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Original Research Article

Stigmatising Attitudes towards Persons with Mental Illness among University Students in Uyo, South-South Nigeria

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ABSTRACT

Stigma towards persons with mental illness is both a longstanding and widespread phenomenon that affects help seek behavior and quality of life of persons with mental illness

Objective: This study was conducted to determine the knowledge and attitudes of university students towards persons with mental illness.

Methods: This is a cross-sectional descriptive study. A convenience sample of 130 volunteer students attending University of Uyo was recruited into the study. The data of the investigation were collected using Socio-demographic Information Form and the 40 items Community Attitudes toward the Mentally Ill (CAMI)

Results: High levels of negative and stigmatizing attitudes exist in the university students' community as shown by high proportions of assent to items expressing authoritarian and socially restrictive views towards the mentally ill together with views expressing less benevolent attitudes in spite of acceptance of the idea of community treatment of mental illness. There was an underlying limited knowledge of causation and nature of mental illness.

Conclusion: Stigma and negative attitude toward mental illness is widespread in a community of tertiary educational students in a resource poor setting. Health educational strategies are required to change these negative attitudes and reduce stigma towards the mentally ill persons.

Key words: Stigmatising attitude, mental illness, university students, Nigeria.

INTRODUCTION

Mental and behavioral disorders are common, affecting more than 25% of all people at some time during their lives. [1] They are among the most stigmatizing conditions worldwide. Stigma often produces false information about people, fosters discriminatory acts against them and it is often used to convey prejudice and negative stereotypes. [2] The World Health Organization (WHO) has described stigma as a mark of shame, disgrace or disapproval that results in an individual being shunned or rejected by others. [1] The stigma and discrimination associated with mental illness has been strongly associated with suffering, disability and poverty by the World Health Organization (WHO). It lowers access of sufferers to resources and opportunities such as housing and employment and leads to diminished self esteem and greater isolation and hopeless life and also has implication for help seeking behavior. [3] Stigma towards adults with mental illness is a widespread phenomenon and has a long standing history. [4]

In advanced western societies of America and Europe, a number of studies have reported stigma towards persons with mental illness. [4-6] In many low and middle income countries with traditional cultures,

mental disorders are prevalent and a high level of stigma and social distance has been highlighted in several studies. In these cultures, public attitudes towards the mentally ill are known to be mostly negative. [7,8] In Nigeria, religious-magical beliefs about the causation of mental illness are common and have been associated with negative and stigmatizing attitudes to the mentally ill. [9,10] A study had reported that Most Africans regardless of level of education adhere to varying degrees to a belief in supernatural causation of illness or disease. [11]

Social distance (the proximity one desires between oneself and another person in a social situation), is a construct in the mental illness stigma literature, which have been used to assess expected discriminatory behavior towards adults with mental illness. [6,12,13] It has been suggested that social distance research can provide valuable insight into factors that influence mental illness stigma. [13] Studies have shown that stigma and social distance towards the mentally ill is influenced by various socio demographic factors. [6,12,13]

It is known that knowledge may play a significant role in shaping attitudes which in turn could determine responses to particular situations or circumstances. [14] Literacy was found to be significantly associated with positive attitude towards the mentally sick. However, the relationship between stigmatizing opinions and lack of knowledge of mental illness is not direct, even among mental health service providers. [15,16]

The university students' community, being members of the larger general community, may also have such negative prejudices about mental disorders which may be a reflection of the widespread negative attitude to mental illness common in their community. [17,18] This study was conducted to assess stigmatizing attitude of students in a university community as a proxy measure of the general community attitude towards the mentally ill persons.

MATERIALS AND METHODS

Study centre

This study was conducted in the department of Psychiatry, University of Uyo. Nigeria. The university is a tertiary educational institution located in Uyo, a capital city in the oil rich south–southern region of Nigeria. Approval for the study was obtained from the University of Uyo Teaching Hospital Ethics Committee and the Medical Advisory Panel on Research. Written permission was obtained from the Offices of the Dean of the relevant faculties. A written informed consent was obtained from participants before enrolment into the study.

Participants

The total sample included 130 volunteer participants. A convenience sample of 130 subjects comprising fifty 400 level undergraduate students of Medical sciences discipline with no exposure to mental health education and training and sixty undergraduates from Education disciplines and 20 Postgraduates student undergoing a master's degree programme in clinical psychology were contacted to get their responses on the questionnaire. They were requested to fill the questionnaire and return it on the spot.

