Research Article

Knowledge and Attitudes Towards Mental Health and Mental Illness Among General Public in Yaoundé

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Abstract: Mental illness is any define disease or condition affecting the brain that influences the way a person thinks, feels, behaves and relates to others, and to his surroundings.. Mental disorders are widely recognized as a major contributor to the global burden of disease worldwide. The aim of this study was to examine the knowledge and attitude about mental illness among general public. This article is based on selective research on mental health with an aim to assess knowledge, attitude and beliefs (KAB) of general public and to stimulate greater attention to the importance of building a functioning mental health system which could meet the rising demand for mental health services in the urban community of Yaoundé. This is a cross-sectional survey conducted from October 2014 to March 2015. A self-administered questionnaire exploring KAB within the community was formulated. Questions were based on basic demographic information, opinions about potential stigmas, myths, and knowledge of mental health. Of 944 subjects surveyed, 67.7% have already heard or known someone who has suffered or is suffering from mental illness. Among them, 51.0% are males whereas 49.0% are females. A majority of the respondents was aged between 20 – 29 years (60.7%). 30.4% believed that mental illness can be treated. Recognition of common mental disorders in the studied population was poor (32.6%). Knowledge of mental illness among the general public was quite poor and suggests the need for strong emphasis on public education to increase mental health literacy among general public to increase awareness and positive attitude of people towards mental illness.
Keywords: Mental illness, knowledge, attitude, general public, Yaoundé, Cameroon.

INTRODUCTION

Mental health refers to a broad array of activities directly or indirectly related to the mental well-being component included in the WHO's definition of health: "A state of complete physical, mental and social well-being, and not merely the absence of disease". It is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders. Mental disorders are widely recognized as a major contributor (14%) to the global burden of disease worldwide as about 450 million people suffer from mental or behavioral disorders worldwide today, from which 154 million people from depression, 25 million people from schizophrenia, 91 million people from alcohol use disorders, and 15 million from drug use disorders [20]. Mental disorders make the largest contribution to the overall global burden of non-communicable disease, and are themselves considered as risk factor for both communicable and non-communicable diseases, as well as disability [1]. It has been assumed that mental health problems are more common in developed world than in developing world, but it seems that such assumption can not longer stand [2].However, 12% of the people in developing world have suffered from mental health problem and mental health problem accounts 12.45% of burden of diseases in Africa [22]. The problem is aggravated by poverty, unemployment, presence of other physical illness like the current pandemic HIV/AIDS, all known as risk factors for common mental health problems [3].In this study refers to Mental illness is any define disease or condition affecting the brain that influences the way a person thinks, feels, behaves and relates to others, and to his surroundings. Mental illness often generates misunderstanding, prejudice, confusion and fear, therefore it should be a concern for all of us, rather than only for those who suffer from a mental disorder. A persistent negative attitude and social rejection of people with mental illness has prevailed throughout history. Of all the health problems, mental illnesses are poorly understood by the general public. Such poor knowledge and negative attitude towards mental illness threatens the effectiveness of patient care and rehabilitation. This poor and inappropriate view about mental illness and negative attitude towards the mentally ill can inhibit the decision to

seek help and provide proper holistic care [4].The prevalence of mental disorder is very common among poor, illiterate, marginalized groups and women [5]. Several studies revealed that most individuals with severe mental disorders and their family members are targets for discrimination [6,7]. Based on the medical literature, a report from to the ministry of public health in Cameroon in 2012 revealed a prevalence (7.0%) of conspicuous psychiatric morbidity and mitigate knowledge of Cameroonian about mental health, thus suggesting that more research is needed. Mental disorders not only having huge consequences on quality of life, but also contribute toward continued economic burden and thus, reinforce poverty, the objective of this study is to assess knowledge and attitudes of community people toward mental illness. This study would be useful in setting up strategies for improving mental health literacy, tackling stigma, and emphasizing mental health promotion.

MATERIAL AND METHODS

Study area:

Our study deals with the City of Yaoundé, located in Central Africa. More specifically, she's situated between latitudes 3°47' and 3°56' N and 11° 10' and 11°45' E, approximately 250 km from the Atlantic coast (Fig. 1). Like many sub Saharan African cities, Yaoundé is currently experiencing very rapid urbanization. In 1926, date of the first population census, Yaoundé had 100 000 inhabitants. With an estimated annual growth rate of 4.5 per cent since 1980, urban population has grown from 812,000 inhabitants in 1987 to 1,500, 000 inhabitants in 2000, and to about 2, 100, 000 inhabitants in 2011. However, this rapid urbanization process has modified the epidemiologic feature of the city. In fact, city dwellers which were formerly and almost exclusively suffering from infectious communicable diseases are currently facing also chronic and non communicable diseases such as diabetes, hypertensive diseases, cardiovascular diseases, and mental disorders.
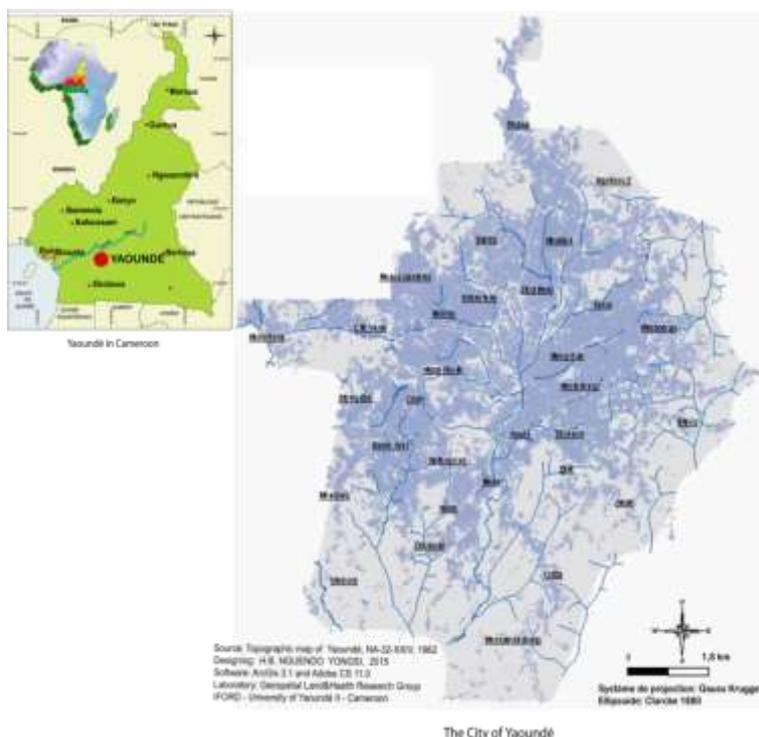

