Nigerian Journal of Health Promotion
ISSN: 0995-3895
Vol. 9, 2016

HEPRAN

Attitude of Secondary School Students' towards Mental Illness in Relation to Location (Rural and Urban) in Plateau State, Nigeria

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Abstract
The purpose of the study was to determine the attitude of secondary school students' attitudes towards mental illness in relation to location (rural and urban) in Plateau State, Nigeria. Three research questions were posed with corresponding null hypotheses postulated to guide the study and tested at .05 level of significance. Descriptive research design was used for the study. The population for the study consisted of all secondary schools students in Plateau State, which was one million five hundred and eighteen thousand, eight hundred and ninety (1,518,890). The sample size for the study was 3,456 secondary school students. The instrument used for data collection was questionnaire. The research questions were answered using descriptive statistic of mean while the null hypotheses was tested at .05 level of significance using t-test statistic. The major findings of the study were as follows: the students' attitudes towards mental illness ($\bar{x}$=2.76), causes of mental illness ($\bar{x}$=2.76), coping strategies for mental illness ($\bar{x}$=2.74) and prevention of mental illness was positive. Rural and urban students had positive attitude towards all the dimensions of mental illness. There was no significant difference in attitude of students of rural and urban regarding all the dimensions of mental illness. On the basis of the findings and conclusion, recommendations were made. Among them are: Ministries of Education, Health, Youth, Sports and Culture should mount seminars and workshops on mental and emotional health towards empowering the students to have more positive attitudes towards mental illness and the National Health Science Curriculum should be given full implementation in all the secondary schools in the State.
Keywords: attitude, secondary school students. Mental illness

Introduction

Attitude is person's feelings of likes and dislikes. Attitude emerges out of personal experience and can be positive or negative. It is positive when a person develops a strong attraction of likes for the situation, objects or other persons or groups while it is negative when the person develops a strong dislike for situations, objects, persons, groups or any other identifiable aspect of our environment. Mokuola Bolade (2009) stated that attitude is our strong likes and dislikes for situation, objects, persons, groups or any other identifiable aspects of our environment. Swaleha (2010) explained attitude as a relatively enduring system of evaluative, affective reactions based upon and reflecting the evaluative concept or beliefs which have been learned about the characteristics of a social object or class of social objects. Attitude when used in relation to mental illness it is termed mental illness attitude.

People's attitudes toward mental illness set the stage for how they interact with, provide opportunities for, and help support a person with mental illness (Zahid, Farooq, David, Muhammed, Nasir, & Muhammad, 2006). They further explained that people's attitudes toward mental illness also frame how they experience and express their own emotional problems and psychological distress and whether they disclose these symptoms and seek care. Study reveals that about one in four ages 18 and older, in any given year, has a mental disorder (e.g., mood disorder, anxiety disorder, impulse control disorder, or substance abuse disorder), meaning that mental disorders are common and can affect anyone. Many adults with common chronic conditions such as arthritis, cancer, diabetes, heart disease, and epilepsy experience concurrent mental illness such as depression and anxiety.

Attitudes about mental illness are shaped by personal knowledge about mental illness, knowing and interacting with someone living with mental illness, cultural stereotypes about mental illness, media stories, and familiarity with institutional practices and past restrictions. When such attitudes are expressed positively, they can result in supportive and inclusive behaviors (e.g., willingness to date a person with mental illness or to hire a

person with mental illness). When such attitudes are expressed negatively, they may result in avoidance, exclusion from daily activities, and, in the worst case, exploitation and discrimination (Daniel, 2012). He further opined that it results in unequal access to resources that all people need to function well: educational opportunities, employment, a supportive community, including friends and family, and access to quality health care. These types of disparities in education, employment, and access to care can have cumulative long-term negative consequences. For example, a young adult with untreated mental illness who is unable to graduate from high school is less likely to find a good paying job that can support his or her basic needs, including access to health care. These disadvantages can cause a person to experience more negative outcomes. Being unemployed, living at or below the poverty line, being socially isolated, and living with other social disadvantages can further deflate self-esteem, compounding mental illness symptoms.

