

KNOWLEDGE OF MENTAL ILLNESS POSSESSED BY SENIOR SECONDARY STUDENTS IN NSUKKA URBAN

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Abstract

This study was carried out to determine the level of knowledge of mental illness possessed by SSS students in Nsukka urban. The survey research design was used for the study. The population was 8807 senior secondary school students and samples of 264 respondents were selected for the study. The research instrument used was questionnaire and two hundred and fifty-nine copies of the questionnaire were used for analysis. Frequency table and percentages were used to analyze the result. The results showed that SSS students in Nsukka urban possessed moderate level of knowledge on the concept of MI, moderate level of knowledge about causes of MI, high level about sign and symptoms of MI, high level of knowledge about preventive measures of MI and based on the findings of the study. The study recommended among others that teachers, especially health educators should insist on inculcation of right values for humans as well as a placing emphasis on right behaviours for prevention and promotion.

Keywords: Mental illness, defects, Mental Stress, Knowledge, Stigma

Introduction

Mental health is the pivot on which other aspects of health revolves. Mental illness, however, is a serious public health challenge that affects anyone, men, women, and children irrespective of gender, race, ethnicity and socio-economic status. It does not discriminate. According to Nwankwo (2006) mental illness strikes individuals in the prime of lives, often during adolescence and young adulthood. He further maintained that mental illnesses are not the result of personal weakness, lack of character or poor upbringing. This is contrarily to some people's belief.

World Health Organisation WHO (2001) indicated that 1 in every 4 people, or 25 per cent of individuals, develops one or more mental disorders at some stage in life. The report observed that today, 450 million people globally suffer from mental disorders in both developed and developing countries. Of these, 154 million suffer from depression, 25 million from schizophrenia, 91million people from alcohol use disorder and 15 million drug use disorder. Amoran, Lawoyin, and Oni (2005) stated that approximately 1 in 5 of the world's youth, 15 years and younger suffer from mild to severe mental illness. Mental illness has been variously defined.

Nwankwor (2006) opined that mental illness is a broad, umbrella term for a wide range of disorder that can strike anyone. According to him mental illness include such disorder as schizophrenia, schizoaffective disorder ,obsessive –compulsive disorder ,bipolar depressive disorder, panic and other sever anxiety disorder and pervasive developmental disorders, attention deficit disorder and other sever persistent illnesses that affected the brain. Mental illness encompasses a broad sprectrum of disorders, which differ vastly from one another in terms of combination, symptoms, causes, outcomes and treatments. According to Department of Health and Human Services (1999), mental disorders are characterized by alterations in thinking; moods or behaviour (or some combination) associated with distress and /or impaired functioning. Peters (2009) defined mental illness as a general term that describes any form of disorder affecting mental functions such as thought, emotion, perception or memory. This connects with the abnormality of the mind which involves thinking and reasoning, which may be due to emotional or physical disturbance or problems. Similarly, mental illness is a psychological pattern or anomaly, potentially reflected in behaviour, that is generally associated with distress or disability and which is not considered part of normal development of a person's culture (Anna, 2007). A mental disorder can be experienced long- term or short- term from mild to intensities. The diagnosis and characteristics vary from person to person.

In the context of this work, mental illness shall mean a disorder in which an individual is unable to cope with the normal stresses of daily life; has distorted view of self; exaggerated normal mental states and is unable to contribute for the well-being of his/her community. Mental illness can be very debilitating affecting all area of a person's life from employment to relationship. It affects one's ability to interact with others, thought processes, moods and feeling and the capacity to cope with the demand of life .The impact of mental illness on an individual, economy, society and community are staggering. Alonso (2009) observed that mental illness can lead to unemployment, homelessness, incarceration and poverty. According to him mental illness has been affecting humans since the beginning of their very existence for a variety of reasons, many have remained unknown. The cause of mental illness is linked to many factors such as biological, psychological, and environmental factors. Biologically, some mental illness has been linked to an abnormal balance of special chemicals in the brain called neurotransmitters. Neurotransmitter help nerve cells in the brain communicate with each other. If these chemicals are out of balance or are not working properly, messages may not make it through the brain correctly leading to symptoms of mental illness. Other biological factors include prenatal damage ,substance abuse, poor nutrition and exposure to toxins such as lead .