Measures

The Community Attitudes Toward the Mentally Ill (CAMI) was used to assess attitudes towards adults with mental illness. It is a 40-item self-report scale that uses a 5-point likert type scale (5 = "Strongly agree" to 1 = "Strongly disagree"). Four scales are included on the CAMI: Authoritarianism, Benevolence, Social Restrictiveness, and Community Mental Health Ideology. Authoritarianism is defined by the belief that obedience to authority is necessary and people with mental illness are inferior and demand coercive handling by others. Benevolence is defined as being kind and sympathetic, supported by humanism rather than science. Social Restrictiveness involves beliefs about limiting activities and behaviors such as marriage, having children, and voting among people with mental

illness. Community Mental Health Ideology is defined as a "not in my backyard" attitude toward adults with mental illness, or the belief that adults with mental illness should get treatment, but not in close proximity to me. [19]

Subjects were also asked to complete a 10-item self-report inventory of questions about knowledge of mental illness derived from a previous Nigerian study [20]

Statistical analysis

The results of the study were analysed using the Statistical Package for Social Sciences (SPSS 18.0).Descriptive statistics were used for general description of study participants. Sample means and frequencies were computed as appropriate. T-test was used to determine whether significant differences exist in the mean scores of the variables. The level of significance was set at $p<0.05$.

RESULT

A total of one hundred and thirty university students were included in the study. The mean age of participants was 25.96 ± 6.14 years. The age distribution of the students indicated that 79.2% were in the range of 20 to 35 years, and 20.8% were 36 to 50 years old. More than half were males (50.8%). The majority of the participants 70.0% were never married. 4.6% of participants had utilized mental health service and 6.9% had a positive family history of mental illness. See Table 1

Table 1: Socio-demographic characteristics of respondents

Variables	**Participants** N(%)
Mean Age	25.96±6.14
Age in years	
20-35	103(79.2)
35-50	27(20.8)
Sex	
Male	66(50.8)
Female	64(49.2)
Marital Status	
Single	91(70.0)
Married	39(30.0)
Place of Residence	
Urban	94(72.3)
Rural	36(27.7)
Use of Mental Health Services	
Yes	6(4.6)
No	124(95.4)
Family History of Mental Illness	
Yes	9(6.9)
No	121(93.1)

Perceived causes of mental illness

Most participants believed there were multiple causes of mental illness with psychoactive substances abuse being cited most. The least mentioned is God's punishment as etiologic to mental illness. The belief in drug or alcohol misuse, possession by evil spirit, traumatic events, stress, genetic inheritance, physical illness, physical abuse, poverty and curse as a cause of mental illness were not significantly associated with the educational background, gender or years of study of the respondents. However, a higher proportion of respondents in the medical discipline were more likely to believe that drug or alcohol misuse, traumatic events, stress, genetic inheritance, physical illness and physical abuse could cause mental illness while respondents in the non medical discipline were more likely to endorse possession by evil spirit, God's punishment and curse as causes of mental illness.

Table 2. Respondents' reported causes of mental illness

Perceived cause	**No. %**
Misuse of drugs (cannabis, cocaine, heroin etc)	112(86.2)
Traumatic events	91(70.0)
Misuse of alcohol	76(58.7)
Stress	75(62.5)
Genetic inheritance	100(76.5)
Physical abuse	54(41.6)
Witches	67(55.8)
Possession by evil spirit	58(44.6)
Poverty	52(39.6)
God's punishment	19(14.6)

Attitudes towards the mentally ill

Authoritarianism

Scores on the authoritarian subscale reflects beliefs by the general population that people with mental illness are inferior and demand coercive handling by others. Distribution of responses shows that a high proportion of respondents hold beliefs that are stigmatizing to the mentally ill. On the idea of causation of mental illness, a small proportion of respondents (21%) see it as consequence of lack of self-discipline and will power and half of the respondents endorsed the view that mental illness is different from other illness. 72.3% of respondents believe that there is something about the mentally ill that makes it easy to

tell them from normal people while 82.6% believe that the mentally ill need the same kind of control as young children. Gender, age and the years of education did not seem to influence responses on the items in this subscale as there was no significant difference in the mean scores.

Benevolence

Responses to questions in this subscale are varied. While majority (92.6%) believes the mentally ill deserve our sympathy, 67.0% believe it is best to avoid them implying a desire for high social distance. Overall, the responses suggest a less benevolent attitude towards the mentally ill. A higher proportion of respondents (80.2%) disagreed with the statement that we need to adopt a more tolerant attitude towards the mentally ill in our society.