In many parts of the world, mental health is still not acknowledged as important as physical and social health; it remains a low health priority all over the world despite prevailing cases of mental illnesses that are recorded. Study has revealed that about 450 million people suffer from mental illnesses or disorders in both developed and developing countries including Nigeria (World Health Organization-WHO, 2004). The rates are as follows: United State 26.4 per cent, Ukraine 20.5 per cent, France 18.4 per cent, Columbia 17.8 percent, Lebanon 16.9 per cent, Netherlands 14.9 per cent, Mexico 12.2 per cent, Belgium 12.0 per cent, Spain 9.2 per cent, Germany 9.1 per cent, BEIJING, China 9.1 per cent, Japan 8.8 per cent, Italy 8.2 per cent and Nigeria 4.7 per cent

Mental illness is a health problem that significantly affects how a person feels, thinks, behaves, and interacts with people within his or her immediate environment (Daniel,2012). Mental illnesses are illnesses characterized by alterations in thinking, mood or behaviour or some combination thereof associated with significant distress and impaired functioning (Shyamanta &Hemendra, 2013). The symptoms of mental illness vary from mild to severe, depending on the type of mental illness, the individual, the family and the socioeconomic environment. Mental illnesses take many forms, including mood disorders, schizophrenia, anxiety disorders, personality disorders, eating disorders and addictions such as substance dependence and gambling (Hanan &Azza, 2015)

Although, much is known about the attitudes and beliefs people hold towards mental illness, no such work has been done on attitudes of secondary school students in Plateau State.. Secondary school students need to have good mental health attitudes in order to exhibit optimal psychological development, productive social relationships, effective learning, and ability to care for oneself, good physical health and effective economic participation as adults in future.

Students are persons who are studying in a school especially in a secondary school. This includes those studying in secondary schools in Plateau State of Nigeria. They consist of junior secondary one to three (JS1- JS3) and senior secondary one to three (SS1- SS3) students. A student who possesses positive attitude towards mental illness should be able to apply the facts acquired to the solution of his or her mental health problems. Allen (2001) opined that it is the people’s positive attitude towards mental illness that gives meaning to their emotional attitudes and fixed habits about mental health and also strengthens them to live happily, peacefully and satisfactorily with self and others. The students are expected to posses’ positive attitude towards various components of mental illnesses or disorders such as Psychosis and Neurosis.

The two broad components of mental illness are Psychosis and Neurosis (Mo, 2011). He further explained psychosis as mental illness in which the person’s ability to distinguish between what is real and what is imaginary is seriously affected to the extent that the person starts hearing people saying something to him or her while in the real sense, nobody is speaking to him or her. The person might develop strong persistent beliefs or delusions which are unbelievable to others around him or her who knows him or her. Esa (2011) opined that psychosis is the mental disorder or illness in which a person’s ability to think, respond, remember, communicate, interpret reality and behave normally are not there or seriously affected. Psychosis is further sub- divided into schizophrenia, manic depressive psychosis, delusion, hallucination, social phobia, Schizotypal Personality Disorders.

Schizophrenia is a psychotic disorder characterized by a loss of touch with reality. It is disordering of thought process leading to withdrawal from reality and personal relationships. Manic-depressive psychosis also known as bipolar disorder causes a person’s mood to alter between being very energetic, euphoric, exaggerated and/or irritable to being very depressed, and occasionally psychotic. Delusion is a false belief or opinion inconsistent with the individual’s culture, and level of intelligence, which cannot be altered by argument or reasoning. Hallucination is a false perception occurring without any true sensory stimulus. It includes imaginary voices that give commands or insults to the person (Kim, Kim, John,Salnimare and Samaun, 2012)