Baron(1981) stated that defects in or injury to certain areas of the brain have also been linked to mental condition .It also occurs from the interaction of multiple genes and other factors such as stress, abuse or traumatic event which influence or trigger an illness in a person who is susceptible to it. Mental illness could also be due to certain diseases such as infections. According to the National Institutes of Health (2011) a condition called pediatric neuropsychiatric disorder that is linked to the streptococcus bacteria, is believed to be associated with obsessive-compulsive behaviour. Similarly, psychological trauma suffered as a child, such as emotional, physical or sexual abuse, early loss of a parent, neglect, may contribute to mental illness. Most of these problems lead to low –esteem and self-confidence. Furthermore, environmental stressors such as death or divorce, or dysfunctional family life, living in poverty, feelings of inadequacy, changing jobs, social or cultural expectation can also trigger this illness.

Studies of Brinn (2000) and Aghukwa (2009) have shown that all over the world, young people face mental stress which unemployment and the breakdown or weakening traditional family systems also contribute. This mental stress could also be probably due to adolescent transition. The period of adolescent is a turbulent period in life due to transition into adulthood and self-autonomy. In addition, drug and alcohol abuse is increasingly common, especially in the urban centres. In many areas, this has led to an increase in social breakdown, mental illness and suicide. The debilitating effect of mental illness both to individual and the nation is enormous.

In the USA, about 57.7 million adults experience mental disorder annually, and 1 in 17 people have a serious mental health problem (Kessler, Chiu, & Demler, 2005). The projected burden of mental health disorder is expected to reach 15 per cent by the year 2020, where common mental disorders (depression, anxiety, and substance-related disorder including alcohol) will disable more people than complications arising from Acquired Immune Deficiency Syndrome, health disease, traffic accident and war combined. The rise in mental health issues in adolescents is a growing concern in the school and for the educators. The study of Asarnow ,Joycox ,& Duan ,(2005) has revealed an increasing incidence of depression and other mental health issues among youth . Adolescents with depression are at increased risk of impairment in school and educational attainment. Growing evidence also suggests that individuals diagnosed with bipolar affective disorder (BPAD) early in life are likely to have poorer outcomes and higher risk of psychosocial trauma (Townsend, 2007). According to Brinn (2000), the burden of unmet mental health need is especially high among children and youths. This unmet health needs can trigger mental health problems if not properly handled. Senior secondary school students are at a stage of transition between dependence and independence. Many have to cope with stresses of school at an age when they are negotiating significant developmental changes. In other to cope, they try to belong (copy from friends or peers), manipulate the world around them; some get involved in drug abuse thereby exposing them to risk of developing mental illness. The effect of mental disorders extends beyond individual and family suffering to national economic development. Poor mental health has been recognized as the leading cause of suicidal behaviour, a sense of helplessness and lower academic achievements (Puskar & Bernardo, 2007). The risk factors associated with mental illness include: poverty, unemployment, academic underachievement, crime, suicide, stigma and discrimination,

unproductive life, all of which affect economic development negatively. Poverty is both a determinant and a consequence of poor mental health.

Mental disorders increase the likelihood of living in poverty, perhaps because of their influence on functionality and ability to get or sustain employment. Conversely, poverty increases the likelihood of developing mental disorders (Alonso, 2009). Adolescents who experience poverty are more likely to engage in drugs and alcohol use at earlier ages, initiate sexual activity earlier, have increased mental health problems, and lower levels of academic achievement. Children from low income families appear to have higher levels of depression and anti-social behaviour such as bullying, drug abuse, juvenile delinquency, adult crime, marital problems, poor employee relations, interpersonal problems, and poor physical health.

