

Attitudes Towards People With Mental Illness Among Students At Midlands State University In Zimbabwe

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Abstract:

Background: People's beliefs and attitudes towards mental illness set the stage of how they interact with, provide for and how they help and support persons suffering from mental illness. The study was aimed to describe the attitudes of first and fourth year psychology students at Midlands State University (MSU) in Gweru towards mental illness and to see if education had any influence on their attitudes.

Materials and Methods: A descriptive design was adopted for this study. Participants comprised of 87 first year students and 40 fourth year students who responded to an adapted version of the CAMI scale to rate their attitudes towards mental illness. Gathered data was analysed using SPSS version 23 to analyse relationships and test dependency. 127 students participated in the study. Most of the participants attributed the cause of mental illness to witchcraft with 81.6% of the first years and 57.5% of the fourth years agreeing to this notion. The first years (74.4%) believed mental illness to be incurable while the fourth years (75%) believed otherwise.

Results: The results concurred with international literature that having knowledge about mental illness and experiences with the mentally ill have a positive effect on the beliefs and attitudes towards mental illness in this particular sample. It was concluded that the stigmatizing attitudes held by the first years is fuelled by traditional views which somehow believe the mentally ill to be responsible for their illness. This research adds weight to the argument that stigma and mental illness is a human rights issue and also a global mental health issue.

Conclusion:

Key Word: Attitudes, Mental Illness, Students, Stigma, Discrimination

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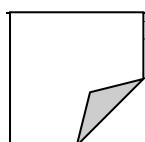
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I. Introduction

Mental illness is conceived as a behavioural or psychological syndrome that occurs in an individual and cause severe disturbances in feeling, thinking or relating to others (Tork & Abdel-Fattar, 2015). It includes depression, schizophrenia, bipolar disorder, addictive behaviors, and other related conditions (National Institutes of Health, 2020). Globally, mental illness is estimated to account for about 450 million people and is the cause of more than 33% of the overall burden of diseases (Matias & Rodriguez-Rivas, 2020). Negative consequences associated with mental illness include lower quality of life and expectancy, increased physical health and premature mortality rates, communicable diseases and suicide (Too et al., 2019). These negative consequences are thought to evoke various attitudes (negative, positive and neutral; Bohner & Dickel, 2011; Das & Phookun, 2013) among people who interact with them. Salve et al. (2013) define an attitude as an organised predisposition to think, feel, and behave in a certain way in the presence of a referent or cognitive object.

Negative attitudes towards people affected by mental illness are generally prevalent in most communities in the world. Such attitudes were related to social contact with the mentally ill, marrying persons with history of mental illness, being neighbours to people with mental illness and recognising and upholding the rights of this special population. One study conducted by Das and Phookun (2013) revealed that most Asians would not marry a once mentally ill patient for fear of having children suffering from the illness and also for fear of bringing shame upon their families. Another study conducted by Gureje et al. (2009) noted that Nigerians avoided any social contact with people affected by mental illness for fear of being attacked as they perceived this population to be violent and dangerous. Wintersteen et al., (1995) concluded that lack of knowledge about mental illness resulted in anger, fear and negative attitudes towards people affected by the mentally illness. Ukipong and Abasiubong (2012) noted that cultural misconceptions about mental illness discourage people affected by mental illness to seek treatment.

In Africa, mental illness is held with fear, anger, mystery, myths and a lot stigma due to misconceptions about the disease. For example, a survey conducted in the state of Edo in Nigeria established that most Nigerians



respond to mental illness with fear, avoidance and anger thereby illustrating stigma towards mental illness (Ehiemua, 2014). Similarly, a public survey in South Africa revealed that most of the participants attributed mental illness to lack of will power and inability to handle stress rather than medical conditions. The Human Right Watch (HRW) (2011) released a document which described the overcrowded mental hospitals of Ghana and some mentally ill patients chained to trees by their ankles and left to urinate, defecate, and bathe in the same spot. Also according to the same report, South Sudan has no mental health hospitals so all the mentally ill are rounded up and put in jail. The Uganda government also puts people behind bars on the grounds of insanity (WHO, 2008). Stigma attached to mental illness is the barricade to stopping such inhumane treatment and right violations of the mentally ill. The way different languages of Africa conceptualise mental illness also perpetuates stigma towards mental illness. The fear of being labelled “mentally ill” dissuades people from seeking treatment or talking about their mental health issues leading them to living isolated and helpless lives with little hope for recovery. A study conducted by Tork et al. (2015) concluded that people’s beliefs and attitudes on mental illness set the stage of how they interact or help people affected by mental illness. Therefore, African states need to develop a way of discussing the mental health issue and ways of treating and preventing the syndrome so as to remove the stigma attached to it.

