"PATIENTS' PERCEPTION ON THE CAUSES OF MENTAL ILLNESS AT ZAURO GENERAL HOSPITAL, KEBBI STATE, NIGERIA.

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THIS DESSERTAION IS SUBMITTED TO THE UNIVERSITY OF GHANA, LEGON IN PARTIAL FULFILMENT OF THE REQUIREMENT FOR THE AWARD OF MASTER OF SCIENCE DEGREE IN NURSING

JUNE, 2014

DECLARATION

I, Zulkiflu Musa Argungu, author of this dissertation do hereby declare that the findings of this study presented here is the result of research work carried out by me, under the guidance of Rev. Attiogbe Alexander, School of Nursing, University of Ghana, Legon. References made from other researchers and writers have been duly acknowledged.

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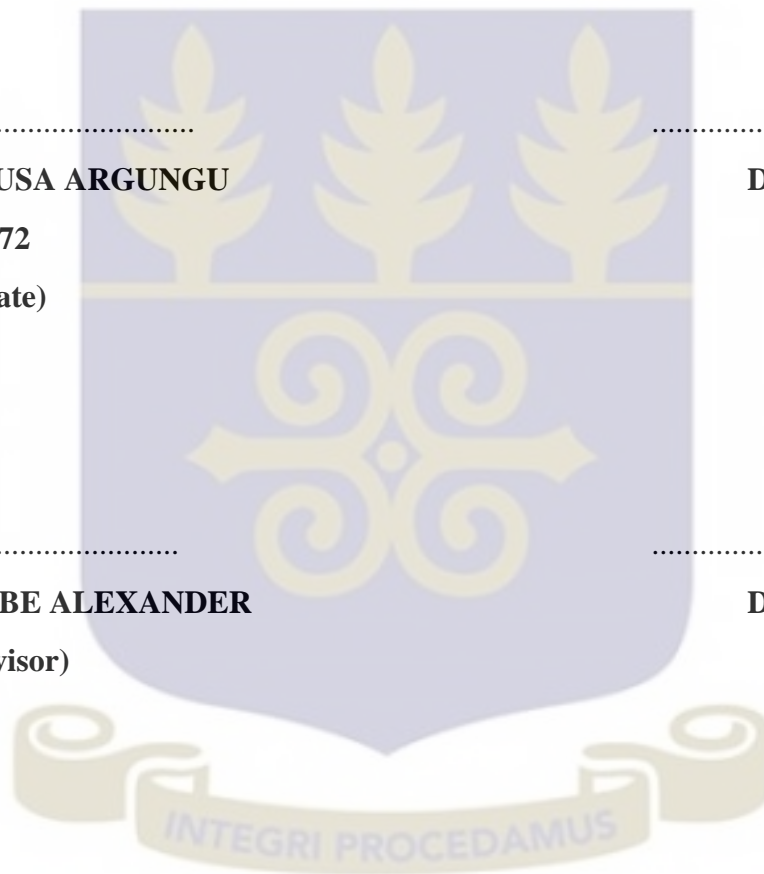
DEDICATION

I dedicated this work to my lovely family Fatima Ahmad and Rabi'at Iman Zulkiflu. Thank you for your support, love and patience.

ACKNOWLEDGEMENT

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LIST OF ABBREVIATIONS

ABS   Australian Bureau of Statistic

AIDS   Acquired Immune Deficiency Syndrome

APA   American Psychiatric Association

CDHA   Commonwealth Department of Health and Aged

CIDI   Composite International Diagnostic Interview

DSM   Diagnostic and Statistical Manual of Mental Disorders

EAP   Employee Assistance Programs

HIV   Human Immune Virus

ICD   International Classification of Diseases

IRB   Institutional Review Board

MHA   Mental Health Acts

MDD   Major Depressive Disorder

NIMH   National Institute of Mental Health

NSW   New South Wales

OCD   Obsessive Compulsive Disorders

OPD   Out Patient Department

PHAC   Public Health Agency of Canada

PHC   Primary Health Care

UK   United Kingdom

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US   United State

USA   United State of America

WHO   World Health Organisation

ZGH   Zauro General Hospital

ABSTRACT

The purpose of this study was to explore the patient's perception about the causes of mental illness. The study was done at Zauro General Hospital Kebbi State Nigeria. An exploratory-descriptive design within the qualitative paradigm was used. In-depth one-on-one interview with thirteen (13) participants between the ages of 30-54 years old. All participants consented to participate and they were used purposively sampled. No form of coercion was used to attract or retain them. The interviews were audio taped and transcribed verbatim after which content analysis was done to identify themes and categories. A key finding in this study was that patient's perception on the causes of mental illness indicated that patients perceived genetics, physical illness, and chemical imbalance/chemical as the causes of their illness. Other findings included: witchcraft, emotional experience, resources, occupations, and family/homes. It was recommended that health care providers should create an avenue to enlighten their patients on mental illness.

CHAPTER ONE

BACKGROUND

1.0 Introduction

Mental illnesses are universal phenomena in the world affecting every society, but beliefs about causation vary across cultures. It has been reported that people living in western countries focus mainly on biological and social risk factors such as genetic vulnerability, disease of the brain, infection or stressful social conditions or personal weakness (Furnham & Chan, 2004;Magliano, Fiorillo, De Rosa, Malangone, & Maj, 2004;Nakane, et al., 2005), but the predominant views held by people living in non-western countries focus mainly on supernatural and religious factors (Saravanan, Jacob, Deepak, Martin, David, & Bhugra, 2008).

More than 450 million people across the globe suffer from mental illnesses. Among these, 90 million are drug or alcohol dependent, 25 million suffer from schizophrenia, and 150 million have depression (WHO, 2010).Schizophrenia, depression, epilepsy with psychosis, dementia, alcohol dependence and other mental, neurological and substance-use disorders make up 13% of the global disease burden, surpassing both cancer and cardiovascular diseases (National Institute of Mental Health, 2011). It has been projected that by the year 2030, depression will be the second highest cause of disease burden in middle-income countries and the third highest in low-income countries (WHO, 2010).In the United States, people with severe mental illness die 25 years earlier than the general population on average. In Denmark, the life expectancy gap has been shown to be as high as 18.7 years with certain disorders (Kessler, Foster, Saunders, & Stang, 2013), and the differential in life expectancy is believed to be even wider in developing countries (Patel, 1995).

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In a cross-cultural study, infection, allergies and genetic diseases were the most commonly attributed causes of mental illness in Australia; whereas, nervousness and perceived constitutional weakness were more often reported in Japan. (Nakane et al., 2005).Another comparative study of young adults in Hong Kong and England found that, Hong Kong youths believed that social factors were the likely cause of schizophrenia, while the English youths were more likely to report genetic factors as a cause of schizophrenia (Furnham & Chan., 2004). Similarly, in reports from Germany and Italy, lay people held a predominantly biological view of the cause of schizophrenia (Angermeyer & Matschinger, 2006; Magliano et al., 2004; Nakane et al., 2005).

A report from Turkey showed about 60% of a rural population held the view that personal weakness might be a cause of schizophrenia (Taskin, Sen, Aydemir, Demet, Ozmen, & Icelli, 2003). In contrast to this, in Indonesia, the majority of patients held the belief that schizophrenia was caused by supernatural causes, such as witchcraft or disturbance by spirits (Kurihara, Kato, Reverger, & Tirta, 2006). Similarly, a study exploring the belief system surrounding causes of mental illness in a primary care setting in Saudi Arabia reported that patients attributed their symptoms to religious and supernatural factors, saying that it could be the result of punishment from Allah (Kuriharaet al., 2006). Despite these seemingly dichotomous views regarding attribution about the causes of mental illness, a significant proportion of people living in western countries still endorse the spiritual and magical views. For instance, a study done in Italy reported that 4% of the participants including lay people, professionals, and relatives, believed that magic, spirit possession and spells as causes of schizophrenia (Magliano et al, 2004).

In contrast to this, people in the USA hold the beliefs that mental illness is caused by biological factors like chemical imbalance, genetic factors or brain diseases (Kuppin &

Carpiano, 2006). While, people living in non-western countries mainly rely on indigenous healing practices and strategies that originate within their culture or society, that are designed for treating the members of a given cultural group (Constantine, Myers, Killdaiclli & Moore, 2004; Teferra & Shibre, 2012).

In the last 45 years suicide rates have increased by 60% worldwide (WHO, 2010). More than 90% of people who kill themselves have a diagnosable mental disorder like depression, schizophrenia, drug/ substance abuse and personality disorders(NIMH, 2011).Suicide is among the three leading causes of death among those ages 15-44 years in some countries, and the second leading cause of death in the 10-24 years age group (WHO, 2011). In the UK, 70% of people affected by mental illness experience discrimination, and discrimination are believed to be worse in developing countries. Mental and psychosocial disabilities are associated with rates of unemployment as high as 90 % (WHO, 2010). Meanwhile, those with severe mental illnesses are more likely to have other health risk factors. In United States, about 22% of the general population smokes, more than 75% of people with severe mental illness are tobacco-dependent. And people with depression or bipolar disorder are about twice as likely to be obese as the general population (Hugo et, al.,2003).

Women and the poor people are more vulnerable to mental problems as their disorders are exasperated by social and cultural vulnerability (Ofori-Atta, Cooper, Akpalu, Osei, Doku, &Lund, 2010). Despite the significant global prevalence of mental disorders, however, there is a recognized gap in funding for treatment, especially in developing countries where patients are left on their own and face social stigmatization (WHO, 2010).

Research conducted in India on knowledge and attitude of mental illness among the general public of Southern India reveals that, most of the respondents have poor knowledge regarding causes of mental illness and believes that mental illness could result from punishment from

God. More than half of the respondents had good knowledge on signs and symptoms of mental illness (Ganesh, 2010).

Another research conducted in Texas, U.S.A revealed that, although Mexican Americans are more likely to experience recurring major depressive episodes than the Whites (González, Tarraf, Whitfield, & Vega, 2010), studies have found the rates of mental illness are high in the Mexican- American population to be comparable to those of the non-Hispanic White population (Satcher, 2001). Nevertheless, primary care physicians are less likely to recognize mental health problem in their Hispanic patients than in their White patients (Borowsky et al., 2000). In addition, fewer than 9.1% of Hispanics with mental health disorders get in touch with a mental health professional (American Psychiatric Association, 2010).

Cultural beliefs play a major role in determining perceptions of the meaning and causes of mental illness (Marsella & Yamada, 2000). However, relatively little attention has been paid to exploring beliefs among Hispanics about the factors that cause mental illness, and, in particular, the population of Mexican Americans along the U.S./Mexico border (Urdaneta, Saldaña, & Winkler, 1995). This is troublesome especially since Mexican Americans as a population exhibit strong mental health care disparities in the U.S. (Alegría et al., 2008; Blanco et al., 2007; Cook, McGuire, & Miranda, 2007; Guarnaccia, Martinez, & Acosta, 2005).

There are a number of theoretical postulations as to culturally based perceptions of the cause of mental illness; however, few of these have been verified within the Mexican-American context. What is known is that there is severe stigma related to "mental illness" in the Mexican-American culture (Guarnaccia et al., 2005), but there is little understanding of how acculturation or immigration has influenced beliefs originating from source cultures.

In general, developing countries tend to allocate minimal resources towards mental health, prioritizing initiatives that target infectious disease and reproductive health instead (Prince, Patel, Saxena, Maj, Maselko, Phillips &Rahman, 2007). In African countries, mental health disorders are gaining considerable attention. Of the global burden of disease, 14% is attributed to neuropsychiatric disorders, indicating a 2% growth increase from the year 2000 (WHO, 2010). It is believed that these figures will increase by five percent by the year 2020. According to World Health Organization (2010), one in every five individuals will suffer from a diagnosable mental disorder in their lifetime. Among the adults who suffer from these disorders, 75% are found to have developed them in their youth ages.

The WHO reports that there are currently over 2 million Ghanaians suffering from moderate to mild mental disorders, and 650,000 of which are suffering from severe illnesses (WHO, 2011). It is further estimated that Ghana's treatment gap (defined as the number of people whose illness goes untreated) stands at 98% (WHO, 2011).