Sadly, modern society has not fully overcome the tendency to stigmatize persons with mental illness. Aghukwa (2009) stressed that it is the belief of most people in Nigerian society that psychiatric illness are afflictions caused by supernatural forces and, as such, require care by traditional and religious healers, rather than orthodox care. This superstitious belief has to do with ignorance.

Knowledge concerning mental illness is necessary for everybody including secondary school students in Nsukka urban, where the present study is carried out. This is because of their level of indulgence in substance abuse such as Indian hemp, cigarette smoking and alcoholism. Cavell (2002) defined knowledge as a belief which is in agreement with the facts. He explains that belief deals with knowledge acquisition which involves complex cognitive processes, perception, communication, association and reasoning. According to World Health Organization WHO, (2001) knowledge is a prerequisite to any practice. The report maintained that many of the ailments prevailing in the society are to a large extent caused by anti-health practice because many people are uninformed. This means that, prevailing health problems prevalent in the society may be as a result of lack of adequate or correct knowledge.

Knowledge of mental illness, therefore, is the ability to understand risk factors, causes, types, signs and symptoms, treatment and prevention of mental illness. Many view it to be caused by charm from one's enemy, punishment from evil spirit for disobeying cultural taboo and use of drug like Indian hemp. Osundu (2006) identified the following as factors that could lead to mental illness among senior secondary school students. These include traditional belief, modern belief and degenerative lesion. Example of traditional belief includes an angry ancestral spirit, witchcraft, disobedience to cultural taboos, possession by demon. Modern belief or causes include inherited traits, organic brain damage such as birth trauma, infections (e.g. meningitis, hyper pyrexia); malnutrition such as vitamin deficiency; toxins ((alcohol, opiates). Generative causes are physical disease like injuries and accidents, environmental stress, psychological stress or unpleasant childhood experience or child abuse. Limited knowledge of the causes, symptoms and treatment of mental illness often leads to common but erroneous beliefs that these conditions are caused by individuals themselves or supernatural forces, possession by evil spirits, curse or punishment following the individual's family or is part of family lineage.

The researchers observed that there is increase in the number of adolescents in Nsukka urban streets as a result of mental illness which may be caused by their level of involvement in substance abuse among others. Sadly, the society may misconceive this illness to be caused by enemy, evil spirit, violation of cultural norms, and punishment from God even it is caused by substance abuse. Students suffering from mental illness could face academic underachievement, poverty, unemployment, suicide, crime, school dropout, stigma and discrimination, unproductive life, as well as source of burden to national development. In view of the risk behaviours of the students and its consequences, one wonders if the students actually have a good knowledge of mental illness. Therefore, to ascertain the level of knowledge of mental illness possessed by senior secondary school students in Nsukka urban is a task of the present study, questions were formulated thus:

1. What is the level of knowledge of concept of mental illness possessed by senior secondary school students in Nsukka urban?
2. What is the level of knowledge of causes of mental illness possessed by senior secondary school students in Nsukka urban?
3. What is the level of knowledge of signs and symptoms mental illness possessed by senior secondary school students in Nsukka urban?

4. What is the level of knowledge of prevention of mental illness possessed by senior secondary school students in Nsukka urban?

Methods

The descriptive survey research design was adopted for the study. This design was chosen because it facilitates description of situation as it exists in its natural setting (Nworgu, 2006). The population for the study consisted of all secondary school students in Nsukka urban. The multi-stage sampling procedure was employed to draw the sample size. Using simple random sampling technique of balloting without replacement, a sample size of 264SSS students were selected. This was considered a true representation of the population based on Nwanna (2006) principle which stipulated that if the population is in few thousand, few per cent of the population may be used.

