 (9.6)	32 (31.1)	45 (42.2)	45 (40.0)	2.9
If I have a mental problem, I most likely would not tell my friends*	9 (6.7)	20 (14.8)	45 (31.9)	61 (45.2)	3.2
It would be shameful to have mental illness*	54 (44.4)	41 (30.4)	13 (9.6)	27 (20.0)	2.1
Students with mental illness should not be in regular classes*	30 (25.9)	55 (40.7)	18 (15.6)	32 (23.7)	2.4
Students with mental illness need a special school curriculum*	86 (65.2)	30 (23.7)	9 (6.7)	10 (8.2)	1.6
Avoiding people with mental illness would be a good idea*	14 (10.4)	20 (20.7)	43 (39.3)	58 (45.2)	3.1
People with mental illness should not marry or have children*	3 (2.2)	17 (12.6)	50 (41.5)	65 (52.6)	3.3
Overall attitude scores	Positive attitude (71.3%)				39.9
	Negative attitude (31.4%)				

* Variables analyzed in reversed form; SA – strongly agree, A – agree; D – disagree and SD – strongly disagree

Overall attitude scores - average of all positive responses to variables that measures attitude

The study revealed that majority claimed that they knew something about mental illness/disorder and that their major sources of information were movies/radio. In contrast, in a similar study conducted in Lagos Nigeria, newspaper and radio were less effective source of information among the adolescents (Lesi *et al*, 2021). The findings were not also supported by a study done in Bayelsa State, Nigeria, that showed that the majority of the respondents were informed about mental health disorders by their teachers (Izibeloko, 2016). Most time it is expected that students get vital information from their teachers but this study has stated otherwise. In another study mothers (51.11%) and same-sex friends (40.11%) were both the primary as well as the preferred source of health information for adolescents (Baheiraei *et al*, 2013). This emphasized the need for teachers and educational authorities to do the needful in other to be in the fore front of disseminating information when it comes to school children in their custody and do well to include mental health education in the secondary school curriculum. This will help to improve the adolescents' mental health literacy.

The overall level of knowledge of mental illness among in-school adolescents was generally low. Some studies supported this outcome of poor knowledge of mental illness (Ventieri *et al*, 2011; Wahl *et al*, 2012; and Guo *et al*, 2020). The study conducted by Youssef *et al* (2014) on knowledge and attitudes towards mental illness among college students showed that overall knowledge score was low. The same poor knowledge of mental illness was also validated in similar study in Saudi Arabia by Abolfotouh *et al* in 2019. But in contrast, a similar study in India revealed that majority of adolescents had moderate knowledge of mental illness (Gayathri *et al* 2020), and in another similar study by Subravgoudar (2019) more than half of the respondents had good knowledge of mental illness. Also the findings of this study by Vindhya & Dayananda (2021) showed that more than half of the subjects had average knowledge of mental illness.

Irrespective of the participants' poor knowledge in this study, level of knowledge was higher among those persons who knew someone with a mental illness. Many of the respondent believed that mental illnesses can be prevented. Majority were also of the opinion that the use of hard drugs could lead to mental illness and that people with mental illness should visit psychiatric hospital for treatment. In Nigeria today, many young people experiment with drugs, and some depend on one form of drug or the other, and one of the major risk factor associated with mental disorder is abuse of drug (Orukwowa, 2022).

A great number were of the opinion that exercise helps to maintain mental health and that loss of parents/loved ones/property may cause mental disorder (Schuch & Vancampfort, 2021; Stikkelbroek *et al*, 2016). Exercise boosts mental health by lowering anxiety, depression, and depressive symptoms, as well as by raising self-esteem and increasing cognitive abilities. In addition, it has been discovered that exercise helps with symptoms including social disengagement and low self-esteem. 'Feel good' brain chemicals like endorphins and serotonin are released during exercise, which helps lift one's spirits. Moreover, it helps one become more fit, which might enhance mood. Exercise can also serve as a

diversion from unfavorable thought processes (Sharma *et al.*, 2006, Healthdirect, 2021, Mazyarkin *et al.*, 2019).

