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Non-Mental Health Workers' Attitudes and Perceptions Towards People with Mental Illness in a Tertiary Health Facility in Damaturu, North East Nigeria

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Abstract: Health workers are not completely free from the myths, unfavourable beliefs and unpleasant attitudes towards people with mental illness. Most of these perceptions and attitudes towards mental illness are far from the scientific view and these may negatively affect treatment seeking and adherence. However, there is need for mental health education, advocacy and awareness among health workers in order to reduce stigma against mental illness and deepen their supportive roles in the delivery of mental health services.

Keywords: Non-Mental Health Workers, Attitudes and Perception, Mental Illness

1. Introduction

The myths, beliefs and attitudes about mental illness among health workers can influence clinical outcomes of patients with mental illness [1]. World Health Organization recommends integration of mental health services into general medical services, however, there is growing awareness that mental illness is surrounded by negative attitudes and stigma among health professionals [2]. The misunderstanding of mental illness by the health workers often deprives the psychiatric patients of provision of satisfactory mental and physical healthcare services, thereby endorsing negative attitudes by the society towards them [3]. This has also been shown to inhibit help seeking behavior among people in need of mental health intervention [4].

The stigma, discrimination and negative attitudes

associated with mental illness has been strongly associated by the World Health Organization with suffering, disability and poverty and a major barrier to treatment [5]. Negative attitude is also a major reason why patients with mental illness fail to acknowledge their illness and it has been described as one of the major factors mitigating their re-integration into the society [6].

Among healthcare workers, studies have documented their negative attitudes towards mental illness [7, 8]. Corrigan further reported that the reason why people often decide not to seek psychiatric services is due to the stigma and negative attitudes associated with seeking these services [9]. Individuals who seek psychiatric services are viewed as less socially acceptable and receive more negative treatment among health workers [10].

The tolerance and positive attitudes of health workers towards people with mental illness is essential for their clinical recovery [11], therefore, the focus on this study is aimed at determining the attitudes and perceptions of non mental health workers towards people with mental illness. Findings from this study may play a significant role in shaping their attitudes in the care of the mentally ill and thereby protecting their rights.

2. Materials and Methods

2.1. Setting of Study

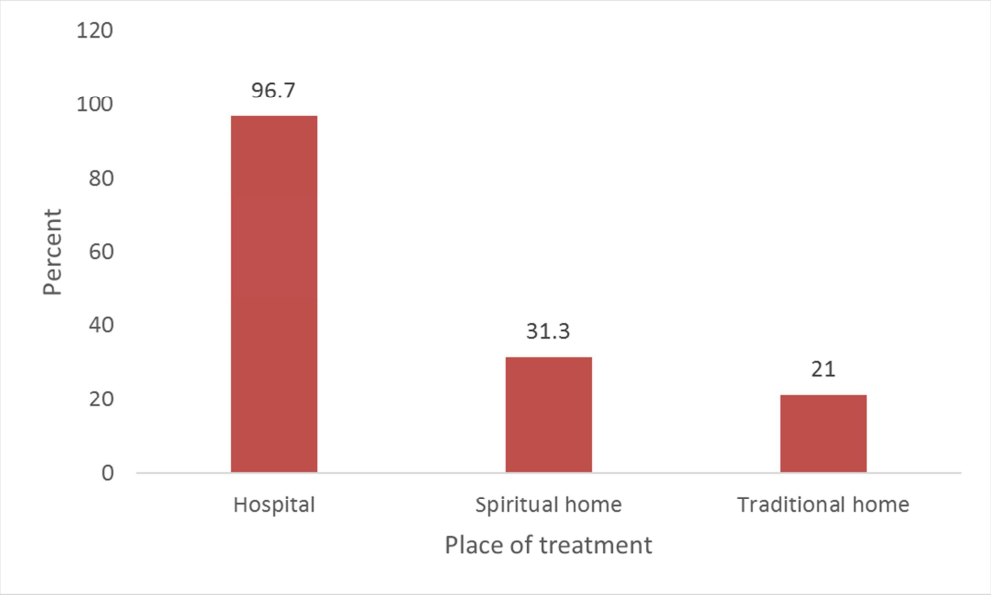
The study was cross sectional descriptive, conducted in Yobe State Specialist Hospital, Damaturu in the North Eastern geographical zone of Nigeria. The hospital is a tertiary health facility and has a psychiatric department with two full time consultant psychiatrists, two locum consultant psychiatrists and three psychiatric nurses providing mental health services to the people of Yobe State, neigh bouring states in the north eastern region of Nigeria and the West African sub region as well. It has a staff strength of 243non mental health workers comprising of 41 doctors, 162 nurses, 2 pharmacists, 2 physiotherapists, 11 laboratory scientists, 13 community health extension workers and 12 medical records keepers.