The instrument used for data collection was the researcher's self-developed questionnaire. The face validity of the instrument was established through the judgment of three experts drawn from University of Nigeria, Nsukka. The instrument was administered by the researchers to the Senior Secondary School Students in Nsukka urban. The copies of the administered questionnaire were collected on the spot and checked for completeness of responses. Two hundred and fifty nine copies was properly completed and yielded 98.1 per cent return rate and used for the study. The responses were coded, put into frequency tables and percentages. The results were presented in Tables and each Table accompanied by brief interpretation. Ashur (1997) outlined principles for determining the level of knowledge was used for interpreting the results.

Results

The results are presented below according to the research questions

Table 1. Students Level of Knowledge of the Concept of Mental Illness (N=259)

Concept of mental illness	Correct responses		Incorrect responses	
		%		%
Abnormality of the mind which causes distress	203	78.3	56	21.6
Inability to cope with life's stress	120	46.3	139	53.6
Distortion in the brain as a result of disobedience to cultural taboo	131	50.5	128	49.4
Sickness in the brain as a curse for offending God	85	32.8	174	67.1
Inability to learn	106	40.9	153	59
Love to be courageous	69	26.6	190	73.3
Grand Mean		45.9		54

Key MI = Mental illness

Data in Table 1 indicates that 45.9 per cent of the students possess moderate level of knowledge of concept of mental illness.

Table 2. Students Level of Knowledge of the Causes of Mental Illness (N=259)

Causes of mental illness	Correct responses		Incorrect responses	
		%		%
Genetic factors or inherited traits from parents	138	53.2	96	37.2
Organic brain damage such as trauma during child birth	196	75.6	63	24.3
Eating disorder causes mental illness	99	38.2	160	61.7
Crying is a mental disorder	71	27.4	188	72.5
Stress causes mental illness	128	83.5	43	16.6
Injuries and accidents which affects the brain	204	78.7	55	21.2
Severe malnutrition in children can cause MI	143	55.2	116	44.7
Grand Mean		57.6		
41.08				

Key MI = Mental illness

Data in Table 2 indicates that 57.6 per cent of the students possess moderate level of knowledge of causes of mental illness

Table 3. Students Level of Knowledge of the Signs and Symptom of Mental Illness (N=259)

Signs and Symptoms of MI	Correct responses		Incorrect responses	
		%		%
Prolonged depression and apathy are signs of MI	194	74.9	65	25
Strange or grandiose ideas can be a sign of MI	167	64.4	92	35.5
Marked changes in eating or sleeping patterns is a sign of MI	111	42.8	148	57.1
Talking, seeing, hearing or feeling things that others do not is a symptom of schizophrenia	189	72.9	70	29
Lack of interest in friends, family, loneliness are symptom of MI	156	60.2	103	39.7
Prolonged labour is a sign of MI	159	61.3	100	38.6
Grand Mean		62.75		37.48

Key MI = Mental illness

Data in Table 3 indicates that 62.75 per cent of the students possess high level of knowledge on signs and symptom of mental illness.

Table 4. Students Level of Knowledge of the prevention of Mental Illness (N=259)

Preventive measures of MI	Correct responses		Incorrect responses	
		%		%
Giving a child sense of security and love will prevent mental illness	206	79.5	53	20.4
Being assertive and sharing of views can prevent MI	207	79.9	52	20
Recreation, relaxation, counseling can prevent MI	213	82.2	46	17.7
Smiling can prevent MI	90	34.7	169	65.2
Grand Mean		69.09		30.82

Key MI = Mental illness

Data in Table 1 indicates that 45.9 per cent of the students possess moderate level of knowledge of concept of mental illness.