Social restrictiveness

Responses to five of the items on the social restrictiveness scale showed that a higher proportion of respondents desire increasing social distance from the mentally ill. About average 51.7% believes the mentally ill are potentially dangerous while 80.2% believe individual rights of the mentally ill should be denied them. This negative attitude extended to marriage prospect with 53.4% agreeing that it would be foolish for a woman to marry a man who has suffered from mental illness. Although 48.3% endorsed the statement that no one has the right to exclude the mentally ill from their neighbourhood, 41.3% continue to believe that the mentally ill should be isolated from the community and 60.9% would not want to live next door to someone who has been mentally ill. The respondents were as likely to hold these beliefs irrespective of gender, age and years of study in the university.

Community Mental Health Ideology

Responses in this subscale showed that 50.4 think it is frightening to have people with mental problems living in residential neighbourhood and 70.8% would rather not have a mental health facility located in their residential area. These negative views are in spite of majority (85.1) believing that mental health services should be provided through community-based facilities. There was no association with age, sex, years of study and discipline in these views and opinions.

Table II: Proportion of respondents positively endorsing statements on the authoritarianism subscale of the CAMI

Statements	No (%)
Large mental hospitals are an outdated means of treating the mentally ill (strongly disagree/disagree)	64(57.1)
There is something about the mentally ill that makes it easy to tell them from normal people (strongly agree/agree)	81(72.3)
Less emphasis should be placed on protecting the public from the mentally ill (strongly disagree/disagree)	78(70.3)
Mental patients need the same kind of control as young children (strongly agree/agree)	94(86.2)
A person should be hospitalised once he shows signs of mental illness (strongly agree/agree)	103(81.1)
Mental illness is an illness like any other (strongly disagree/disagree)	60(49.6)
Lack of self-discipline and willpower is one of the main causes of mental illness (strongly agree/agree)	21(21.0)
Keeping them behind locked doors is one of the best ways to handle the mentally ill (strongly agree/agree)	31(26.3)
Virtually any one can become mentally ill (strongly disagree/disagree)	21(16.9)
The mentally ill should not be treated as outcasts from society (strongly disagree/disagree)	82(67.8)

Table III: Proportion of respondents positively endorsing statements on the benevolence subscale of the CAMI

Statements	No (%)
The mentally ill are a burden on society (strongly agree/agree)	76(67.9)
It is best to avoid anyone who has mental problems (strongly agree/agree)	75(67.0)
Our mental hospitals seem more like prisons than like places where the mentally ill can be cared for (strongly disagree/disagree)	72(82.8)
More tax money should be spent on the care and treatment of the mentally ill (strongly disagree/disagree)	97(21.8)
The mentally ill do not deserve our sympathy (strongly agree/agree)	9(7.4)
The mentally ill have for too long been the subject of ridicule (strongly disagree/disagree)	24(20.5)
We have a responsibility to provide the best care for the mentally ill (strongly disagree/disagree)	19(15.7)
We need to adopt a more tolerant attitude towards the mentally ill in our society (strongly disagree/disagree)	97(80.2)
Increased spending on mental health services is a waste of tax money (strongly agree/agree)	24(19.8)
There are sufficient existing mental health services in Nigeria (strongly agree/agree)	36(32.1)

Table IV: Proportion of respondents positively endorsing statements on the social restrictiveness subscale of the CAMI	
Statements	**N (%)**
The mentally ill should be denied their individual rights (strongly agree/agree)	97(80.2)
Women who were once patients in a mental hospital can be trusted as babysitters (strongly disagree/disagree)	45(43.7)
The mentally ill should not be given any responsibility (strongly agree/agree)	40(36.7)
Anyone with a history of mental illness should be excluded from taking public office (strongly agree/agree)	58(56.3)
The mentally ill are far less of a danger than most people suppose (strongly disagree/disagree)	61(51.7)
I would not want to live next door to someone who has been mentally ill (strongly agree/agree)	70(60.9)
The mentally ill should be isolated from the rest of the community (strongly agree/agree)	45(41.3)
No one has the right to exclude the mentally ill from their neighborhood (strongly disagree/disagree)	57(48.3)
Mentally ill patients should be encouraged to assume the responsibility of normal life (strongly disagree/disagree)	51(41.1)
A woman would be foolish to marry a man who has suffered from mental illness, though he seems fully recovered (strongly agree/agree)	60(53.4)