According to WHO (2008) there were 20 % of Nigerians suffering mental illness. This suggest that Nigeria with a population of 160 million but about 30 million Nigerians are suffering from mental disorders. Findings in Nigeria also revealed that in the same year, 20 new patients were admitted every day at the Psychiatric Hospital Yaba, Lagos State. This excludes Lagos State University Teaching Hospital, University of Lagos Teaching Hospital among other hospitals in Lagos, and people who does not seek psychiatric care. There are millions of Nigerians going through one depressive disorder or the other. Available facts from experts also point to a startling revelation that the trend will be high in the next 15 years, if nothing is done about it, especially (Adebowale & Ogunlesi, 1999).

In Nigeria, religio-magical views of causation have been found to be more associated with negative perception of mental illness and stigmatizing attitudes to the mentally ill persons as compared with biological explanations (Gureje, Olley, Olusola, & Kola, 2005). Spiritual explanations have also been found for mental states due to physical illness such as delirium (Ola et al., 2010). These beliefs may also explain why many cases of mental illness in Sub-Saharan Africa are treated punitively or outside modern health care systems. For example, the psychiatric patients are treated via traditional or faith healers (Olaet al., 2010).Also a report from Nigeria showed that the majority of people preferred indigenous treatment over the modern health care system which was consistent with their predominant belief about the causes of mental illnesses (Kabir, Iliyasu ,Abubakar, & Aliyu, 2004).

Although several studies have investigated beliefs about causes of mental illnesses in a variety of African countries, studies involving nomadic populations are extremely rare. A community based epidemiological study done among Borana semi-nomadic people in southern Ethiopia near the Kenyan boarder, involving 1854 people of both sexes aged 15 years and above, using Composite International Diagnostic Interview (CIDI) failed to show any case of psychosis (Beyero, Alem, Kebede, Shibire, Desta, & Deyessa, 2004; Teferra & Shibre, 2011). But, using a qualitative method, the Borana people recognized and reported cases of severe mental illness which were later confirmed to have psychosis by diagnostic interview (Shibre et al.,2010).

Mental disorders are of particular concern in Nigeria; a national survey found that the estimated lifetime prevalence of any disorder was 18.8%. Cohort analysis documented a significant increase in lifetime prevalence of most disorders across. This was most pronounced for panic disorder and post-traumatic stress disorder, with lifetime-to-date prevalence of 5.4-5.3 times in the youngest (ages 18-34) and older people ages 65 years and

above (Kabir et al., 2004). Anxiety disorders were the most common class of disorders (13.8%) and major depressive disorder (MDD) the most common disorder (7.2%), twelve-month prevalence of any disorder was 13.6%, with 42.1% of cases classified mild, 36.0% moderate, and 21.9% serious. The survey also indicated that access to treatment is low (Crabb et al., 2012).

It is therefore noted that, in developing any mental health education programme in Nigeria, the basis of such beliefs must be taken into consideration. People's beliefs regarding mental illness should not only be known, but the purpose of their beliefs should be understood. Such attitudes and beliefs about mental illness can only be studied within a cultural context (Kabir et al., 2004).

Although the knowledge and perception of mentally ill patients and their relatives regarding mental illness has been reported from southwest Nigeria (Deribew & Tamirat, 2005). Little has been done in the northern part of the country.

The 1995 Nigeria National Mental Health Policy advocates the integration of mental health promotion, treatment and rehabilitation into primary health care services (PHC). However, this goal cannot be successfully achieved without an understanding of patients and community attitudes about the causes of mental illness (Kabir et al., 2004). However, similar research was conducted which reveals that, drug misuse in form of alcohol ingestion, cannabis and other psychoactive street drugs were identified as major causes of mental illness (34.3%), followed by effect of divine wrath or God's will (18.8%), magic or spirit possession (18.0%), and accidents/trauma (11.7%). Heredity, family conflicts and financial distress/poverty were uncommon responses (Kabir et al., 2004).

1.1 Statement of the Problem

Mental and behavioural disorders are present at any point in time in about 10% of the adult population worldwide (WHO, 2010). It has been observed that most of the patients have different perceptions about the causes of mental illness despite the enlightenment made by health care givers on the causes of mental illness (Ola et al., 2010). In USA, beliefs in biological causes are associated with endorsement of professional, biologically focused treatments like prescription medication, psychiatrists, and mental hospital admissions (Kuppin & Carpiano, 2006;Teferra & Shibre, 2011).

In Nigeria, religio-magical views of causation have been found to be more associated with negative and stigmatizing attitudes to the mentally ill compared with biological explanations (Gureje et al., 2006). Spiritual explanations have also been found for mental states due to physical illness such as delirium in this region (Ola et al., 2010).

However, similar research was conducted which reveals that, Drug misuse in the form of alcohol ingestion, cannabis and other psychoactive street drugs were identified as major causes of mental illness, followed by effect of divine wrath or God's will, magic or spirit possession, and accident/trauma , heredity, family conflicts and financial distress/poverty were uncommon responses (Kabir et al, 2004).Although the knowledge and perception of mentally ill patients and their relatives regarding mental illness has been reported from southwest Nigeria (Deribew & Tamirat, 2005). To date there is little research on patients' perception and attitudes about the causes of mental illness from northern Nigeria, a culturally distinct part of the country (Kabir et al., 2004).In view of the above the study will explore patients' perception about the causes of mental illness in Zauro General Hospital, Kebbi State, Nigeria.

1.2 Purpose of the Study

The purpose of this study was to explore and describe "patient's perceptions on the causes of mental illness. It is hoped that this preliminary study will provide fundamental insights into the perspective of patients on mental health problems.

1.3 Objectives of the Study

1. To explore the perception of patients on the biological causes of mental illness

2. To identify the patients' perception on the psychological causes of mental illness.

3. To investigate the perception of patients on the socio-cultural causes of mental illness.

1.4 Research questions

1. What are the patients' perceptions about the biological causes of mental illness?

2. What are the patients' perceptions about the psychological causes of mental illness?

3. What are the patients' perceptions about the psychological causes of mental illness?

1.5 Significance of the Study

1. This study will provide patients knowledge about the cause of their illness.

2. It will contribute to the body of knowledge in psychiatric nursing.

3. This study will generate useful information for health care providers as well as policy makers.

1.6 Operational Definitions

1. **Perception**: in this study, perceptions refer to the views and understanding of patients.

2. **Knowledge:** in this study knowledge refer to awareness gained by experience.

3. **Patient**: in this study patient refer to anybody with a history of a mental disorder who has been discharged home and receiving care or treatment in ZGH.

4. **Mental Illness**: Any disease of the mind; the psychological state of someone who has emotional or behavioural problems serious enough to require psychiatric intervention.

CHAPTER TWO

LITERATURE REVIEW

2.0 Introduction

In reviewing the literature databases were searched. Major among them were PubMed, science direct, Sage and Wiley. Literatures that are not accessible online were also sought from different journals. The key words for the search were "Patients perception", "Patients beliefs""patient's knowledge".

Mental illness is a health condition that changes a person's thinking, feelings, or behaviour (or all three) and that causes the person distress and difficulty in functioning. Mental illness as, "characterized by alterations in thinking, mood or behaviour (or a combination), and impaired functioning over an extended period of time. The symptoms vary from mild to severe depending on the type, the individual, the family and socio-economic environment" (PHAC, 2013). Mental illness is an illness that affects or is manifested in a person's brain. It may impact on the way a person thinks, behaves, and interacts with other people (WHO, 2010).

2.1 Definition of mental illness

Definitions of mental illness are difficult to state. If they are framed too narrowly they deny services to people. If they are too broad they may result in unnecessary intervention. Mental health problems and mental illness refer to a range of cognitive, emotional and behavioural disorders that interfere with the lives and productivity of people (Australian Health Ministers, 2003). There is, however, no one single definition of mental illness, as definitions vary across jurisdictions and professions (Freeman, 1998). In determining an appropriate definition of

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mental illness for the Project, this research is set to have taken into consideration legal, clinical and social approaches to defining mental illness.

2.1.1 Legal definitions of mental illness

Mental illness is defined as a condition characterized by the presence of symptoms such as delusions, hallucinations, serious disorder of thought form, a severe disturbance of mood,or sustained or repeated irrational behaviour, which seriously impairs, either temporarily or permanently, the mental functioning of a person (Mental Health Act, 1990). A "mentally ill person" is someone who suffers a mental illness where, owing to that illness, there are reasonable grounds for believing that care, treatment or control of the person is necessary, for their own or others' protection. This determination must take into account the person's continuing condition, including the effects of any likely deterioration in their condition (MHA, 1990.)

It is noteworthy that the above-named symptoms, listed in the *Mental Health Act 1990*, are most often associated with a diagnosis of psychosis a particular and more severe form of mental illness. Other more common mental illnesses such as anxiety disorders, depression and substance abuse may not necessarily fit the definition provided in this Act (Freeman, 1998).

2.1.2 Clinical definitions of mental illness

Clinical definitions of mental illness are far broader than their legal counterparts. It is rare to find a single definition in the clinical setting: in this context, a definitive statement about what is mental illness is often less helpful than determining how a disorder should be classified and treated. Accordingly, there are two main international medical standards used

in the classification of mental illness. The first of these is the World Health Organisation's International Classification of Diseases (ICD-10); last revised in 1992 and used predominantly in Europe. The ICD-10 defines "mental disorder" as "a general term which implies the existence of a clinically recognisable set of symptoms or behaviour associated with interference with personal functions" (WHO, 1992). The second international standard is the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), revised in 2000 and used more frequently in the United Kingdom (UK) and the United State (US). According to this system, a "mental disorder" must comprise a manifestation of "behavioural, psychological, or biological dysfunction in the individual". It is a clinically significant behavioural or psychological syndrome or pattern that occurs in an individual and that is associated with present distress or disability or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom (APA, 2000).

2.2. Patient's Perception on the Causes of Mental Illness

In a research conducted by Kabir et al. (2004) on the perception and beliefs about the mental illness among adults in karfi village, northern Nigeria shows that, misuse of drugs ranked highest among the respondents as a perceived cause of mental disorders than most of the other traditional aetiologies. Although drug abuse was acknowledged by Iliyasu and Last (1991) in their work on mental illness in Kano, northern Nigeria as a leading cause of drug dependent psychosis, also reported that drugs and alcohol were considered by schizophrenic patients or their relatives to be a common cause of mental illness. This response may not be unconnected with the leading response (drug misuse), as many individuals are of the belief that one evokes supernatural wrath by taking intoxicants thus leading to the development of mental illness (WHO, 2001).

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Another research conducted by Chakraborty, Das, Dan, Bandyopadhyay, & Chatterjee, (2013) on perceptions about the cause of psychiatric disorders and subsequent help seeking patterns among psychiatric outpatients in a tertiary care centre in Eastern India shows that, the participants gave highly variable responses to the question that assessed their opinion about the cause of psychiatric disorders. These responses have been divided for tabulation and analysis purposes into four categories namely bodily pathology, habits and practices, psychological cause, and supernatural cause. Nearly all (96.8%) the family members of subjects with schizophrenia had belief in supernatural causation. Near about half (48.4%) of the respondents attributed their family member's illness to excessive thinking as the single most important cause. Also, 77.4% of the respondents endorsed some bodily pathology as the cause of schizophrenia while only a minority (22.6%) attributed it to habits and practices.

Again, the research also shows that majority 80% of respondents with Obsessive Compulsive Disorders (OCD) and anxiety disorders viewed the problem arising out of too much thinking. Less than half of the subjects thought it was a kind of medical illness 40%, or because of dysfunction of specific organ system 40%, or blackmagic 40%. In case of somatisation and dissociative disorders, the majority 61.5% of the respondents were of view that it developed because of too much thinking. Only a minority were of the opinion that it was a medical illness 30.8% or caused by the way people cope or handle their situations 23.1% (Chakraborty et al., 2013).

Another research conducted on perceived causes of severe mental disturbance and preferred interventions by the Borana semi-nomadic population in southern Ethiopia: shows that, majority of respondents perceived that, supernatural influences in causing severe mental disturbance. Bewitchment, witchcraft and possession by evil spirits were all said to be the

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causes of mental disturbance. The concept of bewitchment was particularly related to the evil deeds of others, in order to retaliate to an offence or misdeed. According to the participants, when someone is bewitched, it not only makes the person develop severe mental disturbance, it also causes property loss. And the mental illness could also be transmitted to other people related with the person who is affected. Some perceived that 'exposure to wind' before a woman becomes clean from the blood after child birth to be a reason for attack by evil spirits. This idea was reflected particularly by female participants. Some were reported to have recurrent episodes with each child birth experience (Teferra & Shibre, 2011).