Discussion

The study focused on the knowledge of mental illness possessed SSS students in Nsukka urban. The finding of the study is discussed under sub-headings;

1. SSS students' knowledge of the concepts of mental illness;
2. SSS students' knowledge of the causes of mental illness;
3. SSS students' knowledge of the sign and symptom of mental illness;
4. SSS students' knowledge of the prevention of mental illness;

The finding in the Table 1 showed that by the SSS students' level of knowledge about concepts of MI was moderate as evidenced by the average per cent of 45.9. This finding was surprising. There is slight improvement compared to the observation of Gureje (2005) who suggested the knowledge of mental illness is generally very poor in the Nigeria community as well as sub-Saharan African. However, the reason for the improved students' level of knowledge perhaps, may be attributed to WHO (2001) that in every four people, one must have developed one or more mental disorders at some stage in life. Further, Amoran, Lawoyin, & Oni (2005) noted that approximately one in five of the world's youth, fifth year and younger, suffer from mild to severe mental illness. Aghukwa (2005) concurred with this assertion as he noted that there is an increasing incidence of depression and other mental health issue among the youths.

The finding in the Table 2 showed that SSS students' level of knowledge about causes of mental illness was moderate as evidenced by the average percentage of 57.6. This finding was surprising and therefore unexpected. This is because it sharply contradicts the observation of Gureje et al (2005) in their study in south western Nigeria, that out of 2040 respondents, poor knowledge of causation was common with widespread negative views of mental illness as many as 95.5 per cent. They also noted that the view about supernatural causation of mental illness is shared among the public. However, the improved students' level of knowledge could be as result of the number of youth who still indulge in drug and alcohol abuse today, including the students.

The finding in Table 3 recorded that the level of knowledge of signs and symptoms of mental illness possessed by SSS students was high as evidenced by the average percentage of 62.75. This finding was surprising as it contradicts the observation of Brinn (2000) which indicated inconsistency in students' knowledge about mental illness, particularly with respect to the symptoms of specific disorders. However, the students' high level of knowledge could be as a result of the stigmatization and discrimination association with mental illness by members of the public. This is in line with the assertion of Corrigan and Watson (2002) which holds that the views such as those dangerous and low intelligence, irresponsible and incapable of making decisions have been found to fuel community resentment of people with mental illness.

The finding in table 4 showed that the level of knowledge of prevention of mental illness possessed by SSS students was high as evidenced by average percentage of 69.07. The finding was surprising and unexpected because it contradicted the opinion of Anna (2007) that poor knowledge of causes and negative views of persons with mental illness is characterized by intolerance of even social contact. Jorm (2006) which says that the age of the SSS students is a period of psychological distress such as; moodiness or emotional instability, rebellion, or even sad loss of childhood ease. They noted that these set of people are faced with crisis of career, child abuse, and parental deprivation, and peer pressure, drug and alcohol abuse. All these lead them into frustration, get them depressed and develop into mental illness.

Implication of the Study for Health Education

Education seeks to develop one's knowledge, skills, mind, and character. Students who have serious mental health challenges find it difficult to cope in life. It therefore becomes necessary to educate the students on need to avoid substance abuse and other risky behaviours that could predispose them to mental health problems. The fact that the SSS students' level of knowledge about concepts of MI was moderate makes inevitable that students be further exposed to health education. The mind of the students should be disabused from the erroneous belief of supernatural forces being solely responsible for mental illness since studies have shown that environmental and genetic factor can trigger mental health challenges.

Conclusions

On the basis of the findings and discussion the following conclusions were drawn:

1. SSS students' possessed moderate level of knowledge about concepts of mental illness;
2. SSS students' possessed moderate level of knowledge about causes of mental illness
3. SSS students' possessed high level of knowledge about sign and symptom of mental illness
4. SSS students' possessed high level of knowledge about prevention of mental illness

Recommendations

Based on the findings and conclusions, the following recommendations were made:

1. Teachers, especially health educators should insist on inculcation of right values for humans as well as a placing emphasis on right behaviours for prevention and promotion.
2. Parents and guardians should show love and care to the children and people under them as well as helping them to realize and achieve their life goals.
3. The government should campaign against child abuse, and offenders should be charged. This is in view of that students possessed high level of knowledge of preventive measures, yet the incidence of mental illness among youths is on the increase.
4. The government should consider the need for development of well-articulated mental health polices, which will emphasis public education and meeting the basic needs of the poor masses.

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