Neurosis is a mental illness or disorder in which a person suffers strong feelings of fear and worry that has been produced by frustrations and conflicts (Zahid, Farooq, David, Muhammed, Nasir & Muhammad (2006). According to Kelly (2007) Neurosis is the collection of all diagnosable mental disorders; characterized by alteration in thinking, mood or behaviour associated with distress or impaired functioning. It is subgroups as anxiety, reactive depression, and hysteria; obsess ional neurosis, depression, post traumatic stress disorder, social

phobia, and anorexia nervosa. Tayolor, Taske, Swamu and Waller (2007) described anxiety as fearfulness or uneasiness that arises from anticipation of danger which may be experienced in periods of sudden onset of fear and accompanied by physical symptoms like panic attack. Reactive depression is a persistent unhappiness with decreased energy, loss of appetite, change in sleep patterns, withdrawal and suicidal thoughts (Elhai and Ford, 2007). Hysteria usually arises from mental conflict and repression and is characterised by the production of a diversity of physical disorder such as paralysis. Obsess ional neurosis is the state in which a person's mind is completely filled with thoughts of one particular thing or person in a way that is not normal or consists of a feeling of compulsion to perform repeatedly a simple task or event; example, hand washing, touching door knobs and so on (Jim, Robert, Demoubly, Nell, Sylvester & Rajeen, 2012).

Mental illnesses or disorders can be controlled and prevented at three levels: primary, secondary and tertiary. WHO (2007) spelt out primary preventive measures as follows: counselling services for individual, family members, marriage couples, parents' with their children; promotion of cultural interests in the society; recreational programmes for all ages; counselling for children in schools; remedial programmes in school for pupils and staff and mental health instruction as a phase of school healthful services. According to Terman (2007) primary prevention also includes early detection of abnormal behaviour change in the students' and prompt administration of intervention measures and, if possible, referral for experts or skilful measures.

Secondary prevention of mental illness involves early and immediate interventions before significant damage to the nervous system occur. Mental health education program can be organized for young children to create awareness in them about mental health, and training of health personnel in the field of mental health for proper provision of mental health services to the community members. The capacity for treatment of common mental illnesses in the community is to be improved. Inclusion of mental health course in the school curriculum for the students' to learn and acquire correct attitude towards mental health will go a long way in preventing mental health problems/illnesses (Tayolor et al. (2007).

Tertiary prevention of mental illnesses are explained by Lawrence (2014) thus: acceptance of mentally ill patients referred from secondary level by giving prompt and proper medication to the patients; training and retraining of health personnel with more advance skills and techniques to handle patients with mental health problems. The people who recover from mental illness are to be rehabilitated and integrated into the community without stigmatization and discrimination as a means of preventing the reoccurrence of the condition.

Mental illness attitudes, therefore, refer to the person's feeling or opinion about something or someone or a way of behaving that follows from the disposition of people towards mental illness, with some degree of disfavour. Applying this to the present study, mental illness attitude is the feelings, beliefs and actual action people have towards people with mental illness with some degree of disfavour or dislikes. The aim of this study was to determine the attitudes of secondary school students towards mental illness. The attitudes of secondary school students towards mental illness in this study can be measured by determining the degree of agreement or disagreement to certain attitudinal statements. The Likert attitude measurement scale modified by Osuala (2005) and Nwargu (2006) as Strongly agree (SA)= 4, Agree (A)= 3, Disagree (D)= 2 and Strongly disagree (SD)= I, on the positive side; and on the negative side will be strongly agree (SA)= I, Agree (A)=2, Disagree (D)= 3, and strongly disagree (SD)= 4. This modified attitudinal measurement scale was applied in this study to measure the attitude of secondary school students towards mental illness in Plateau state, Nigeria.

There are variables that influence attitudes of secondary school students' towards mental illness. One of such variables is location (rural and urban). Amoran, Lawoyin and Oni (2005) carried out a study on risk factors associated with mental illness in Oyo State, Nigeria which revealed that little differences existed between rural and urban students' attitudes towards mental illness. The study revealed that rural and urban secondary school students' showed positive attitudes towards mental illness. Dalgard, Mykletun, Rognerud, Johansen and zahl (2007) conducted a study on location, sense of mastery and mental health in Norway. The findings indicated negative attitude towards mental illness among the rural communities while positive attitudes towards mental illness were found among urban communities.