2.2.1 Biological Causes

Perceptions of the causes of schizophrenia are often linked to a belief in biological factors such as genetics and chemical imbalances in the brain (Angermeyer & Dietrich, 2006; Jorm et al., 1997; Schnitkker, Freese, & Powell, 2000; Zissi, 2006). This biomedical causality is reflective of Western society and the dominance of biomedical approaches to health and wellness. Interestingly, some researchers have found that while respondents believed schizophrenia was caused by biological factors, depression was attributable more to psychosocial factors (Angermeyer & Dietrich, 2006). This indicates that lay perceptions of the causes can be linked to the kind of mental illness and the extent to which it disrupts an individual's ability to conform to culturally based behavioural norms. At the same time, Cabassa, Lester, & Zayas (2007) indicate that some Hispanic immigrants believe that depression can be caused by having a chronic incurable physical illness such as HIV/AIDS; cancer, tuberculosis e.t.c while Urdaneta et al. (1995) state that many Mexican Americans with family members with bipolar disorder or schizophrenia attributed the strange behaviour of their family member to menstrual problems.

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2.2.2 Supernatural theories

According to Alvidrez (1999), African Americans are more likely than White Americans to designate supernatural forces as a cause of mental illness. Studies conducted in Haiti (World Health Organization, 2010) and in New Zealand (Tamasese, Peteru, Waldegrave, & Bush, 2005) also found results consistent with belief in the role of supernatural forces playing a significant role in causing mental illnesses. In a study in Nigeria by Adewuya & Makanjuloa (2008), participants most frequently believed that mental illness was caused by alcohol and substance abuse, and evil spirits and witchcraft. These findings contradict findings from research conducted both in Mexico and on Mexican Americans, which suggest that a minimal number of respondents believed supernatural forces to be causes of mental illness (de Toledo PizaPeluso & Blay, 2004). Urdaneta et al. (1995) stated that their results believe the frequently encountered medical stereotype attributing such beliefs to Mexican Americans.

2.2.3 Intra-psychic causes

Life stress is associated with illnesses including acute and chronic illness development, and depression (Christiansen & Matuska, 2006). Gender-based attributions have been found to be important in some populations, such as in India where women were significantly more likely to agree that excessive worry was a causative element in depression (Kermode, Bowen, Arole, Joag, & Jorm, 2010). The fear of deportation has brought about increased mental distress for Latinos (Arbona et al., 2010; Garcia and Lindgren, 2009; Shattell, Hamilton, Starr, Jenkins, & Hinderliter, 2008). This constant fear prevents families from searching for health care services and employment or language skills assistance (Arbona et al., 2010). Hopelessness in Hispanic Americans has also been a predictor for depression and correlated with anxiety disorders (Blume, Resor, Villanueva, & Braddy, 2009). Recently immigrated

Mexican-American adolescent's perceived lack of positive emotions and thought patterns as contributing to suicide (Garcia & Saewye, 2007).

2.2.4 Chemical imbalance/chemicals

Public perceptions have connected substance use with a range of elements. In a study by Hugo, Boshoff, Traut, Zungu-Dirwayi, & Stein (2003), substance abuse was most likely attributed to weak character (p.717), while Link et al. (2004) found that the public's perception of causes of alcohol and cocaine dependence was that they were a result of stressful circumstances in a person's life (p, 1330). In a Norwegian study, participants identified five main categories of causal beliefs regarding illegal substance use: biological, chance, lack of control, positive experience, and social (Wynn, Karlsen, Lorntzsen, Bjerke, & Bergvik, 2009). A study conducted in the colonias near the U.S.–Mexico border found that participants who met the criteria for alcohol dependence experienced increased anxiety and post-traumatic stress, and that anxiety was correlated with alcohol use disorders (Blume et al., 2009).

Studies have also indicated that substance abuse is often seen as a cause of mental illness. For example, a study in the Netherlands found that over 70% of participants believed that mental illness is regularly or often caused by substance abuse (van't Veer, Kraan, Drosseart, & Modde, 2006), while a study in Brazil found that 94.2% of respondents agreed or partly agreed that schizophrenia was caused by drug use (de Toledo PizaPeluso, de Araújo Peres, & Blay, 2008). Urdaneta et al. (1995) found that Texan Mexican-American family members of persons with severe mental illness sometimes blamed the abnormal behaviours their family member was exhibiting on the use of substances. Cabassa et al. (2007) report that some Hispanics believed that mental distress can be both a cause and a result of substance

use, in that individuals may use substances like alcohol as a means of coping with financial or family problems, and that the failure of this coping tool results in guilt and finally depression.

2.2.5 Acculturation

Research has found that acculturative stress is positively associated with psychological distress (Arbona et al., 2010). According to Thoman and Suris (2004), acculturative stress experienced by Hispanic psychiatric patients significantly predicted psychological distress. Mexican adolescent immigrant students described mental health problems resulting from difficulty adjusting to life as an immigrant in the U.S. and the related isolation (Garcia & Saewye, 2007). Males and undocumented immigrants reported higher levels of stress related to work and economic difficulties (Arbona et al., 2010). A major source of stress for adolescent Latino males was undocumented status, making them unable to obtain a driver's license or employment (Garcia & Lindgren, 2009). Decreased English language skills, retaining traditional values and being separated from family members also contributed to stress from financial or occupational problems for both documented and undocumented Mexican immigrants (Arbona et al., 2010). According to Hovey and King (1997) "some acculturating Mexican-Americans may be at increased risk for suicide" (p, 101).

2.2.6 Role conflict

Parents of both genders report role conflict between their work roles and parenting and marriage roles (Simon, 2007). For married professional women in the United States with children, depression is associated with role conflict (Reifman, Biernat, & Lang, 1991); working Korean women who view their maternal roles and their career role as incompatible can experience increased depression (Lee, Um, & Kim, 2004). In Meleis, Douglas, Eribes, Shih, & Messias, (1996), Mexican women reported that in their maternal role they worried

about the stress of having to work while their sick child was in the care of another person, and that in their spousal role they experienced stress from overload from responsibilities and time demands coupled with lack of assistance from their spouses to respond to these demands (pp, 85-87). Latino parents also reported that lack of family communication and time was due to work demands (Garcia & Lindgren, 2009).

2.2.7 Age

Harmful childhood experiences have been shown to have a negative impact on adult mental health. Edwards, Holden, Felitti, and Anda (2003) found that "both an emotionally abusive family environment and the interaction of an emotionally abusive family environment with . . . various maltreatment types [such as sexual abuse, physical abuse, and seeing one's mother being beaten] had a significant effect on mental health scores" (p, 1453) (i.e., poorer mental health). According to a Brazilian study, 94.2% of respondents stated that schizophrenia was caused by old age problems (de Toledo PizaPeluso et al., 2008), while Mexican-American family members in Texas of persons with severe mental illness sometimes believed that abnormal behaviour exhibited by family members with mental illness was due to an accident in childhood (Urdaneta et al., 1995). Psychological stressors such as sexual abuse, domestic violence, and traumatic border crossings were frequently reported by Latinos in their personal histories (Shattell et al., 2008). For Mexican-American women, a history of sexual abuse as a child was significantly related to adult onset depression (Roosa, Reinholtz, & Angelini, 1999). According to Fornos et al. (2005), some Mexican-American adolescents felt that stressful life experiences could bring on depression.

2.2.8 Relationships and family

Research shows that if relationships are occupied by conflict or care giving demands, then psychological distress is present. Furthermore, marriages that end up in divorce or the loss of

a loved one also produce psychological distress (Taylor & Repetti, 2005), and people who go through break-ups are also at risk for experiencing mental distress (Rhoades, Kamp Dush, Atkins, Stanley, & Markman, 2011). In a study in Japan, the majority of participants belief schizophrenia is caused by relationship problems (Tanaka, Inadomi, Kikuchi, & Ohta, 2005), while de Toledo PizaPeluso et al. (2008) found that, in Brazil, a large percentage (93.2%) of respondents believed that schizophrenia is caused by family problems. Latino parents describe parental conflict, domestic violence, and separation/divorce as mental health stressors (Garcia & Lindgren, 2009). Cabassa et al. (2007) found that some Hispanic immigrants believed that depression resulted from relationship/family problems, from being separated from family members, or from loss of a loved one.

2.2.9 Occupation and life attainment

According to Lerner, Levine, Malspeis, & D'Agostino (2004), "job strain. . . [is] significantly negatively associated with . . . health-related quality of life: physical functioning, role functioning related to physical health, vitality, social functioning, and mental health" (p. 1580). Brown et al. (2003) found that people who were unemployed experienced mental distress more often than people who were employed. People who do not feel secure in their job or feel as if they are not moving up the career ladder fast enough may also experience high levels of psychological stress (Taylor & Repetti, 2005). In a study in Malaysia, over 73% of participants felt that depression was caused by failure in achievements (Khan et al., 2009), while de Toledo PizaPeluso et al. (2008) found in Brazil that a large percentage (89.2%) of respondents believed that schizophrenia is caused by unemployment. Poor English speaking skills has been reported as an obstacle to obtaining work (Shattell et al., 2008). For Mexican immigrants, conflicts in the workplace caused strain in marital relationships, thereby increasing mental distress (Santos, Bohon, & Sánchez-Soza, 1998).

Economic stress among Mexican-American parents is related to symptoms of depression, which are related to marital problems (Parke et al., 2004).

2.3. Patients Beliefs

Many patients believe that mental illness is rare, something that only happens to people with life situations very different from their own, and that it will never affect them. Studies of the epidemiology of mental illness indicate that this belief is far from accurate. Most of the patient's believed in demons as the cause of mental health problems which is well-known phenomenon in many cultures of the world (Pfeifer, 1994).

Another research also revealed that war was also mentioned as a cause of mental disturbance, fear from crossing flooding river [during rainy season] were also mentioned to be causes for mental disturbance. Although stress might be an important factor here, these incidents are believed to involve some bad spiritual interference as well. So, it combines both psychosocial stressor and spiritual influence (Teferra & Shibre, 2011).

In Western countries depression and schizophrenia are most often seen by the public as caused by the social environment, particularly recent stressors (McKeon & Carrick, 2001; Matschinger & Angermeyer, 2001). While psychiatric epidemiologists would concur about the importance of stressful life events in depression, in schizophrenia life events are more of a trigger than a cause. Biological factors are seen by the public as less important than environmental ones (McKeon &Carrick, 2001; Matschinger & Angermeyer, 2001;Link *et al*, 2004), although relatives of people with schizophrenia are more likely to see biological factors as important (Angermeyer & Matschinger, 2006). Providing the label 'schizophrenia' to a vignette has also been found to increase the likelihood that biological rather than psychosocial causes are seen as responsible (Angermeyer & Matschinger, 2001*b*)

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A research conducted in Germany shows that patients usually looks to biological factors when searching for the cause of schizophrenia, while the general public tends to cite psychosocial factors, especially stress-related factors, in order to explain the development of this illness (Angermeyer, & Matschinger, 2006).

In some non-Western cultures, supernatural phenomena, such as witchcraft and possession by evil spirits, are seen as important causes of mental disorders (Razali *et al*, 2006), although this is uncommon in the West (Angermeyer & Matschinger, 2009). Beliefs about causes may alter patterns of help-seeking and response to treatment. For example, in Malaysia belief by psychiatric patients in supernatural causes was associated with greater use of traditional healers and poorer compliance with medication (Razali *et al*, 2006). In a US controlled trial of psychotherapy for depression, belief in relationship causes was associated with a better outcome in behavioural therapy, while belief in existential causes was associated with a better outcome in cognitive therapy (Addis & Jacobson, 2010).

Another research conducted on public beliefs about causes and risk factors for mental disorders shows that the major changes were an increase in belief in genetic causes of both depression and schizophrenia, increases in beliefs about problems from childhood and the death of someone close as causes of depression, and a decrease in the belief that "weakness of character" is a cause of schizophrenia (Jorm et, al., 2005).