2.2. Study Design

The study protocol was submitted to the Research and Ethical Committee of Yobe State Specialist Hospital, Damaturu and ethical approval obtained. Participation was made voluntary and informed consent was freely obtained from the respondents. Confidentiality was ensured by not indicating the names of the respondents on the questionnaires. Only participants who were non mental health workersin the hospital and who gave their consent were included in the study. Data was collected using a socio demographic questionnaire and attitudes to mental illness was evaluated using the Attitudes to Mental Illness Questionnaire (AMIQ). The AMIQ constructed for this study was designed to explore respondent's knowledge, identified areas of beliefs, perceptions, attitudes to mental illness and treatment modalities. The questionnaires were pre-tested on health workers of different cadres in Yobe State University Teaching Hospital who would not participate in the main study. The aim of this pilot study was to ensure that these questionnaires could reliably be used among the target sample to be recruited for the study.

2.3. Data Analysis

Data analysis was carried out using the Statistical Package for Social Sciences version 21 software. To achieve the objectives of the study, appropriate descriptive statistics using means, standard deviation, frequencies and percentage were used for the data collected. Data was presentedin prose, tables and figures.



Hospital 235 (96.7%), spiritual home 76 (31.3%) and traditional home 51 (21.0%)

Figure 1. *Places recommended fortreatment of mental illness by respondents (n= 243).*

3. Results

Two hundred and forty three respondents participated in this study. The highest proportion of the respondents were of the age range 29-39 years (42.8%), most respondents were female (53.1%), majority were Muslims (71.2%) and married (81.1%). The highest proportion of respondents were of the Kanuri ethnic group (35%), followed by Hausa (21.0%) and Fulani (13.2%). Most respondents were graduates (64.2%), most of the respondents were nurses (65.8%) and had worked for 8years and more (42.8%). (See Table 1).

Table 1. *Socio-demographic characteristics of respondents (n=243).*

Characteristic		Frequency	Percent
Age (in years)	18-28	34	14.0
	29-39	104	42.8
	40-50	86	35.4
	>50	19	7.8
Sex	Male	114	46.9
	Female	129	53.1
Religion	Islam	173	71.2
	Christianity	65	26.7
	Others	5	2.1
Marital status	Single	41	16.9
	Married	197	81.1
	Widowed	5	2.1
Ethnic group	Kanuri	85	35.0
	Hausa	51	21.0
	Fulani	32	13.2
	Yoruba	28	11.5
	Ibo	13	5.3
	Others	34	14.0
Educational status	Primary	8	3.3
	Secondary	7	2.9
	Post-Secondary	47	19.3
	Graduate	156	64.2
	Postgraduate	25	10.3
Job description	Doctor	41	16.9
	Nurse	160	65.8
	Pharmacists	2	0.8
	Lab. Scientist	11	4.5
	Physiotherapist	2	0.8
	Med. records officer	4	1.6
	Admin. Staff	10	4.1
	Ward assist./support staff	13	5.3
Work experience (in years)	<1	14	5.8
	1-3	49	20.2
	4-6	38	15.6
	7-8	38	15.6
	>8	104	42.8
Family hx of mental illness	Yes	63	25.9
	No	180	74.1

Most of the respondents (56.4%) disagreed that mental illness is caused by God's punishment and majority (94.7%) agreed orthodox treatment is preferred to other forms of treatment. (See Table2). A large proportion of the respondents (72.1%) agreed that mentally ill patients can recover and 74.5% of them disagreed that the patients should be treated in the same hospital with other patients. (See Table 3). Majority (82.7%) of the respondents agreed it is difficult to cope with people with mental illness in the wards, most of them (60.9%) reported they cannot work with the mentally ill persons and 68.3% of them reported they cannot make friends with people with mental illness. (See Tables 3 and 4). A high proportion of the respondents (64.2%) reported they were afraid of psychiatric patients admitted within the hospital while majority (77.0%) reported they would keep a social distance because such patients are dangerous. (See Tables 4 and 5).