The state of affairs in Plateau State regarding attitudes of secondary school students' towards mental illness is perceived as uncertain. The attitudes of secondary school students' was set to find out if location (rural and urban) of students' were associated with attitudes of students in Plateau State, Nigeria. Against this background therefore the study aimed at determining the attitude of secondary school students' towards mental illness in relation to location (rural and urban) in Plateau State, Nigeria.

This study on attitudes of secondary school students' towards mental illness was carried out in Plateau State. Plateau State is one of the 36 States in Nigeria and is located at the North Central Geopolitical zone of Nigeria with a population of 3,206,531 million (male:1,598,998 and female:1,607,533) representing, 2.3 per cent of the entire Nigerian population according to 2006 National population commission (NPC. 2006). There are seven hundred and seventy-six [776] both government and private owned secondary schools in the State. In the State one notices several things. Some people seem to have an easy time, while others have much greater difficulties in

accomplishing the things they want to do in life. They actually fail to get what they want. In the pursuit of their goals, they cause trouble or pain to others; and they suffer from feelings of failure, unhappiness, worry, and even from unpleasant physical symptoms like lack of sleep among others. Some individuals go through short periods of relatively minor difficulties, while others seem to be in trouble all the time or at least for large part of their lives. General observation shows that those with marginal job skill, poor education or poor state of health are also to a considerable degree those who have the most difficulty in coping with life situations. These situations predispose people to poor mental health and subsequently make coping difficult.

Research Question

To guide this present study, the following research questions were posed.

1. What is the attitude of secondary school students' towards mental illness in relation to location (rural and urban)?
2. What is the attitude of secondary school students' towards signs and symptoms of mental illness in relation to location (rural and urban)?
3. What is the attitude of secondary school students' towards coping strategies for mental illness in relation to location (rural and urban)?

Hypotheses

The following null hypothesis was postulated to guide the study and tested at.05 level of significance. There is no significant difference in the attitude of secondary school students' towards mental illness in relation to location (rural and urban).

Methods

To achieve the objectives of this study, the descriptive research design was employed. The population for the study consisted of all secondary school students in Plateau State, which was one million five hundred and eighteen thousand, eight hundred and ninety (1,518,890) according to State Ministry of Education. The sample size for the study consisted of three thousand four hundred and fifty-six (3456) secondary school students in Plateau State, Nigeria. The multi-stage sampling procedure was employed to draw up the sample size for the study. In stage 1, all the secondary schools in Plateau State were clustered into urban and rural secondary schools in the three education zones. Eight secondary schools were selected by simple random sampling technique of balloting without replacement from each zone giving a total of twenty-four secondary schools. In stage 2, fifty per cent of urban and rural secondary schools were selected by simple random sampling technique of balloting without replacement. This resulted in the selection of twelve (12) urban and twelve (12) rural secondary schools respectively. Stage 3 involved simple random selection of two (2) intact class of junior and senior classes respectively in each school were used. In all, four (4) classes were selected from each school giving a total of ninety-six (96) classes. A class was estimated to be about thirty-six (36) students per class; that gave a total of about three thousand four hundred and fifty-six (3456) secondary school students.

The instrument used for data collection was a 20-item Attitude Questionnaire (AQ). The researcher developed the questionnaire after thoroughly reviewed of the related literature based on the objectives of the study. The questionnaire consists of two sections, namely: sections A and B. Section A dealt with the respondent's bio data of name of school, age, gender, education level and location. Section B consists of twenty (20) items to measure students' attitude towards mental illness. Copies of the questionnaire were administered to the respondents in each secondary school by the researcher and research assistants who were trained on modalities for administration, supervision and retrieving of the filled questionnaire and cross checking for completeness.