In India beliefs about the causation of schizophrenia indicates that supernatural cause was named by only 12% of the families and as the only cause by 5% participants. Psychosocial stress was most commonly cited cause, followed by personality defect and heredity. A small number of families (14%) could not name any cause and 39% named more than one cause. Patient gender and education, duration of illness and the key relative's education and the

nature of relationship were related to the type of causal attributions made (Srinivasan & Thara, 2001).

In Malaysia, about 53% of the patients attributed their beliefs to supernatural agents. Witchcraft and possession by evil spirits were regarded as common causes of illness. The number of patients who believed in supernatural causes of their mental illness was significantly higher among those who had consulted bomohs (Malay traditional healers) than among those who had not consulted them. The belief that mental illness is caused by supernatural agents is firmly held by bomohs, who reinforce this notion in those who seek their advice. Belief in supernatural causes of mental illness was not significantly associated with age, gender, level of education or occupation of the patients. Patients who believed in supernatural causes of mental illness were also found to show poor drug compliance, and the number of such patients at 6 months follow-up was significantly lower than the corresponding figure for those who did not believe in supernatural causes (Razali, Khan & Hasanah, 2006).

Several reports from other non-western countries also showed the diversity of opinion held by people living in non-western countries. For instance, a study done in Nigeria involving a large community survey found that as many as one third of the respondents suggested that possession by evil spirits could be a cause of mental illness, but in this same study the majority held the biopsychosocial causes such as drug and alcohol misuse, traumatic event/shock, accumulation of stress, physical abuse and genetic inheritance as the causes of mental illness (Gureje et, al., 2005).In southwestern region of Nigeria, 90 % of psychiatric patients are of the belief that, the cause of their illness are contrast supernatural cause, only few patients admitted that financial distress or poverty was a possible cause of mental disorder (Adebowale & Ogunlesi, 1999).

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2.4. Patient's knowledge

A research conducted on perceived causes of severe mental disturbance and preferred interventions by the Borana semi-nomadic population in southern Ethiopia shows that, many participants across the group meetings mentioned malaria (a tropical infectious disease) as an important cause of mental disturbance, but they distinguished mental disturbance caused by malaria, which they considered to be a curable condition, from other forms of worry and madness, generally considered a severe and non-curable condition.

Another important distinction emerging from the discussions was between so-called 'true madness' and 'worry' (p.132). According to their description, 'worry' was considered to be more related to psychosocial stressors as a result of loss, such as death of loved ones, loss of property and such events. In the same research, alcohol and khat, a naturally occurring amphetamine-like substance whose leaf is chewed to get the stimulant effect, were considered to play a role in causing mental disturbance by some of the participants. Some of the participants reported that madness could be inherited from parents to children. But compared with the other reasons, this one was mentioned only by few participants (Teferra & Shibre, 2011).

More recent studies from Ethiopia showed inclusion of biological and psychosocial factors as causes of mental disturbances in addition to the age old, spiritual and magical views. For instance, a study in western Ethiopia before the 1974 communist revolution on traditional perception and treatment of mental disorders reported that traditional and religious views were the predominant views as causes of mental illnesses. These were disturbances in relationships between people and divinity, possession by evil spirits or punishment by God to the unfaithful (Jacobsson & Merdasa, 2002).

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Another research conducted by Shyangwa, Singh, and Khandelwal (2003) on the knowledge and attitude about the mental illness show that, majority of respondents believed that mental illness could be caused by financial constraint (68.2%),genetic heritability (65.4%) and biochemical disturbances inthe brain (90.0%).

Also,Ganesh (2010) reveals that, some respondents did not believe that old age, sin or disregard for religion (89.0%), evil spirits, ghost, witchcrafts, and black-magic (86.3%) or promiscuity (60.0%) could cause mental illness. Another research shows that most of respondents had poor knowledge regarding causes of mental illness and believed that mental illness could result from punishment from God (Jormet, al., 2005)

In India, the prevalence of mental disorders ranges from 10 to 370 per 1000 population in different parts of the country (Reddy & Chandrashekhar, 2008 & Murali, 2001). The median conservative estimate of 65 per 1000 population has been given by Gururaj, Girish,&Issac (2005). The rates are higher in females by approximately 20-25% as far as causation of mental morbidity is concerned, there are many factors similar to any other world community, but delayed health-seeking behaviour, illiteracy, cultural and geographic distribution of people are special for India.

Access to adequate mental health care always falls short of both implicit and explicit needs. This can be explained in part by the fact that mental illness is still not well understood, often ignored, and considered a taboo. The mentally ill, their families and relatives, as well as professionals providing specialized care, are still the object of marked stigmatization. These attitudes are deeply rooted in society. The concept of mental illness is often associated with fear of potential threat of patients with such illnesses. Fear, adverse attitude, and ignorance of mental illness can result in an insufficient focus on a patient's physical health needs (Kishore, Mukherjee, Parashar, Jiloha, & Ingle 2007). This is in urban India where India, even healthy

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and some patients who did not finally believe in supernatural causes of mental illness had consulted faith healers (Kua, Chew, &Ko, 2003; Rizali, Khan, & Hasanah, 2006).

2.5 Conclusion

The main aim of this chapter was to review literature on the patient's perceptions about the causes of mental illness. Perception on individual view which is a powerful force that makes individual not to take actions. Processing sensory information and relating to the past experiences enable one to create lens in which to view the world through a filter of socio-cultural influences. In clinical setting, each individual comes with personal life experience that influences perceptions. Perception is never objective. It is an individuals or group unique way of viewing a phenomenon that involves the process of understanding.
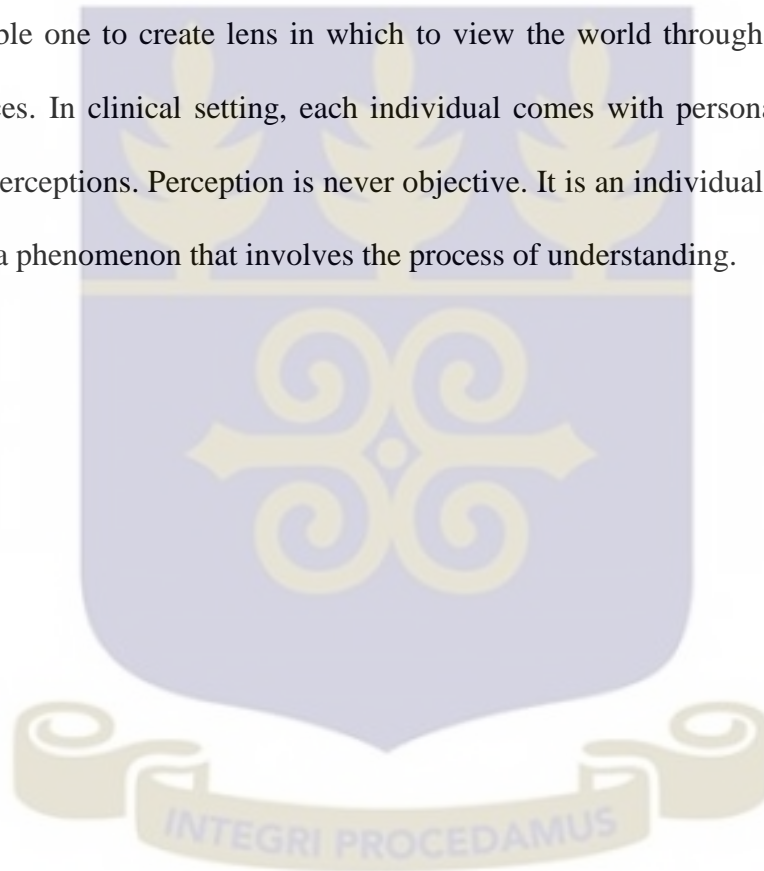
CHAPTER THREE

METHODOLOGY

3.0 Introduction

The purpose of this chapter was to present the methodology that was used in the study. This includes the research design, research settings, target population, inclusion and exclusive criteria, sample size, and sampling technique, data gathering tool, data gathering procedure, data analysis, data management, methodological rigour and ethical consideration.

3.1 Research Design

An exploratory descriptive qualitative design was used for the study. The reason for choosing this design was that very little has been done in this area in northern part of Nigeria and that has motivated the researcher to investigate the patients' perceptions about the causes of mental illness.

This research design adopted a qualitative approach. A qualitative approach allows the researcher to use naturalistic methods. Hence, the overall purpose is to gain insight into the patients' perception about the causes of mental illness. Accordingly, this study employs qualitative techniques in both the collection and analysis of data (Field & Morse, 1985).

3.2 Research Setting

The research was conducted at the Psychiatric Out Patient Department of Zauro General Hospital, Kebbi State Nigeria. Nigeria is a country on the West Coast of Africa; lying 5˚ North of the Equator and between 3˚ and 4˚ East of the Greenwich Meridian. Nigeria operates a Federal System of Government with three levels; the Federal, the State and Local Government Areas or Councils (LGAs). There are 36 states and the Federal Capital Territory (FCT) Abuja.

Kebbi was formed out of Sokoto State in August 27, 1991 by the then regime of General Ibrahim Babangida. Its capital is Birnin-Kebbi. Its major towns include Birnin-Kebbi, Argungu and Yelwa. Kebbi State is divided into 21 local government areas , four emirate councils (Gwandu, Argungu, Yauri and Zuru), and 35 districts. Kebbi state derived its name from the 14th century "KEBBI KINGDOM" which was a province of the former Songhai Empire. Islam is the predominant religion. Located in North Western Nigeria, Kebbi State occupies 36,800 square kilometers with a population of 3,630, 932, (Census, 2006). Kebbi State shares boundaries with Sokoto State on the North-Eastern axis, Zamfara State on the Eastern part, Niger state on the Southern part and Republic of Niger on the Western part.

Figure 1: showing map of Nigeria indicating the location of Kebbi State

Zauro town is on along Argungu-BirninKebbi road. The town is a collecting point for tobacco, grown in the surrounding riverine floodplains, and peanuts (groundnuts) and is a major local market centre for rice, millet, sorghum, fish, cotton, cattle, goats, and sheep.

Figure 2: showing map of Kebbi State indicating the location of Zauro Town

The Zauro General Hospital is one of the new hospitals built by Kebbi State government and it was commissioned by the first lady HajiaTurai Yar'adua, wife to the late president Alhaji Musa Yar'adua in 2007. The Zauro General Hospital received referrals from various primary health care's. The hospital can accommodate 80 patients. The hospital has a workforce of about 40 including nurses, doctors, medical record, medical assistants, paramedics and laborers.

As of April, 2012 the hospital had 6 wards (3 female wards and 3 male wards). It has 1 psychiatric consultant, 2 medical assistants, 18 nurses and 19 paramedical staffs. The O.P.D has 2 consulting rooms and a reception. All patients that come to the hospital pass through the reception before being distributed to the consulting rooms.

3.3 Target population

The target population for this study was patients in lucid interval. A lucid interval is recognized in law as meaning an insane person has had sufficient remission of his mental

condition to render him temporary capable of making a will or transaction business or knowing the difference between right and wrong i.e the psychiatric symptoms have abated and can now function like any other human being (NIMH, 2011) at the Zauro General Hospital. The participants were recruited through the nurse working at outpatient department (O.P.D).

3.4 Inclusive criteria

The participant's selected for this study were out-patients coming for review and were between the ages of 30-54 years, the participants who could speak Hausa a Nigerian local dialects and English were selected because the researcher could speak and understand these languages. Patients who were confirmed to be on lucid interval by psychiatric nurse and those who lived not more than 20KM away from Zauro town were included in the study.

3.5 Exclusion criteria

The researcher excluded patients who came for first visit and those who could not speak English or Hausa were not recruited for this study. Patients below the age of 18 and above 60 years were also excluded in this study. Relapsed patients coming back for treatment at OPD were not involved in this study, since they will not able to respond appropriately to the interview questions.

3.6 Sampling technique and sample size

Purposive sampling technique was used to select the participants at the out-patients department (OPD) of Zauro General Hospital in this study. Purposive sampling is a non-probability method in which the researcher selects study participants on basis of personal

judgment about which ones will be most appropriate to generate the required data (Polit, Beck &Hungler, 2001).