Table 2. *Perception on the causes of mental of mental illness and treatment options by respondents.*

Perception on causes of mental illness	Freq. (%)			Total, n (%)
	Agree	Neutral	Disagree	
God's punishment	55 (22.6)	51 (21.0)	137 (56.4)	243 (100)
Witchcraft	100 (41.2)	55 (22.6)	88 (36.2)	243 (100)
Curse	145 (59.7)	30 (12.3)	68 (28.0)	243 (100)
Evil spirits	164 (67.5)	22 (09.1)	57 (23.4)	243 (100)
Genetic inheritance	215 (87.7)	17 (07.4)	11 (4.9)	243 (100)
Substance abuse	213 (87.7)	18 (07.4)	12 (04.9)	243 (100)
Spiritual treatment	110 (45.3)	37 (15.2)	96 (39.5)	243 (100)
Traditional treatment	76 (31.3)	61 (24.7)	106 (43.6)	243 (100)
Medical/ orthodox treatment	230 (94.7)	5 (2.1)	8 (3.2)	243(100)

Table 3. *Miscellaneous beliefs and perceptions (n=243).*

	Frequency	Percent
People with mental illness can recover		
Agree	175	72.1
Neutral	38	15.6
Disagree	30	12.3
Should be treated in same hospital with other patients		
Agree	25	10.3
Neutral	37	15.2
Disagree	181	74.5
Mentally ill patients are entitled to the same attention		
Agree	165	68.0
Neutral	32	13.1
Disagree	46	18.9
Mental illness is contracted by physical contact		
Agree	17	7.0
Neutral	11	4.5
Disagree	215	88.5
Difficult to cope with mentally ill patients in ward		
Agree	201	82.7
Neutral	22	9.1
Disagree	20	8.2

Table 4. *Miscellaneous perceptions (n=243).*

	Frequency	Percent
People with mental illness should blame themselves		
Yes	35	14.4
No	208	85.6
Afraid of talking to mentally ill		
Yes	202	83.1
No	41	16.9
Can work with mentally ill		
Yes	95	39.1
No	148	60.9
Can make friends with mentally ill		
Yes	77	31.7
No	166	68.3
Afraid of psychiatric patient admitted within the hospital		

	Frequency	Percent
Yes	156	64.2
No	87	35.8
Would like office near psychiatric ward		
Yes	50	20.6
No	193	79.4
Want psychiatric patient treated outside the hospital		
Yes	110	45.3
No	133	54.7

Table 5. *Miscellaneous attitudes (n=243).*

How will you relate to mentally ill patient	Frequency	Percent
Friendly	27	11.1
With caution	29	11.9
Keep a social distance because they are dangerous	187	77.0

4. Discussion

In this study, though majority of the respondents acknowledged that mental illness can be caused bybiological factors ranging from genetic factors to substance misuse, more than two thirds also believe evil spirits could cause mental illness. This is similar to previous studies [12], [13] where spiritual views of causation have been found to be associated with mental illness. These religious beliefs make a defensive attribution of mental illness to the influence of witchcraft or evil spirits and make them seek treatment from spiritual or traditional healers [12]. The good understanding of the biological aetiology of mental illness by the respondents in this study is not surprising given the sample of health care providers recruited for this study.

Findings from this study showed that majority of the health workers reported it is difficult to cope with persons with mental illness on the ward. This is similar to the findings of Crisp et al [14] where they expressed the same negative opinion towards the mentally ill. This could be due to deep rooted fears in the society about the dangerousness and unpredictability of people with mental illness [15]. This study also found negative attitudes of the non mental health workers towards persons with mental illness as majority of the respondents reported they cannot make friend, work or talk with mentally ill persons. This belief is due to societal attribution of violent tendencies by people with mental illness [16]. This stigmatizing attitude expressed by health workers towards people with mental illness may lead to internalized self dislike and behaviours that exacerbates the burden of the illness [17] [20]. Despite the good understanding of the biopsychosocial cause of mental illness as reported by the respondents, there was prominent negative attitudes observed in this study, this is contrary to the finding of Madianos et al [18] where they reported good knowledge positively influences attitudes towards mental illness.

With regards to social distance and mental illness, majority of the participants reported they will keep a social distance because they are dangerous. This negative attribution is likely due to possible aggressive tendencies from patients towards their caregivers and this belief is likely to promote discriminatory behaviour and stigma [19, 21].

5. Conclusion

There is need for more enlightenment, advocacy and training of health workers in mental health. This will help create a mental health friendly environment that will foster delivery of psychiatric services in a multi specialist or general hospital setting.

6. Strength and Limitation

The strength of this study is a hundred percent response rate among the respondents. However, important limitation is that the information was obtained through a self report interview and this might have been influenced by a need to conform to perceived cultural norms.

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