In determining the attitudes of secondary school students towards mental illness, likert attitude measurement scale modified by Osuola (2005) and Nworgu (2006) four points scale was used to answer research questions on the mental health attitude of secondary school students in Plateau State, Nigeria. In each positive statement, four (4) points were assigned to strongly agree (SA), three (3) points were assigned to "agree" (A); two (2) points were assigned to "disagree" (D) and one (1) point to "strong disagree" (SD), while in the case of negative statements, reverse was the case: one point assigned to "strongly agree" (SA), two (2) points assigned to "agree" (A), three (3) points were assigned to "disagree" (D) and four (4) points to "strongly disagree (SD). The mean and standard deviation statistics were used to analyze the responses from attitudinal statements. The t-test statistic was used to test the null hypothesis at .05 level of significance.

Results

The results of this study are organized and presented in two parts thus: Data answering the research question and data testing the null hypothesis.

Research question one

What is the attitude of secondary school students' towards mental illness in relation to location (rural and urban)?

Difference in attitude of secondary school students' towards mental illness in relation to location (rural and urban)

Table 1

S/no	Attitude of rural and urban students towards causes of mental illness	Rural $\bar{x}$	Urban $\bar{x}$	Decision
1	Mental illness is not necessarily caused by malfunction of the brain and the neural system	2.59	2.66	Positive
2	Mental illness caused by genetic transmission or sudden stress	2.82	2.69	Positive
3	Mental illness are more comparatively higher in those societies which are more affluent	2.70	2.67	Positive
4	Many normal people would become mentally ill if they had to live in a very stressful situation	2.93	2.94	Positive
	Overall mean	**2.76**	**2.74**	Positive

Data in Table 1 showed that both rural and urban students had mean scores, which were above the criterion mean of 2.50 in these items 1, 2, 3 and 4. These are " mental illness is not necessarily caused by malfunction of the brain and the neural system" (rural $\bar{X}$ = 2.59 < urban $\bar{X}$ = (2.66), " mental illness is caused by genetic transmission or sudden stress" (rural $\bar{X}$ = 2.82 > urban $\bar{X}$ = (2.69), " mental illness are more comparatively higher in those societies which are more affluent, (2.62) many normal people would become mentally ill if they had to live in a very stressful situation" (rural $\bar{X}$ = 2.93 < urban $\bar{X}$ = 2.94). This means that both rural and urban students had positive attitude regarding these items. The overall mean scores for both the rural and urban students (rural $\bar{X}$ = 2.76 > urban $\bar{X}$ 2.74) were above the criterion mean of 2.50. This implies that both the rural and urban secondary school students had positive attitudes regarding the cause of mental illness although that of urban was slightly higher than that of rural students.

Research question two

What is the attitude of secondary school students' towards signs and symptoms of mental illness in relation to location (rural and urban)?

Difference in attitude of secondary school students' towards signs and symptoms of mental illness in relation to location (rural and urban)

Table 2

S/no	Attitude of rural and urban students towards signs and symptoms of mental illness	Rural $\bar{x}$	Urban $\bar{x}$	Decision
1	Most of the mentally ill people are more likely to hurt themselves rather than other people	2.85	2.88	Positive
2	Loss of contact with the reality and the occurrence of bizarre behaviour are nothing we should border about	2.51	2.42	Negative
3	The mentally ill are far less of a danger than most people believe	2.61	2.65	Positive
4	Having a mental illness is not different from having any other kind of disease	2.52	2.55	Positive
5	I believe most of the homeless today are, in fact, mentally ill	2.62	2.56	Positive
	Overall mean	**2.62**	**2.61**	Positive