The recruitment of participants was done by the Nurse at the O.P.D in Zauro General Hospital after thorough explanation regarding the study had been done at the psychiatric unit at the Zauro General Hospital. Patients in their lucid interval were identified by the psychiatric nurse in-charge of OPD.

3.7 Data Gathering Tool

Semi-structured interview guide (Appendix B) was used to discuss with the participants. The researcher used open ended questions during an interview which was conducted in Hausa. An audiotape was used to collect and capture the narrations of the patients. Field notes were also taken consisting of observations that were made during the interview.

3.8 Data gathering procedure

Permission was sought by the researcher from relevant authorities of the Zauro General Hospital where the study was done after making available to them a permission letter and Ethical Clearance Certificate from Noguchi Memorial Institute for Medical Research, University of Ghana (Appendix D). Each interview lasted up to 30-45 minutes. Probing questions were asked to follow-up on participants' comments. Interviews were audio taped later translated and transcribed in English focusing on the meaning of comments. The transcripts were discussed with an expert in Hausa and participants to ensure that their views were accurately captured. Back translation was not done because of financial and time constraints in the study. The interviews focused on their perceptions about the causes of mental illness. The participants were approached by the researcher through the nurse at O.P.D to ask if they would participate. Once a person agreed to consider participating, he/she was briefed on the research topic, objectives, and the purpose of the study using information

sheet. The participant was then asked if he/she had any questions for clarification. Once all questions and concerns were addressed, he/she was given the consent form and asked to sign or thumb print which indicates that the informed consent was understood.

A notebook was used for taking key notes of participant's responses and observations made about non-verbal responses of the participants so as to confirm or cross check the results of the study. Stern, (1985) noted that the field notes assist in developing subsequent interview questions, deciding future settings for the study and making theoretical sampling decisions. Filed notes also guide the researcher to ask relevant questions and particularly assist to validate the information being gathered to make it credible and trustworthy.

3.9 Data analysis

All aspects of the data including interviews, field notes and diary entries were analysed to provide the rich information from the patient's perceptions on the causes of mental illness. Data analysis occurred concurrently and principles of content analysis was followed systematically (Elo & Kyngas, 2008; Hsieh & Shannon, 2005).

The sequence of the analysis followed a complete transcription of each interview, which was verified and supplemented by field. The researcher, after listening carefully repeatedly to the tapes, transcribed each interview into a document. Whilst listening to the interviews and transcribing, the researcher submerged into the data to familiarize himself with what the data is saying. This familiarisation was followed by coding. The codes that are similar were clustered around common domains and categories.

To ensure that the findings (themes) fit the reality of participants, constant comparison of data was done. That is, the researcher made sense of data by carrying out analysis of each interview to identify the themes before going on to the next one and then compared themes emerging across the interviews.

3.10 Data management

All documents such as audiotapes, field notes and any other relevant materials about the study were kept under lock and key in a cabinet in the researcher's office. File was created for interview and themes for easy access. Different colour font was used to save each interview. The data was back-up with an external hard drive.

3.11 Methodological Rigor

Rigor is also called trustworthiness. A rigor in qualitative study should satisfy the following criteria; credibility, transferability, dependability, and confirmability (Lincoln&Guba, 1985).

In this study, credibility was achieved by a review of the pilot interviews by the supervisory team in order to critique the quality of the interview and determine the adequacy of the researcher's interview questions and skills. All potentials and inherent biases, feelings, personal beliefs and values about the researcher were identified. This was done to recognise and minimize personal judgement. All documents, field notes, and diaries were discussed with the supervisors.

Transferability in qualitative research refers to the extent to which the reader is able to transfer the findings of the study to other similar settings. In this study, direct quotes from participants and description of the settings in which the phenomenon was described to allow application to similar contexts.

Dependability refers to the audit trial which is systematic collection and documentation of the decision trial that was used by the researcher such as use of field notes, coding process, use of diaries and journals.

Confirmability refers to the objectivity of the data, such that two or more independent people would agree with data's relevance or meaning (Polit, Beck, & Hungler 2001). Strategies that were used to facilitate the confirmability of the study included a well-documented audit trail and review of the research committee and peers during of data analysis.

3.12 Ethical considerations

Ethical clearance was sought from Institutional Review Board (IRB) of the Noguchi Memorial Institute for Medical Research, University of Ghana, Legon. An introductory letters/letter was obtained from the School of Nursing to the authorities of Zauro General Hospital where the research was conducted. Permission was given by the head of the hospital. The registered nurse at the O.P.D assessed the participants that agreed to participate.

Participants were provided with clear information on an information sheet and consent form *(see Appendix A)* on the purpose of the study. The consent form was explained in Hausa for the understanding of the participants. The interview was conducted at a place and time convenient for the patients. Privacy was maintained during the interview. Confidentiality of the participants was ensured. The participants were assured that their names would not be identified with any of the comments. Pseudonyms were used in the study. Typed transcripts and signed consents forms were stored in a cabinet separate from each other. Audiotapes, transcripts and the consent forms will be kept for at least five years. Finally, only researcher and supervisory committee had access to the tapes and transcripts.

CHAPTER FOUR

FINDINGS

4.0 Introduction

This chapter presents the findings of the study done in Zauro General Hospital Kebbi State Nigeria; to answer the research questions stated as what are the patient's perceptions on the biological causes of mental illness. What is the patient's perception on the psychological causes of mental illness? What is the patient's perception on the socio-cultural causes of mental illness? Following the analysis of data collected from the thirteen interviewees, a number of themes emerged. This was done in relation to the objective of the study. In the ensuing sections, the sample characteristics are presented followed by the thematic findings.

4.1 Characteristic of Participants

The characteristic of the sample obtained included the patients at lucid interval sex, age, marital status, religion, tribe, occupation and place of residence. Interviewees were between the ages of 30-54 years old. Seven of the participants did not have any formal education and three (3) out of these seven were house wives, two (2) were farmers and two (2) were petty traders. Three (3) were secondary school graduates and one is a butcher whilst two were teachers. Two have higher national diploma both were working with state government and finally one (1) a degree holder also works with Kebbi State Government.

All participants were interviewed in Hausa because they understood Hausa than English. In all eight (8) women, and five (5) men were interviewed. Two of the mothers were single. Out of the remaining six (6) women one is a widow and the remaining five (5) were still married to their spouses.

All the participants were either living in the community where the hospital is located (Zauro) or within the neighbouring towns such as Ambursa, Gwadangwaji, BirninKebbi and Asarara among others

Themes that emerged

Themes referring to causes of mental illness such as genetics, chemical imbalance/chemicals, age and physical sickness were grouped in one core category 'Biological causes' and other themes such as thoughts, feelings, and emotions were grouped under a core category 'psychological causes'. Finally, Family/Home, People/Relationships, Occupations, Resources and Witchcraft were grouped under a core category 'socio-cultural causes'. The findings have been grouped into major themes and under each of these major themes were sub-themes. Direct quotes from participants were used to support the themes that emerged.

The themes and their corresponding sub-themes were:

a. **Biological Causes**
- Genetics/Hereditary
- Chemical Imbalances/chemicals
- Physical Sickness
- Age

b. **Psychological Causes**
- Thoughts/thinking
- Feelings
- Spiritual
- Emotions

c. **Socio-cultural Causes**
- Family/Home
- People/Relationships
- Occupations
- Resources
- Witchcraft

4.2 Biological Causes

One of the major themes identified in exploring the patient's perceptions about the causes of mental illness was biological causes of mental illness. Participants expressed mental illness can be inherited from the fore-fathers or ancestors, chemical imbalance as well as chemical was mentioned by some participants as causative agents, age and physical sickness was another causative agents laid by some participants. The four (4) subthemes are:

4.2.1 Genetics/Hereditary

Genetics were referred to by some participants as causal agents. In this study participants perceived that mental illness can be inherited from fore-fathers or ancestors, they also expressed that someone can be born with it.

Exemplar Quotes under genetics were:

Indo, believed in genetic causations of mental illness and said:

> *"Sometimes it's hereditary. I believe it's passed from generation to generation between genes .If one of your fore-fathers was mad you have every tendency of being mad. Sometimes you are born with it."*
>
> **(Indo)**

Another participant perceived that mental illness runs in families

> "*When either of your parent or both have madness, you will also become mad or if not you, then your children. I have seen one woman who is mad, her late mum was mad and she also gave birth to mad son."*
>
> **(Akuri)**

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A perception that mothers or one parent can give birth to mad children was also expressed:

"There was an old lady who was married to a man who wanted to have children. She gave birth to two children and the children were all mad because the old lady was mad"

(Akuri)

4.2.2 Chemical Imbalance and chemicals

Majority of the participants mentioned chemical imbalance and chemicals as a casual agent of mental illness. Findings revealed that excess intake if alcohol and chemical imbalance in the brain can lead to mental illness.

The perception of chemical imbalance was reported as follows:

"It could just be a chemical imbalance in the brain, that if everything around you is fine but you're feeling this way and there's no reason why, then I would think you probably need like some type of medication to control whatever imbalance you have in your brain."

(Iyya)

Alcohol was perceived as poison which can lead to mental illness:

"Alcohol is a poison. God gives rain one day, and at other times it becomes dry. Just like that people may not always get alcohol. If they get money to buy alcohol in excess, they may become mad"

(Kanto)

The madness associated with alcohol can lead to an attempted murder:

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"As far as this alcohol is concerned, the person who drinks this thing is already mad. There is some guy who attempted to kill his mother when he is intoxicated with alcohol. He had to leave his mother alone, but he wouldn't do so. This is madness caused by alcohol. Drinking alcohol is madness".

(Kanto)

4.2.3 Physical Sickness

Participants laid more emphasis on the physical sickness especially the sickness that cannot be cured example Human Immune Virus (H.I.V) and cancer and had this to say:

"It might be physical health that does not have anything to do with the mind, a sort of disability that cannot be cared. This can lead to mental illness'.

(Kanto)

Physical illness like H.I.V/AIDS or cancer was associated with madness:

"Yeah! Physical sickness like H.I.V can cause mental illness especially to women because of their attitudes. Cancer can also make someone to become mad because there is one woman in our area who was diagnosed with breast cancer, she was hospitalized and eventually the breast was removed, so she became mad."

(Ai)

Mental illness occurred at the time of diagnosis of H.I.V/AIDS:

"*I have a cousin who had H.I.V/AID She has been going to hospital for drugs but when he was told that the disease has no cure he collapsed instantly and since that time he never came back to his normal senses.'*

(Ai)

4.2.4 Age

Aging was related to abnormal behaviour, forgetfulness and wrong accusations:

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"As you age your mind just deteriorates . . .when you age you are not mentally healthy anymore; you forget people's names." My grandmother was one hundred and two years before she died she lost all her senses, she could not recognize me anyone, she can defecate and urinate on her cloth, talking irrationally and abusing everyone in the house. Sometimes she called people to come to rescue her from killers which never existed in reality.*"*

(Tasallah)

4.3 Psychological Causes

In this section, one major theme on the perceived causes of mental illness was psychological aspect. A number of sub-themes were:

4.3.1 Thoughts/thinking

Some participants spoke about the role of one's thoughts in causing mental illness. They expressed that too much thinking on negative issues can affect an individual's sleep pattern making them depressed.

Participant narrated that:

"I believe that dwelling or concentrating too much on the negative aspect of life or the things that are happening around can lead to poor mental health".

(Alu)

Too much or negative thinking can affect sleeping pattern thereby causing excessive bad mood:

"Someone worrying about something a lot to where it affects their sleep or can cause bad mood that would cause you to feel tired in the morning; maybe you did not accomplish thinking it out, whatever problem was bothering you. So, I think you would be a little still

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emotional on whatever you were thinking about and that would affect you throughout the day
. . ."

(Kanto)

Participants perceived that depression from too much thinking can results in mental illness:

"Maybe some thoughts can cause. . .depression. So you would have a lot of circumstances
where you become depressed and can lead to madness".

*(***Kanto***)*

Negative thoughts can alter someone minds leading to mental illness:

"What they think, what is going through their minds . . .When you always have negative
thought in your mind that you think can hinder your progress in life that can contribute to the
cause of mental Illness".

(Ai)

4.3.2 Feelings

Some participants commented that feelings in the course of their life pattern affect them psychologically. The major problems that demoralized them were too much stress, shocking news and frustration by someone.