Just like majority opined that loss of parents/loved ones/property may cause mental disorder, studies have also shown that the death of a parent or sibling (family bereavement) is associated with mental health problems (Stikkelbroek *et al.*, 2016). Compared to others who have not suffered such loss, bereaved children are more likely to develop a variety of psychiatric problems (Burrell *et al.*, 2021). The post-bereavement circumstances cause the mental health problems. Sleep difficulties are among the post-bereavement factors that may raise the risk of mental illness after the loss, (Levenson *et al*, 2013), reduced resilience to stress and coping mechanisms (Kennedy *et al.*, 2018; Hoeg *et al.*, 2017), academic challenges (Burrell *et al*, 2020), strained connection with the parent still living, additional family issues, and a lack of social assistance (Andriessen *et al.*, 2016; Brent *et al.*, 2012).

Though there was poor knowledge of mental illness in this study, respondents had good knowledge of some importance aspect of mental illness. The researchers think that they needed some training to be conversant with other aspect of mental illness that they do not know. The influence of gender on knowledge of mental illness among the respondents was not statistically significant.

The results of the study showed that the overall attitude towards mental illness among in-school adolescents was found to be above average and positive. A positive attitude towards mental illness was also seen in similar study among secondary school students (Omaari *et al*, 2022). In contrary a study by Li *et al* (2018) asserted that negative attitudes towards mental disorders commonly occur among people in China. In addition, Aruna *et al* (2016) also reported that a population of medical undergraduate students also had considerable deficiencies in knowledge and attitudes related to psychiatric disorders, especially in the early years of education.

In this study most of the respondents showed positive attitude in their stance that we should help people with mental illness as well as in their opinion that learning about mental illness was important. Also, a greater proportion opined that people with mental illness deserve respect. There are lots of things one can do to support someone who might be struggling with their mental health. The researcher thinks that the participants felt that helping a person with mental illness is a kind of support to them in their own little way. Support from others enhances self-worth and prevents feelings of incompetence or helplessness in managing stress. Assistance from others is the foundation of the human networks that offer us social security, and it is becoming widely understood to be crucial to mental health. The overwhelming body of research demonstrates that social assistance is associated with lower levels of despair, anxiety, and hopelessness among depressed patients (Munyan, 2021). The participants' attitudes indicate how vital it is to learn about mental illness. This can be explained by the fact that the questionnaire may have stoked the participants' curiosity about mental health and mental disease. Education about mental health and mental illness offers people and their loved ones the resources and awareness

they need. It aids in eradicating the stigma related to mental illness. It can also support initiatives for therapy and recovery (MedCircle, 2021). Understanding mental health better enables us to offer beneficial support to people impacted in our families and communities. A patient who is mentally ill has a basic right to respect and dignity. Patients' tension, anxiety, and sadness are reduced when their dignity is respected, which ultimately enhances their quality of life. Dignity encourages positive thinking, which improves mental wellness (Umbreen & Jabeen, 2019). Most of the students in the study by Puspitasari *et al* (2020) agreed and strongly agreed with the attitude that people with mental health disorders deserve respect, and that we must help people with mental illness for them to be better, and that learning about mental illness is crucial.

In addition, respondents showed the same level of positive attitude by refuting that mocking people with mental illness is acceptable. When a person with a mental illness is made fun of, stigma exists (Healthdirect Australia, 2021). A smaller percentage, however, disagreed that those who suffer from mental illness should not get married or have kids. With the proper care and treatment, most pregnant women with mental health issues are able to have healthy babies, but it is crucial to consult a doctor or specialist as soon as possible. Just like those without mental illness, those with it have aspirations and goals. Among them might be establishing a family. Further in this study, the influence of gender on attitude towards mental illness among the respondents was not statistically significant.

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