Data in Table 2 show that both rural and urban students had mean scores higher than the criterion mean of 2.50 in the following items: item 1 "most of the mentally ill people are more likely to hurt themselves rather

than other people" (rural $\overline{X}$ = 2.85 < urban $\overline{X}$ = 2.88), item 3 " the mentally ill are far less of a danger than most people believe" (rural $\overline{X}$ = 2.61 < urban x = 2.65), 4 " having a mental illness is not different from having any other kind of disease" (rural $\overline{X}$ = 2.52 < urban x = 2.55) and item 5 " I believe most of the homeless today are, in fact, mentally ill" (rural $\overline{X}$ = 2.62 > urban $\overline{X}$ = 2.56). This means that the students had positive attitude on these items. The Table also indicates that rural students had mean score above criterion mean whereas urban students had mean score less than the criterion mean in item 2 that is "loss of contact with the reality and the occurrence of bizarre behaviour are nothing we should border about" (rural $\overline{X}$ = 2.51 > urban $\overline{X}$ = 2.42), The overall mean scores for both the rural and urban students(rural $\overline{X}$ = 2.62 > urban $\overline{X}$ = 2.61) were above the criterion mean of 2.50. This implies that the students had positive attitude regarding the signs and symptoms of mental illness.

Research question three

What is the attitude of secondary school students' towards coping strategies for mental illness in relation to location (rural and urban)?

Difference in attitude of secondary school students' towards coping strategies for mental illness in relation to location (rural and urban)

Table 3

S/no	Attitudes of rural and urban students towards coping strategies for mental illness	Rural $\bar{x}$	Urban $\bar{x}$	Decision
1	Some forms of mental illness can be treated by hypnosis	2.81	2.75	Positive
2	Those with a psychiatric history should never be given a job with responsibility	2.64	2.59	Positive
3	Psychotic illness deserves as much attention as physical illness	2.87	2.98	Positive
4	Most people with serious mental illness can, with treatment, get well and return to productive lives	2.96	3.01	Positive
5	I don't believe mental illness can never really be cured	2.44	2.36	Negative
	Overall mean	**2.74**	**2.73**	Positive

Data in Table 3 shows an overall mean scores for rural and urban (rural $\overline{X}$ = 2.74> urban $\overline{X}$ = 2.73) which were greater than the criterion mean of 2.50 in the attitudes of students regarding coping strategies for mental illness. The Table further indicates that rural and urban students had mean scores above the criterion mean of 2.50 in the following items:1 " some forms of mental illness can be treated by hypnosis" (rural $\overline{X}$ = 2.81> urban $\overline{X}$ = 2.75), 2 " those with a psychiatric history should never be given a job with responsibility" (rural $\overline{X}$ = 2.64> urban $\overline{X}$ = 2.59), " rural $\overline{X}$ = 2.64 > urban $\overline{X}$ = 2.59), 3" psychotic illness deserves as much attention as physical illness" (rural $\overline{X}$ = 2.87 <urban $\overline{X}$ =2.98) and 4 " most people with serious mental illness can, with treatment get well and return to productive lives (rural $\overline{X}$ = 2.96 < urban $\overline{X}$ = 3.01) The mean scores indicate that the students had positive attitudes on these items. The Table further shows that rural and urban students had mean scores which were less than the criterion mean of 2.50 in one item 5, that is " I don't believe mental illness can never really be cured" (rural $\overline{X}$ = 2.44 > urban $\overline{X}$ = 2.36). This means that the students had negative attitude in this item. The overall mean score for both rural and urban (rural $\overline{X}$ = 2.74> urban $\overline{X}$ = 2.73) students were above the criterion mean of 2.50. This implies that both rural and urban students had positive attitude towards coping strategies for mental illness.

Hypothesis

There is no significant difference in the attitudes of secondary school students' towards mental illness in relation to location (rural and urban).

Table 4

Summary of t-test Analysis of Null Hypothesis of No Significant Difference in Attitude of Secondary School Students' towards Mental Illness in Relation to Location (Rural and Urban).