Too much distress affects feelings which can lead to mental illness:

> *"I connect distress with feelings, basically. When your mom . . . is always asking for*
> *money and you don't have it . . ." laugh! I have a friend whose father always ask him*
> *for money when he does not have, and that really touches him much to the extent that*
> *he have to isolate himself so as not to see his father that affects his feeling, so I have*
> *to calm him down with the words of support".*

(Manu)

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Participants perceived that, frustration by someone or shocking news can result to mental illness:

> *"[It is caused by] a lot of stress, . . .shock frustration, anger." When you are frustrated by someone be it family members, friends or any other person that can cause madness. Shocking news too, when you receive a news that you lost your father, mother, child or any of the closest person this will affect your feelings and make you go mad".*

(Idi)

Loneliness was connected to madness:

> *"Sometimes if you're lonely, when you are alone you have nobody to chat with, nobody to share your problems or complaint to, not to even think of getting support or solutions to your problems. If you are alone a lot of things will come into your life that will affect your feelings thereby making you to become depressed."*

(Idi)

Participants expressed unwanted circumstances as a causative agent of madness:

> *"Well, in reality, you don't want to face what life brings to you. Well, get over it. You want to be in denial that it isn't happening to you but you failed to do so, it affects your feelings".*

(**Mailanti**)

Thinking about failure in life such as failure in exam or where to get money for school fees can results to depression:

> *"Oh! Thinking about a test, because I am a college student; how and where to get money for feeding and school fees too, failure on exam too because can depressed someone, this happened when I was in college one of our student failed his final exam so he was withdrawn from the school and this affected his feelings so since then that boy hasn't gone back home and ran mad".*

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<div align="right">**(Akuri)**</div>

Failure to achieve something good in life and if your conscious is not clear about your deeds can lead to mental illness:

> *"If you are doing something wrong and you know is against your culture, norms and religion that will affect your feelings. Disconnection with real life, If you are hindered from achieving or attaining something in life".*

<div align="right">**(Akuri)**</div>

4.3.3 Emotions

Many participants discussed emotions as contributing factors. In addition, the emotional experience of loss, abusive background, too much worry or thinking and raped was considered by many participants to be a cause of mental illness.

Participant perceived that abusive background can trigger depression:

> *"If you come from an abusive background . . . as a child your parents were very abusive with you mentally, physically, emotionally that . . . can have a lot to do with the way you become as an adult. A lot of people that are depressed and stuff like that usually have had a pretty . . . bad upbringing or have had some kind of like abuse and that . . . can also trigger someone who's an adult to have like major depression."*

<div align="right">**(Mailanti)**</div>

The same participant expressed raped can result in madness especially to women:

> *"Maybe when they were raped.....and like I said, when women were raped they may even commit suicide, I remembered one news caster that hang herself because she was raped, so they were physically, mentally, emotionally disturbed."*

<div align="center">43</div>

(Mailanti)

Another participant expressed too much worry or loses will affect someone emotions resulting to madness:

> "*Worry comes from 'thinking too much'. I heard about someone who is very wealthy but when he lose that wealth, he was worried and that makes him start throwing off his clothes and walks naked. It could be man or woman; people take a different path away from him.*"

(Kanto)

4.3.4 Spiritual

Participant mentioned spiritual problems such as curse by spiritual leaders and charm as a possible cause and had this to say:

> "*..... Well spiritual leaders may curse someone and this may make him mad. If someone takes [steals] someone else's money or material, the person who lost the money or material may do something like charm in retaliation which makes the person who steals mad. Everyday problems; financial, emotional, uhh spiritual, I guess, also when someone come out at mid-night with no shirt he may get mad because evil spirit will get into him hence that person will become mad and he cannot become normal again*"

(Iliya)

Participants perceived that charm can result to madness:

> "*If you are dating a girl that many men are chasing her and you happened to be the one she loves much, some of these people may just decide to charm you so that you can run mad. Even in working place if you are not lucky your co-workers can do anything especially if you are heading an office your subordinate can charm you so they can overtake you*".

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(Kanto)

Another participant stated emphasised on charm as a causative agent in the cause of madness:

"Hhmm! This is very common among women who are rivals, this one happened among our family, my uncle have three wives, the first wife is innocent but the second one was very wicked and she don't like the third one, so she tried by all means to see that the husband divorce that third one but she couldn't. Later she felt the only way out is to charm that girl and so she did, so in the night when everyone is sleeping all of a sudden that third wife start shouting…….."yeeeeeeee"she pulled out all her cloth so when everyone came out they met her naked. Oh my God, it is a pity and up to now that woman never come back to her normal sense".

(Iliya)

4.4 Socio-cultural

This is another major theme identified in exploring patient's perceptions on the causes of mental illness. Family/Home was one of the sub-themes where participants expressed lack of support from family results to mental illness. Occupations too were considered as sub-theme, participants mentioned problems with co-workers as contributing factors. Another sub-theme was Resource where most of the participants expressed lack of resource as a causative agent. Witchcraft was also considered as sub-theme, participants expressed the role of witchcraft in the cause of mental illness. The last sub-theme under this is relationship where participants stated sudden break up can lead to mental illness.

4.4.1 Family/Home

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Lack of support from family, family pressure and death of loved ones among the family or spouse was noted by some participant as a cause, lack of communication in the family was also revealed by some participant as a contributor to mental distress.

Participant lack of support from family can lead to mental illness:

> *"Well, if you don't have a supportive family or when your families are not appreciating all you are doing for them, or when they show hatred on you, you will become a black sheep of the family and you're trying to do things, it always makes it harder on somebody if they don't agree with what you're doing".*

> (**Kanto**)

Death of loved ones among the family members can result to madness:

> *". . . the death of a loved one . . . a loss of somebody . . . a loss of a spouse . . . from somebody, a family member . . ." when I was in secondary school my English teacher lost his wife and since then he never return to his normal senses, but I think loss of mum or dad is more painful and can easily makes someone mad".*

> (**Manu**)

4.4.2 Occupations

The occupations of work were considered to be a source of mental illness. Many participants specified work as a contributing factor to mental distress. Some referred to the workplace or stress within the workplace or at work, others mentioned problems at work, with one mentioning problems with a co-worker as a cause. It was clear from the number of participants that mentioned work and work-related problems were seen as causes of mental distress.

Participant perceived that, tedious work as well as stress in workplace can lead to madness:

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"Stress within the workplace, when people you are working are not good or even your employee may decide to maltreat you. Tedious work also contributed toward causing of mental illness . . .

(Kanto)

Frustration from colleagues or boss in work place can lead to mental illness:

" I was frustrated by my boss for no reason, my co-workers too does not like me I felt like a black sheep among them. I wasn't able to control myself, I do closed work at 7 pm and as early as 6 am, I will make sure I leave my house so as to get down to the office at exactly 8 am".

(Alu)

4.4.3 Resources

Lack of resources or loss of wealth was indicated by participants as a cause of mental distress. Many participants mentioned money and financial problems as a cause. Similar to the idea of lack of people to lean on, a lack of guidance was reported as a contributing factor.

Participant perceived insufficient resources can results to mental illness:

". . . insufficient resources Hhmm! You know we are in materialistic era, nowadays if you don't have money even among your family members you are nobody, you will not be respected. And to me resources are everything; it's time, money, people to lean on . . ."

(Alu)

Loss of properties or wealth was considered by some participants as the causative agent of mental illness:

"If someone lost his properties there is every tendency for him to run mad, I have a relative that had fire out-break in his house and he run mad as a result of that. In our

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area too we have someone who is very wealthy he has a provision store then, but gradually everything goes down."

(Manu)

Another participant expressed that lack of people to lean on will cause mental illness:

"When you are in need of something, people to lean on when you are in trouble situation or even guidance from people can contribute to mental illness".

(Modi)

4.4.4 Witchcraft

Participants mentioned witchcraft as a causal factor and had this to say:

Idi perceived that, when someone is bewitched it can result to madness:

"Well, at times, a person could say, well, maybe you're bewitched, or maybe someone put a curse on you. That's why you're that way . . ."

The same participant also added that:

"If you have problem with someone, and if that is wicked he may do some witchcraft on him which may make him mad. For example I have a friend and that my friend has a step mum so, the step mum is very wicked to the extent she charmed his own mum and she become mad".

(Idi)

Participant also relates charm to be by witchcraft which can result to madness:

"Gosh! Witchcraft is terrible; someone can easily charm you especially now that we are in political era. Most of these politicians you are seeing are devils they can do anything just to achieve their desire. This is very common because they know even if you get better nobody will vote for since you have history of mental illness".

(Manu)

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4.4.4 Relationship

Relationships were referred to by some participants as causal agents. Participants talked about sudden breakup in relationship can lead to mental illness.

Tasallah believed in relationship causation of mental illness and said:

> *"Relationship is common cause of mental illness going through a breakup. When you arein love with someone seriously and all of a sudden the man said let's call it off. Emotional problems caused by other poor relationship".*

<div align="right">(Tasallah)</div>

Another participant perceived that divorced can lead to mental illness:

> *"Gosh! It happens to me when my husband asked me to go home for no reason, he divorced me and he knew I have nowhere to go because I lost my entire parent. I had a sleepless night which led me to start talking irrationally. You see I do that not because I cannot withstand pressure but because I never expected that from him because he is my last hope he is my happiness the only person I can lean on, the man I expect can stand for me no matter what but, to my utmost surprise this man send me away from his house when he knew I don't have anybody. It was a great dilemma to me that is why I don't trust any man now".*

<div align="right">(Ai)</div>

4.5 Summary of Findings

The above findings were based on the interview data recorded from participants coming for review at Zauro General Hospital. This provides an account of their perceptions about the causes of mental illness. Participants mentioned some causative agent such as genetics, physical sickness, thoughts, feelings, resources, witchcraft, emotional experiences and spirituals among others that they perceived to be the cause of their illness.

CHAPTER FIVE

DISCUSSION OF FINDINGS

5.0 Introduction

The study aimed at exploring patients perceptions about the causes of mental illness at the Zauro General Hospital, Kebbi State, Nigeria. Various perceptions that the participants had towards the causes of mental illness were critically examined after conducting thirteen in-depth interviews.

The participants provided narratives regarding their perceptions on the causes of their illness. The findings of this study revealed 3 major themes which were discussed. The three major themes include the following: Biological causes, Psychological causes and Socio-cultural causes. Discussion of findings in this study have been done using the present findings to build on findings from various research studies and where necessary findings have been used to refute findings from previous and related studies.

5.1 Biological Causes

One of the major finding that accounted for the patients perception about the causes of mental illness was biological causes of mental illness was been divided into genetic, chemical imbalance/chemicals, physical sickness and age.

5.1.1 Genetics/Hereditary

The participants indicated that mental illness can be transferred from one generation to another generation. Interestingly, this study echoes many of the findings of Cabassa et al.'s (2007) study on depression, in which participants were mostly female. In their study, when participants were provided a vignette of a depressed person, they described one of the causes of mental illness as genetics (Cabassa et al., 2007). This study also support the finding of

Gureje et, al. (2005) in which it was reported that majority of the participants held the biopsychosocial causes such as drug and alcohol misuse, traumatic event/shock, stress, physical abuse and genetic inheritance as the causes of mental illness. This finding also support the findings of Solomon and Teshome (2004) in which some participants reported that mental illness could be inherited from parents to children. This study also support the finding of Shyangwa, Singh, andKhandelwal (2003) which revealed that majority (65.4%) of respondents believed that mental illness could be caused by genetic factor (Solomon & Teshome, 2004). This finding also goes in line with the study of Angermeyer & Deitrich (2006) where majority of the participants linked their perceptions on the causes of Schizophrenia as genetics. Findings also affirmed the on public beliefs about the causes and risk factors in which majority of the participants are of the beliefs that schizophrenia and depression is caused by genetic factors (Jormet, al., 2005).