Table V: Proportion of respondents positively endorsing statements on the community mental health ideology subscale of the CAMI	
Statements	**N (%)**
Having mental patients living in a residential area might be good therapy, but the risks are too great (strongly agree/agree)	102(87.2)
It is frightening to think of people with mental problems living in residential neighbourhoods (strongly agree/agree)	61(50.4)
Mental health centres should be kept out of residential areas (strongly agree/agree)	75(70.8)
Locating mental health services in residential neighbourhoods does not endanger local residents(strongly disagree/disagree)	60(54.1)
Local residents have good reasons to resist the location of a mental hospital in their area (stronglyagree/agree)	43(35.5)
Residents have nothing to fear from people coming into their area to receive mental health treatment (strongly disagree/disagree)	30(26.8)
The best therapy for many mental health problems is to be part of a normal community (strongly disagree/disagree)	46(44.7)
As far as possible, mental health services should be provided through community-based facilities (strongly disagree/disagree)	18(14.9)
Locating mental health facilities in residential areas downgrades the neighbourhood (strongly agree/agree)	36(29.0)
Residents should accept location of mental health facilities in their neighbourhood to serve the needs of the local community (strongly disagree/disagree)	21(17.4)

DISCUSSION

This study surveyed an academic community, a more enlightened community as a proxy measure of stigma in the general population against the backdrop of reports of low stigma towards the mentally ill in the African cultures. [8] Many studies have reported that negative opinions, beliefs and attitudes towards mentally ill persons are widespread globally. [21-23] The prejudices and beliefs which people hold in different cultures tend to be based on the prevailing local system of belief which can 'rub off' on people in different communities including the Nigerian academic community. [24] The Nigerian academic community, a cooking pot of cultures, may therefore be a good measure of the stigma held in various cultures in the general community towards the mentally ill. Early report of low stigma in African communities may actually have been due to paucity of research in this environment rather than a more culturally receptive attitude to mental illness. [8]

This study found a high stigmatizing attitudes, negative beliefs and opinion among student in a tertiary academic community in Nigeria. A previous Nigerian study had reported widespread stigma among university students. This negative beliefs and opinion among Nigerian university students is capable of promoting discrimination and a high social distance towards the mentally ill persons. [25]

Previous study had reported that Erroneous beliefs about causation and lack of adequate knowledge have been found to sustain deep seated negative attitudes about mental illness. [9] Across culture, the knowledge about the etiology of mental illness has been reported poor. [26] In this study, a high proportion of respondents had endorsed supernatural possession and witchcraft affliction as causes of mental illness. Earlier studies in Nigeria showed a predominance of belief in supernatural causation. Odejide et al in a study of traditional healers and mental illness in Ibadan found that 75.5% of the traditional healers interviewed attributed mental illness to curses or a hex (an evil spell), 47.2% believed it was due to ageing, while witchcraft was believed to be the cause by 11.31%. [27]

Even though, a good proportion of our respondents appeared to be knowledgeable about the possible role of psychosocial and genetic factors in the

causation of mental illness, more than half of them (55.8%) still believed that mental illness could be caused by witches, almost half (44.6%) thought that it might be due to possession by demons, and 14.6% thought it could be a consequence of divine punishment. Supernatural phenomena such as witchcraft and possession by evil spirits are believed to be important causes of mental disorders in many African cultures, beliefs that are uncommon in the West. [28] These erroneous belief and cultural misconceptions about mental illness have been known to affect help-seeking behavior and the reason many in these cultures prefer unorthodox treatment alternatives including trado-medical and faith healers in the pathway to care. [29,30]

In our survey, scores on the subscales of CAMI shows that a high proportion of respondents expressed beliefs that the mentally ill persons are different, unpredictable, dangerous and should be controlled like children. Majority of respondents assents to items expressing authoritarian and socially restrictive views, together with responses that express less benevolent attitudes. Many respondents believe the mentally ill should not be entrusted with responsibilities in spite of belief in community treatment possibilities. These views clearly show limited knowledge of the general populace about the etiology and nature of mental illness and the right of the sick to good social support and unfettered access to treatment like any other disease.

It has been postulated that educational interventions will lead to a reduction in stigmatizing attitudes towards the mentally ill. [31-34] According to Corrigan et al, those with more knowledge about mental illness were less likely to endorse negative or stigmatizing attitudes. [2] In this study, only about 4.6% of respondents have had utilized mental health services. Also, only about 6.9% reported a family history of mental illness. This means only small percentage of our sample has had any reasonable contact with mental illness and its treatment. This in part, may account for some degree of the stigmatizing beliefs and negative attitudes expressed towards the mental ill in this study. Community based treatment of mental illness as against institutional care is one of the ways of reducing stigmatizing attitudes towards people with mental illness. [35] According to Stuart and Arboleda-Flórez, those who have known people treated for schizophrenia, knowledge of the illness, and not mere exposure to it, was a central modifiable correlate of negative attitudes. [36]

CONCLUSION

Negative attitudes and stigma towards the mentally ill are common and widespread among tertiary educational student population. Institutional and community level interventional measures are required to improve the knowledge about mental disorders and reduce negative attitudes and stigma towards the mentally ill.

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