S/no	Summary of t-test Analysis Testing Attitude Towards Cause Of Mental Illness	Rural $\frac{N_1}{x} = 1966$	Urban $\frac{N_2}{x} = 1452$	t-cal	Df	P-values	Decision
1	Mental illness is not necessary caused by malfunction of the brain and the neural system	2.59	2.66	2.051	3416	0.040	Reject
2	Mental illness is caused by genetic transmission or sudden stress	2.82	2.69	3.763	3416	0.000	Reject
3	Mental illness are more comparatively higher in those societies which are more affluent	2.70	2.67	0.707	3416	0.480	Fail to reject
4	Many normal people would become mentally ill if they had to live in a very stressful situation	2.93	2.94	0.211	3416	0.833	Fail to reject
	Overall			**0.552**		**0.338**	**Fail to reject**

Data in Table 4 show the t-calculated values for items 1 (2.051) and 2 (-3.763) with their corresponding p-values which was less than .05 level of significant at 3416 degrees of freedom. The null hypothesis of no difference between rural and urban students was rejected. This implies that rural and urban students differed in their attitude in these items regarding the cause of mental illness. The Table further shows the t-calculated values for items 3 (-.707) and 4 (.211) with their corresponding p-values which was greater than .05 level of significance at 3416 degrees of freedom. The null hypothesis of no difference between rural and urban students fails to reject. This means that rural and urban students did not differ in their attitude in these items regarding the cause of mental illness.

Summary of t-test Analysis of Null Hypothesis of No Significant Difference in Attitude of Secondary School Students' towards signs and symptoms of Mental Illness in Relation to Location (Rural and Urban).
Table 5

S/no	Attitude Towards The Signs And Symptoms Of Mental Illness	Rural $\frac{N_1}{x} = 1966$	Urban $\frac{N_2}{x} = 1452$	t-cal	df	P-values	Decision
1	Most of the mentally ill people are more likely to hurt themselves rather than others	2.85	2.88	0.863	3416	0.388	Fail to reject
2	Loss of contact with the reality and the occurrence of bizarre behaviour are nothings me should border about	2.51	2.42	2.479	3416	0.013	Reject
3	The mentally ill are far less of a danger than most people believe	2.61	2.65	1.213	3416	0.225	Fail to reject
4	Having a mental illness is not different from having any other kind of disease	2.52	2.59	0.733	3416	0.463	Fail to reject
5	I believe most of the homeless today are, in fact, mentally ill	2.62	2.56	1.607	3416	0.108	Fail to reject
	Overall			**0.302**		**0.294**	**Fail to reject**

Data in Table 5 reveals the t-calculated values for items 1 (.863), 3 (1.213) 4 (.733) and 5 (-1.607) with their corresponding p-values which was greater than .05 level of significant at 3416 degrees of freedom. The null hypothesis of no significant difference between rural and urban students fails to reject. This implies that rural and urban students did not differ in their attitudes in these items regarding the signs and symptoms of mental illness. The Table further shows the t-calculated values for item 2 (-2.479) with the p-value which is less than .05 level of significant at 3416 degrees of freedom. The null hypothesis of no significant difference between rural and urban students was rejected. This implies that rural and urban secondary school students differ in their attitude in this item regarding the signs and symptoms of mental illness.

Summary of t-test Analysis of Null Hypothesis of No Significant Difference in Attitude of Secondary School Students' towards coping strategies for Mental Illness in Relation to Location (Rural and Urban).
Table 6

S/no	Attitude Towards Coping Strategies For Mental Illness	Rural $\frac{N_1}{x} = 1966$	Urban $\frac{N_2}{x} = 1452$	t-cal	df	P-values	Decision
1	Some forms of mental illness can be treated by hypnosis	2.81	2.75	1.721	3416	0.085	Fail to reject
2	Those with a psychiatric history shall never be given a job with responsibility	2.64	2.59	1.418	3416	0.156	Fail to reject
3	Psychotic illness deserves as much attention as physical illness	2.87	2.98	3.181	3416	0.001	Rejected
4	Most people with serious mental illness can with treatment, get well and return to productive lives	2.96	3.01	1.347	3416	0.178	Fail to reject
5	I don't believe mental illness can never really be cured	2.44	2.36	2.078	3416	0.038	Rejected
	Overall mean			**0.138**		**0.09**	**Fail to reject**