5.1.2 Chemical Imbalance and chemicals

The participants reported that chemical imbalance in the brain was the cause of mental illness and the use of illicit drugs such as alcohol. This finding support Kabir et, al. (2004) in which it was reported that misuse of drugs ranked highest among the respondents as a perceived cause of mental disorders than most of the other traditional aetiologies. Although drug abuse was acknowledged by Iliyasu and Last (1991) in their work on mental illness in Kano, northern Nigeria as a leading cause of drug dependent psychosis, This finding also support of Cabassa et al. (2007) who reported that some Hispanics believe that mental distress can be both a cause and a result of substance use, in that individuals may use substances as a means of coping with financial or family problems. The findings also concur a study of Link et, al., (2004) where majority of the participants expressed that alcohol and cocaine dependence can cause mental illness. The findings also support the study of done in Netherlands where over

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70% of the participants believed that mental illness is regularly or often cause substance abuse (van't veer te, al., 2006). Finding also goes in line with the study in Brazil which found that over 94% of the respondents agreed that schizophrenia was caused by drugs use (de Toledo PizaPeluso et, al., 2008). The finding also cannot be disconnected from the study in Southern Ethiopia where on the perceived causes of severe mental illness where most of the participants reported that mental illness can occur as a result of excess alcohol intake (Teferra & Shibre, 2011). Contrarily, the study of Iliyasu & Last (1991) where some participant's alcohol and drugs abuse were not considered by schizophrenic patients to be the common cause of mental illness.

5.1.3 Physical Sickness

Another physical aspect was physical sickness. Participants stated that, mental illness is caused by physical sickness, physical disability which they termed as physical sickness can result into mental illness. This study echoes the finding of Cabassa et al.'s (2007) in which they reported that physical illness is one of the causes of mental illness. At the same time, they indicate that some Hispanic immigrants believe that depression can be caused by having a chronic incurable physical illness such as HIVAIDS, cancer and tuberculosis (Cabassa et al., 2007). This finding also cannot be unconnected to the study of Chakraborty et al., (2013) where 77.4% of the participants endorsed that physical sickness as the cause of schizophrenia.

5.1.4 Age

Findings of the present study revealed that some participant stated that mental illness can be caused by aging. This finding support the findings of Jacobsson and Merdasa (2002) where they described old age as one of the causes of mental illness in their study done in western

Ethiopia on the perception and treatment of mental illness. This finding also support the findings of de Toledo PizaPeluso et al., (2008) on theirstudy on public conceptions of schizophrenia in urban Brazil which revealed that majority (94.2%) of respondents stated that schizophrenia was caused by old age. This findings contradicted the findings of Ganesh (2010) where 89% of the participants did not believed old age can cause mental illness. The finding also goes contrary to the findings of Jorm et al., (2005) where majority of the respondents attributed their beliefs on childhood problems as cause of mental depression.

5.2 Psychological Causes

Findings of this study showed that patients perceived psychological aspects as the causes of mental illness. Their perception on psychological causes include: Thought/thinking, feelings, spirituals, and emotions.

5.2.1 Thoughts/thinking

Findings of the present study revealed the role of thoughts as the cause of mental illness. They believed that too much thinking on the negative aspect of life can lead to poor mental health. This finding is consistent with the findings of Garcia and Saewye (2007) who reported that Mexican-American adolescent's perceived lack of positive emotions and thought patterns as contributing factor of mental illness which may lead to suicide. This study also support the findings of Chakraborty et, al., (2013) from their study on perceptions about the cause of psychiatric disorders and subsequent help seeking patterns among psychiatric outpatients in a tertiary care centre in Eastern India, who reported that participants gave highly variable responses to the question that assessed their opinion about the cause of psychiatric disorders. The majority (80%) of respondents with obsessive compulsive disorders (OCD) and anxiety disorders viewed the problem arising out of too much thinking. In same research majority

(61.5%) of the respondents viewed that somatization and dissociative disorders is developed because of too much worrying/thinking.

Moreover, the finding shows that patients perceived sleep impairment as result of too much thinking which can affect the mood of individuals and subsequently leading to mental illness. This finding is similar to the findings of Kabir and colleague (2004) on the perception and belief about the causes of mental illness among young adults in Northern Nigeria, who reported that participants perceived lack of adequate sleep as a result of mood disturbances as the major cause of mental illness. This perception is true because excessive thinking interferes with sleep pattern which may lead to psychological disturbances. When it persist can lead to mental disorders like anxiety or depression (Teferra & Shibre, 2011).

5.2.2 Feelings

Majority of participants perceived that feelings are attributed to the cause of their mental illness. Patients perceived that too much distress as a result of struggling for life survival affects feeling which can lead to mental illness. This echo with the previous findings of Arbona et al., (2010) which revealed that, distress as a result of failure to meet life expectancy can lead to mental distress for Latinos which may subsequently lead to mental disability.

The findings of this study also revealed that frustration and excessive anger are perceived as the causes of mental illness among psychiatric patients. This finding is in lined with the findings of Angermeyer and Dietrich (2006) among psychiatric patients in Germany who reported that excessive anger and frustration are perceived by psychiatric patients as the

cause of mental illness. This is a correct perception because frustration, and anger can lead to anxiety disorders (Zissi, 2006).

Furthermore, the findings show that loneliness, unwanted circumstances and failures are perceived by patients to the factors that causes mental illness. They believed that when loneliness, unwanted pregnancy, examination failure for students and disappointment in life can make one to have suicidal tendencies which may lead to mental disorder. This findings of Lener et al., (2004), Khan et al., (2009) and Tanaka et al., (2005) who reported patients and the public perceived loneliness, frustrations, failure to achieved life expectations and unwanted circumstance are the significant cause of mental disorders.

5.2.3 Spiritual

Findings of this study revealed that most participants considered their mental illness to be caused by spirituality. Patients perceived that mental illness are caused by spirit following a curse by leaders, charms by other people in the struggle for power, wife or tittle. This findings support the findings of Adewuya & Makanjuloa (2008) on their study done in Nigeria in which participants most frequently believed that mental illness is caused by evil spirits. This also goes in line with the study done in Bali, Indonesia, where the majority of the patients held the belief that schizophrenia was caused by spirits disturbance (Kurihara et al., 2006). The finding also support the findings of Teferra, & Shibre (2011) on the study done on the perceived causes of severe mental disturbance and preferred interventions in Southern Ethiopia where majority of the participants attributed evil spirit as the cause of their illness. The perception of patients that mental illness is cause by spirit is a wrong perception because it contradicts the modern theories of psychiatric illness. This perception may lead the patients to seek for alternative treatment before coming to the hospital for treatment (Kabir et al., 2004).

5.2.4 Emotions

Many participants attributed emotional experiences as contributing factors to the causes of mental illness. Some named childhood experiences, indicating *life experiences as a child, how people were raised*, and *the way they've been treated at home* as causes. Abuse was also designated as a cause by some respondents. Some specifically talked about childhood abuse, listing physical, sexual, emotional and psychological abuse as causes. Some participants generally mentioned abuse or psychological abuse as a cause, one linking it to family but not to a particular time in life. In addition, the emotional experience of loss was considered by many participants to be a cause of mental distress. The most frequently mentioned type of loss was *the death of a family member or loved one*. The second most frequently mentioned type of loss that caused mental distress according to participants was loss of a job. Participant also indicated loss of a home. Finally, traumatic events were another type of emotional experience stipulated by participants as causing mental distress. These findings support the findings of Edwards, Holden, Felitti, & Anda (2003), Shattell et al., (2008) & Addis and Jacobson (2010), who reported both an emotionally abusive family environment and the interaction of an emotionally abusive family environment with various maltreatment types [such as sexual abuse, physical abuse, and seeing one's mother being beaten] had a significant effect on mental health scores. They also reported that rape has been found to be the cause of severe depression in many patients.

5.3 Socio-cultural

Findings on the socio-cultural causes of mental illness were discussed based on the following: family/home, relationships, occupations, resources and witchcraft.

5.3.1 Family/Home

Most participants designated Family/Home as a cause of mental illness. Some simply listed family conflict; others generally stated family problems or family issues or problems with a family member. Others listed lack of support from family, while family pressure was noted by another participant as a cause and lack of good communication in the family. Family values were also listed as a contributor to mental distress. This finding shows the role of strong family support in ensuring good mental health and wellbeing. This findings support the findings of Taylor and Repetti (2005) who reported family conflict and pressure are perceived as the cause of mental illness by many patients.

Lacks of children were mentioned by some participant as a cause of mental distress. Some participants reported that primary infertility and its associated blame on women can affect their mental function which invariable lead to mental disorders. Therefore, there is need for the family health practitioners to incorporate psychological aspect of women in the treatment of infertility (Rhoades et al., 2011). This may improve the mental health of the Nigerian population and promote positive health seeking behaviour.

Some participants mentioned problems with spouses as a cause of mental illness; while other participants' specified divorce and separation with spouse can cause mental disability. This findings support the findings of Taylor and Repetti, (2005) which shows that if relationships are occupied by conflict or care giving demands, then psychological distress is present. In same study it revealed that, marriages that end up in divorce, separation or the loss of a loved one also produce psychological distress (Taylor and Repetti, 2005). This finding also support another finding which shows that people who go through break-ups are also at risk for experiencing mental distress (Rhoades et al., 2011).

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5.3.2 Relationships

Some participants indicated people/relationships as cause of mental illness. Most participants mention that a breaks-up in relationship with their partners can lead to mental illness among people because of emotional instability. One participant stated that racism was a cause, but did not go into depth. Several participants listed relationships, and friendships were mentioned by two participants as a source of mental distress. One participant talked about mental distress caused by *going through a breakup*. Husband problems were listed by one participant as a potential cause; another simply listed poor communication. The findings from this study support Tanaka, Inadomi, Kikuchi, and Ohta, (2005) from their study in Japan, majority of participants believed schizophrenia to be caused by relationship problems. It also supports the findings of Cabassa et al. (2007) which shows that some Hispanic immigrants believed that depression resulted from relationship/family problems.

5.3.3 Occupations

The findings from this study revealed that some participant's perceived occupations on work and school were considered to be a source of mental distress. Many participants specified work as a contributing factor to mental distress. Some referred to the workplace or stress within the workplace or at work, others mentioned problems at work, with one mentioning problems with a co-worker as a cause. It was clear from the number of participants that mentioned work that work and work-related problems were seen as causes of mental distress. Fewer participants indicated school as a cause of mental distress. This findings support the study by Meleis et al., (1996), in which the Mexican women reported that in their maternal role they worried about the stress of having to work while their sick child was in the care of another person, and that in their spousal role they experienced stress from overload from responsibilities and time demands coupled with lack of assistance from their spouses to respond to these demands. This also support findings of Santos, Bohon, and Sánchez-Soza,

(1998) in their study in which they revealed that for Mexican, conflicts in the workplace caused strain in marital relationships, thereby increasing mental distress.

5.3.4 Resources

Most participant expressed lack of basic life resources as the cause of emotional instability which may lead to mental distress. Such as joblessness which may cause of mental distress and disturbances if individual has low coping mechanisms. Some participants mentioned inadequate money and financial crisis may lead to anxiety disorders or depression, and one participant mentioned the economic crisis may lead to possible suicide attempt which is a probable cause of mental illness. Another mentioned lack of resources in general like housing, basic amenities and clothing. Lack of people to lean on, lack of guidance was reported as a contributing factor. This support the study of Brown et al., (2003) who found that people who were unemployed experienced mental distress more often than people who were employed. Similarly De Toledo PizaPeluso et al., (2008) found in Brazil that a large percentage (89.2%) of respondents believed that schizophrenia is caused by unemployment. This perception is true because unemployment and lack of basic resources can lead to anxiety or depression which is mental disorders.