Studies conducted outside Africa on attitudes of health professionals and medical students towards people affected by mental illness have revealed both restrictive and benevolent attitudes (Alqassim et al., 2022). One finding of such studies is that medical students with knowledge about mental illness and health professionals with experience in providing psychiatric services to people who are affected by mental illness presented with minor indicators of restrictive attitudes and major benevolent attitudes when contact with people affected by a mental pathology was established (Corrigan & Wassel, 2008). Another finding is that health professionals with close family member or close friend with this diagnosis were more benevolent to this population (Yuan et al., 2017). The researchers analysed a few Asian studies on attitudes of university students towards people affected with mental illness and discovered that they matched attitudes prevalent in Asia. For example, a study conducted in Saudi Arabia revealed that the majority of the students believed that people affected by mental health conditions were insane, drug addicted and had mental disorder backgrounds (Jelaidan, AbuAlkhair, Thani, Susi, Shuqdar, 2018). The prevalent belief among students at Qatar University was that mental illness is not like any other illness because it is a punishment from God (Zolezzi, Bensmail, Zahrah, Khaled & El-Gaili, 2017). While the students at Beirut Arab University believed that stigma associated with mental illness could be dealt with using spiritual interventions (Rayan & Fawaz, 2018). The present study was conceived to advance discussion of attitudes of university students towards people affected by mental illness from a Zimbabwean perspective.

II. Material And Methods

This study was carried out on students of the Department of Applied Psychology at Midlands State University in Zimbabwe from November 2022 to November 2023. A total 127 students randomly selected from first year and fourth year (both male and females) of aged 18 years and above were for in this study.

Study Design: Quantitative study

Study Location: The study was done in the Department of Applied Psychology at Midlands State University in Gweru, Midlands Province, Zimbabwe.

Study Duration: November 2014 to November 2015.

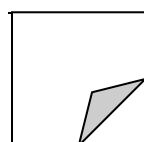
Sample size: 127 University students.

Sample size calculation: The sample size was estimated on the basis of a single proportion design. The target population from which we randomly selected our sample was considered 2000. We assumed that the confidence interval of 95%. The sample size actually obtained for this study was 127 students (90 first year and 40 fourth year students).

Subjects & selection method: Subjects were randomly selected from first year and fourth year students.

Procedure methodology

Permission for the study was sought from the university administrators. Each participant signed a consent form. Before the study commenced, participants received information about the research. The information provided explained in detail the research purpose, procedures, risks and benefits including the rights of the participant and contact information of the researchers. The questionnaire was administered in a hall provided by the Department of Applied Psychology and completed questionnaires were collected after an hour.



Statistical analysis

The statistical package for social science SPSS version 16 to analyse study data (Burns & Grove, 2003). Descriptive statistics were used check and report the data patters and normality of the variables. Multiple analyses were the conducted to determine the relationships between the demographics, the CAMI Scale and the independent variables.

III. Result

Respondents and Setting

One hundred and twenty-seven (68.5%= first year; 31.5% = fourth year; 49.6%= male; 50.4% = female; mean age = 21.5 years; SD = 3.5 years) were included in the study. All respondents were black Zimbabweans. The study was conducted in the Department of Applied Psychology, Midlands State University, Gweru Campus in Zimbabwe.

Experience of Respondents with Persons Affected by Mental Illness

60% of students in fourth year as compared to only 19.5% of students in first year had substantial experience with people affected by mental illness. Chi-Square was used to test the hypothesis that experience with mental illness does not depend on level in university. As shown in Table 5 below, the p-value was 0.000, lower than 0.05. Therefore the null hypothesis was rejected and it was concluded that indeed one's experience with people affected by mental illness depended on level of education.

IV. Discussion

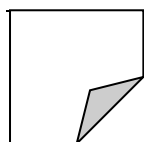
The study elicited attitudes of first year and fourth year students on giving responsibility to people affected by mentally illness; marrying persons affected by mental illness; giving equal rights to people affected by mental illness; whether or not people affected by mental illness are a threat to security and peace in the society; institutionalisation of People affected by mental illness and being neighbours of people affected by mental illness. On all the issues raised first students had more negative attitudes while fourth students had more tolerant/accommodative attitudes. The findings echoed the findings of several past studies. For example, a study conducted by Das and Phookun (2013) concluded that most Asians would not marry a once mentally ill patient for fear of having children suffering from the same illness and also for fear of bringing shame upon their families. The reluctance of most first students and some four year students to any social contacts with people affected by mental ill was in line with the findings of a study conducted by Gureje et al. (2009) whose respondents were unwilling to make any social contacts with people affected by mental illness for fear being attacked as this population which was perceived to be violent and dangerous. Research attributes negative attitudes towards people affected by mental illness to poor knowledge and misconceptions about mental illness (Wintersteen et al., 1995). According to Ukipong and Abasiubong (2012) the treatment seeking behaviour of people affected by mental illness is adversely influenced by cultural misconceptions about this population. A study conducted by Ehiemua (2014) revealed in many African communities, negative attitudes towards people affected by mental illness are due to lack of mental health policies. To address this problem respective African states should develop local and appropriate mental health policy (Murambidzi, 2014).

V. Conclusion

The study revealed that negative attitudes towards people affected by mental illness are prevalent among psychology students at Midlands State University. More accommodative attitudes shown by fourth year students who had done a module on mental illness provided evidence that something can be done to improve or change attitudes of students towards this population.

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