Data in Table 6 show the t-calculated values for items 1 (-1.721), 2 (-1.418) and 4 (1.347) with the p-values which were greater than .05 level of significant at 3416 degrees of freedom. The null hypothesis of no difference between rural and urban students regarding the signs and symptoms of mental illness fail to reject. This means that rural and urban secondary school students did not differ in their attitude regarding these items of coping strategies for mental illness. The Table further shows the t-calculated values for items 3 (3.181) and 5 (-2.078) with their corresponding p-values which were less than .05 level of significant at 3416 degrees of freedom. The null hypothesis of no difference between rural and urban students was rejected. This implies that rural and urban students differed in their attitude in these items regarding coping strategies for mental illness.

Discussion of Findings

The findings of the study are hereby discussed under this heading:

Differences in Attitude of Secondary School Students towards Mental Illness in Relation to Location (Rural and Urban).

Attitude of secondary school students towards causes of mental illness.

Results in Table 1 show that secondary school students had positive attitude regarding most of the mental illness dimensions. This finding was not surprising but expected because it agrees with the finding of Melissa, Marvaki, Mourimi, Isalkams, Pilatis, Argyrians, Papageous and Kadda (2004) who revealed that students showed more positive view towards patients with mental illness than negative attitudes.

Difference in Attitude of secondary School Students towards Signs and Symptoms of Mental Illness

Result in Table 2 reveals that rural and urban students had positive attitude towards most of the mental illness dimensions. This finding was not surprising but was expected because it agrees with the finding of Allen (2001) who revealed that respondents harboured positive feeling towards the mentally ill persons both the rural and urban community members who always exhibits positive feelings towards mentally ill.

Difference in Attitude of secondary School Students towards Coping Strategies for Mental Illness

Table 3 shows that the null hypothesis of no significant difference between rural and urban students fails to reject. This means that rural and urban secondary school students' attitude regarding the coping strategies of mental illness was the same. This finding was expected and not surprising because it is in line with the finding of Zahid, Farooq, David, Muhammed, Nasir and Muhammad (2006) who revealed that rural and urban students had positive attitudes towards people with mental illness.

Table 4 shows that the null hypothesis of no significant difference between rural and urban students fails to reject. This implies that rural and urban secondary school students had the same attitude regarding cause of mental illness. This finding was expected and not surprising because it agrees with the finding of Melissa, Marvaki, Mourimi, Isalkams, Pilatis, Argyrians, Papageous and Kadda (2004) who revealed that students showed more positive view towards patients with mental illness than negative attitudes.

Table 5 reveals that the null hypothesis of no significant difference between rural and urban students fails to reject. This implies that rural and urban students had the same attitude regarding the signs and symptoms of mental illness. This finding was expected and not surprising because it agrees with the finding of (Shyamanta and Hemendra (2013) who explained that both rural and urban students had positive attitudes towards mental illness

Table 6 shows the null hypothesis of no significant difference between rural and urban students fails to reject. This implies that rural and urban students had the same attitude regarding coping strategies for mental illness. This finding was expected and not surprising because it is in line with the finding of Zahid, Farooq, David, Muhammed, Nasir and Muhammad (2006) who revealed that rural and urban students had positive attitudes towards people with mental illness.

Conclusion

This study revealed that attitudes of secondary school students towards the dimensions of mental illness, in relation to location (rural and urban) were positive. There was no significant difference in the attitudes of secondary school students towards all the dimensions of mental illnesses. Therefore the present level of awareness on mental illness should be sustained.

Recommendations

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

1. The Ministry of Education in conjunction with the Ministries of Health, Youth and Sports should mount seminars and workshops in schools on mental and emotional health. This may help students to develop more positive attitude towards mental illnesses
2. The Ministry of Education should make the teaching of health science compulsory in secondary schools since mental and emotional healths are enshrined in the subject.
3. The National Health Science Curriculum for secondary school students should be given full implementation in all secondary schools in the State.

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