5.3.5 Witchcraft

Findings of this study showed that several participants mentioned witchcraft as a causal factor of mental illness. Participants perceived that mental illness can be cause by witchcraft as a result of wickedness of some people. This finding is in line with the study done in Nigeria by Adewuya and Makanjuloa (2008), where most of the participants frequently believed that mental illness was caused by witchcraft. Furthermore, Solomon and Teshome (2004) on Perceived cause of severe mental disturbance and preferred interventions by the

Borana semi-nomadic population in southern Ethiopia: shows that, majority of respondents perceived that, witchcraft were said to be the causes of mental disturbance. The finding also concur the study done in Nigeria by Kabir et al. (2004) where eighteen percent (18%) of the participants believed that mental illness is caused by witchcraft. However, the finding also goes in line with non-western cultures and supernatural phenomena where witchcraft is seen as important causes of mental illness (Razali et al, 1996). On the contrary, the finding of Ganesh (2010) reveals that, eighty six percent (86%) of the participant did not believe that mental illness could cause mental illness. This perception that mental illness is cause by witchcraft is wrong and contradicts the modern theories about the causes of psychiatric diseases.
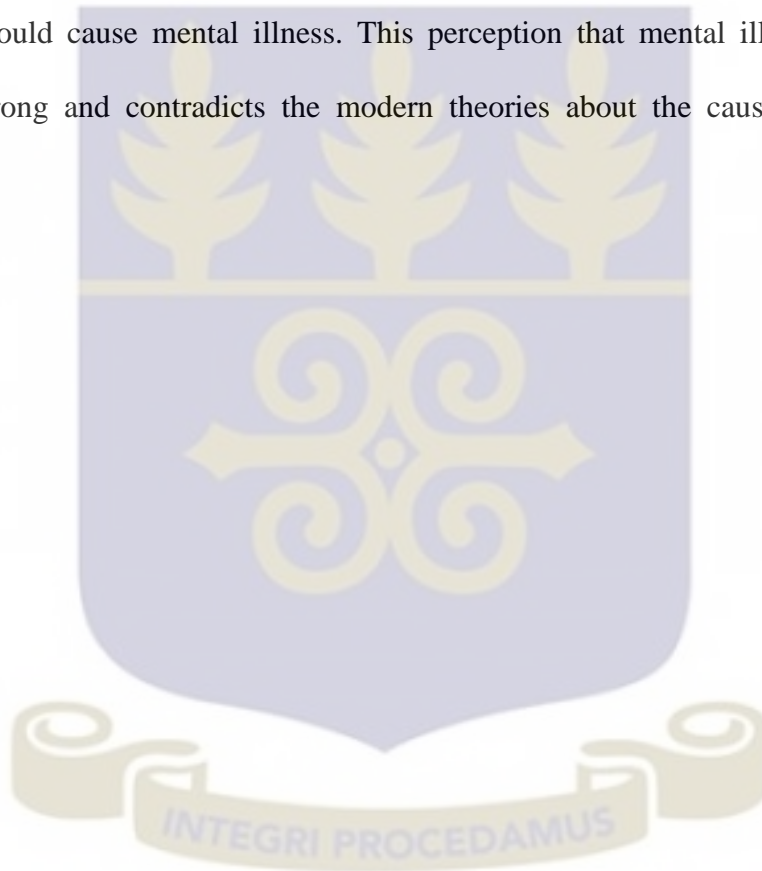
CHAPTER 6

SUMMARY, CONCLUSIONAND RECOMMENDATIONS

6.1 Summary

The study investigated the patient's perception about the causes of mental illness in Zauro General Hospital Kebbi State Nigeria. The objectives of the study were to explore patient's perception about the causes of mental illness, to identify their beliefs and knowledge on the causes of mental illness. Thirteen participants were purposively sampled and interviewed using a semi-structured interview guide. Informed consent was obtained before the interview. Content analysis was used to analyse the data.

The findings of this study indicated that participants reported genetics as well as hereditary as a causal agents of the causes of their illness. They pressed that mental illness can be transfer from one generation to another or some time individual was born with it which they referred as genetics.

Chemical imbalance/chemicals like dopamine, serotonin in the brain, or excess alcohol consumptions were mentioned by a lot of participant's. It was identified from the study that thoughts, feelings, emotions, and spiritual were the factors contributing to the causes of mental illness.

6.2 Conclusion

In conclusion, patients expressed positive perception on the causes of mental illness. However, there is need for mental health professionals in assessing not only individual aspects but also assessing family issues with clients. However, the findings of the study

showed a lack of knowledge about the actual causes of mental illness. Consequently, lack or poor perception on the causes of mental illness can alter the help seeking behaviour of the patients. Therefore, it is highly recommended that further research be done on the patients perception on the causes of mental illness. Also, since the study was done in the hospital and the sample size was small, it was recommended that another study be done in a wider perspective involving psychiatric hospitals and in other part of the state so as to be able to generalize the findings.

6.3 Implications for Nursing Practice and Future Research

The research has revealed that patients have little insight about the causes of their illness. The entire health personnel especially front liners who are nurses and are the centre of care in the health care setting be able to enlighten their patients about mental illness. Competent nurses that master the techniques and principles of health education should be available so as to educate their patients about what the mental illness entails.

6.4 Implications for Nursing Education

The results of the study do providenurse's educationist with a cautionary note that patient's perception with regards to the causes of mental illness. The most important implication for nursing education is to validate their curriculum by including health education in their context of teaching. Introduce and improve in-service training programmes to include topics on expectation on the perception of patients on the mental illness as a whole.

6.5 Implication for Future Research

This study informs the central problem of this article, which is a lack of patient's knowledge pertaining mental illness, especially in northern Nigeria. More quantitative studies involving random or more representative samples population are needed to assist in determining factors that contribute to mental distress among psychiatric patients.

Some areas that need research include the following:

1. to find out the attitude of people with mental illness
2. to assess health seeking behaviour of mentally ill patients.

6.6 Limitations

The main limitation of this study is generalizability. However, this is the inherent nature of a qualitative study design since the study participants are selected by the investigators 'purposefully'. Hence the views expressed are those of the participants and may not necessarily reflect the views held by every member of the community in the area. But, to get as many diverse views as possible, participant were selected from different village and made sure that both men and women participate. So, there may not be significantly different views left untold.

6.7 Recommendation

Health care providers should create an avenue to enlighten their patients so as to get an insight on what the mental illness entails.

The mental health programme of the Ministry of Health and social services in Kebbi state Nigeria should include the predisposing factors/causative factors attributed to mental illness in their existing mass media presentation that they do weekly.

Mental health professional's workers are encouraged not to devalue the everyday "stressors" that bring about mental illness, but rather to support clients in their perceptions while providing clients with important skills such as problem solving, self-awareness, and coping.

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APPENDIX A: CONSENT FORM

Title: patient's perception about the causes of mental illness in Zauro General Hospital Kebbi State, Nigeria

Principal Investigator: Zulkiflu Musa Argungu

Address: School of Nursing, University of Ghana, Legon.

Tel: 0548282070 or +2348069316225

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General Information about Research

A record shows that, there are a lot of misperceptions about the causes of mental illness in Nigeria. In addition, most of the patients that come with mental illness have different perception about the cause of their illness. Therefore, there is need to find out the factors accounting for the problem.

The aim of this study is to find out the patient's perception about the causes of mental illness in Zauro General Hospital Kebbi State, Nigeria. The participants to be used for this research will be patients at lucid interval (A lucid interval is recognized in law as meaning an insane person has had sufficient remission of his mental condition to render him temporary capable of making a will or transaction business or knowing the difference between right and wrong i.e the psychiatric symptoms have abated and can now function like any other human being). Conducive environment will be provided to the participants for the interview which will last for 30-40 minute of your time. I will make sure you are comfortable before we start the interview. You are kindly informed that the questions you will be asked are for academic purposes and that they are not meant to cause any pain to you.

Possible Risks and Discomforts

The study is not associated with any physical, social or psychological harm. However, you may find discomfort/shy in answering questions posed on to you. In case you experience any severe discomfort clinical psychologist would be at interview ground and I will hand you over to him for further counselling.

Possible Benefits

This may not be of benefit to you. But it may help policy makers to make decisions that will enhance the people with mental illness and people of Kebbi State at large.

Confidentiality

Be assured that all information about you such as your name, address or signature will be protected to the best of our ability and you will not be mention in any of the research report. Also apart from the researcher and his supervisor no other person has access to the research records. Please note that even the researcher assistance have no access to the record after the interview. Pseudonyms will be used on all the documents written during our discussion. A copy of report will be given to you if you want.

Compensation

Five hundred naira would be given to you as transportation fare after the interview. However, you will also receive a soft drink of your choice and snacks after the interview.

Voluntary Participation

For your information, this research is voluntary and you have the right to decide whether to participate or not. You can also withdraw if you wish without any worry or penalty from any one.

Contacts for Additional Information

If you need more clarification about this research you can call/contact the following:

Rev. Attiogbe Alex, Lecturer, University of Ghana

Tel: 0278066255

Email: attiogbegh@yahoo.com

P.O.Box LG 43, Legon.

IRB Office between the hours of 8am-5pm through the landline 0302916438 or

Email addresses: nirb@noguchi.mimcom.org

Your rights as a Participant

This research has been reviewed and approved by the Institutional Review Board of Noguchi Memorial Institute for Medical Research (NMIMR-IRB). If you have any questions about yourrights as a research participant you can contact the IRB Office between the hours of 8am-5pm through the landline 0302916438 or email addresses: nirb@noguchi.mimcom.org

Volunteer agreement

The above document describing the benefits, risks and procedures for the research title:

Patients perception about the causes of mental illness in Zauro General Hospital Kebbi State, Nigeria has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

_____   _____

Date   Name and signature or mark of volunteer

If volunteers cannot read the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

_____   _____

Date   Name and signature of witness

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

_____   _____

Date   Name Signature of Person Who Obtained Consent

APPENDIX B: SEMI-STRUCTURED INTERVIEW GUIDE

1. personal data:

   - Age

   - Sex

   - Occupation

   - Religion

   - Marital status

   - Tribe

   - Contact address e.t.c

2. Please tell me what you know about mental illness

3. How do you think it occurs

   a. Family

   b. Psychological

   c. Diseases

4. What do you consider as the social causes of mental illness

   a. Behaviour

   b. Relationship

5. What are some cultural factors that cause mental illness

   a. Witchcraft/evil spirit

   b. Stigmatization

6. Do you have anything to tell me on the cause's of mental illness?

APPENDIX C: DEMOGRAPHIC CHARACTERISTICS OF PARTICIPANTS

NAME	SEX	AGE (years)	MARITAL STATUS	RELIGION	OCCUPATION	TRIBE	CONTACT ADDRESS
Indo	Female	33	Married	Islam	House wife	Hausa	Ambursa
Ige	Female	37	Married	Islam	House wife	Hausa	Zauro
Tasallah	Female	45	Divorced	Islam	Trading	Fulani	Gwadangwaji
Ai	Female	35	Married	Islam	House wife	Hausa	Argungu
Idi	Male	51	Married	Islam	Farming	Hausa	Birninkebbi
Alu	Male	45	Married	Islam	Civil servant	Hausa	Argungu
Manu	Male	32	Married	Islam	Civil servant	Hausa	Asarara
Iyya	Female	54	Widow	Islam	House wife	Hausa	Argungu
Akuri	Male	30	Singled	Islam	Civil servant	Hausa	Zauro
Mailanti	Male	43	Married	Islam	Butcher	Zabarma	Tiggi
Modi	Male	48	Married	Islam	Farming	Fulani	Zauro
Iliya	Male	42	Singled	Islam	Trading	Hausa	Bayawa
Kanto	Male	46	Married	Christian	Civil servant	Igbo	Zuru

Source: researcher's Field Work, 2014

APPENDIX D: ETHICAL CLEARANCE

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My Ref. No: DF.22
Your Ref. No:

5th March, 2014

ETHICAL CLEARANCE

FEDERALWIDE ASSURANCE FWA 00001824

NMIMR-IRB CPN   050/13-14

IRB 00001276

IORG 0000908

On 5th March 2014, the Noguchi Memorial Institute for Medical Research (NMIMR) Institutional Review Board (IRB) at a full board meeting reviewed and approved your revised protocol titled:

TITLE OF PROTOCOL : **Patient's perception about the causes of mental illness in Zauro General Hospital Kebbi State, Nigeria**

PRINCIPAL INVESTIGATOR : **Zulkiflu Musa Argungu, MSc. Cand.**

Please note that a final review report must be submitted to the Board at the completion of the study. Your research records may be audited at any time during or after the implementation.

Any modification of this research project must be submitted to the IRB for review and approval prior to implementation.

Please report all serious adverse events related to this study to NMIMR-IRB within seven days verbally and fourteen days in writing.

This certificate is valid till 4th March, 2015. You are to submit annual reports for continuing review.

Signature of Chair: ....
Mrs. Chris Dadzie
(NMIMR – IRB, Chair)

cc: Professor Kwadwo Koram
Director, Noguchi Memorial Institute
for Medical Research, University of Ghana, Legon

INTEGRI PROCEDAMUS

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