Fig-1: Location map of Yaoundé

Data collection and analysis:

Data used in this study derive from an interdisciplinary research programme designed and implemented both by the Institut Douglas de Santé Mentale/McGill University (Montréal – Canada) and Institute for Training and Research in Demography/Université de Yaoundé II (Cameroon). It was a descriptive cross-sectional survey conducted on 1030 individuals from the city of Yaoundé. Data collection took place from October 2014 to March 2015 and June 2015 for its analysis. A structured questionnaire was used. It included 26 items based on

the 40-item Community Attitudes toward the Mentally Ill (CAMI) scale [21] and the Opinions about Mental Illness scale [8,9]. The questionnaire consisted of: 13 attitude statements using a five-point Likert scale (Agree strongly/Agree slightly/Neither agree nor disagree/Disagree slightly/Disagree strongly), covering a wide range of issues including attitudes towards people with mental illness, to opinions on services provided for people with mental health problems; descriptions of people with mental illness; relationships with and attitudes towards people with mental health problems; types of mental illnesses; personal experience

of mental illness; talking to friends and family about a mental health problem; talking to employers about a mental health problem; perceptions of mental health-related stigma and discrimination. In addition, a range of demographic data was included: sex, age, educational level, professional/managerial occupations, marital status, income, ethnicity of respondent, area of residence. The sample size was approximately 1 030 adults, selected to be representative of adults in Yaoundé, using a random location sampling methodology. This study was carried out in the selected population with an assumption of high prevalence of mental illness within that population. Participant's verbal consent was obtained before their participation in the study. No incentives were offered to the participants. The participants received an explanation that the study results would be of benefit to the general practice of mental health. Confidentiality of results was assured. Data were analyzed using the SPSS software package for windows, version 15.0. Descriptive statistics (i.e. Mean, frequency, percentage, standard deviation) and inferential statistics (i.e. t test) were used. Level of significance was set as p<0.05.

RESULTS
Socio-demographic characteristics of the respondents:

For this study, 1 030 adults were targeted. However, only 944 adults did adhere and properly respond to the questionnaire, ie a coverage rate of 91.6 %. Of the finally 944 participants, 481 (51.0 %) were females and 463 (49.0 %) were males. The age of the respondents participating in this study varied from 15 years (minimum) to 61 years (maximum). Most of the participants (61.2%) were residing in the unplanned and populous neighborhoods. Table 1 provides details of the sample participants in terms of main sociodemographic characteristics.

Table 1: Socio-demographic characteristics of the participants/respondents

	Frequency	Percentage
Sexe		
Male	463	51.0
Female	481	49.0
Age		
< 20 years	69	07.3
20 – 29 years	573	60.7
30 - 44 years	244	25.8
45 years & more	58	06.2
Education		
Uneducated (illiterate)	04	00.4
Primary level	55	05.8
Secondary level	205	21.7
University level	680	72.1
Occupational status		
Student	467	49.5
Businessman (detailers & big traders)	308	32.6
Civil Servant	119	12.6
Informal sector	34	03.6
Jobless	23	02.4
Religious belief		
Christian	804	85.2
Muslim	84	08.9
Traditional beliefs	22	02.3
Others	34	03.6
Source: Field investigations, 2014-2015		

Mental health-related knowledge:

Table 2 describes that the mean knowledge score of the subjects was 5.90 ± 1.22. Item wise awareness regarding mental illness was common mental disorders (32.6%), causes (38.5%), signs and symptoms of mental illness (51.9%), prognosis (15.7%).

Table-2: Knowledge of the general public about mental illness

Total Knowledge score	Mean: 5.04 ± SD (1.37)	
Domains of knowledge score	Frequency	Percentage
Prognosis[1]	148	15.7
Signs and symptoms[2]	490	51.9
Common mental illnesses[3]	308	32.6
Causes[4]	360	38,5
Treatment[5]	287	30.4
1: Individuals with a mental illness are generally dirty, violent and dangerous 2:Six items have been considered: sadness, nevrotics disorders associated with stress, somatic disorders, fear of the public, having problems to feed, behavioural disorders. 3.Eight items such as affective mood, schizophrenia, bipolar disorder, depression, stress, grief, drug addiction, aggressivity. 4. Mental illness is a biological dysfunction, is hereditary, derives from mystic action, is happening to those who have tried to complicate their lives. 5. Items considered are : Individuals suffering from a mental illness can consult a physician/psychiatric, it is the community responsibility to take care of people with mental disorders, if you are diagnosed with a mental illness, will you be willing to look for care through religious?, if you are diagnosed with a mental illness, will you be willing to look for care through traditional healers ?		
Source: Field investigations, 2014-2015		

People's attitudes towards mental health and mental illness:

Table 3 shows the attitudes of the studied population toward mental illness. A little majority of respondents do not want neither to be neighbour (52.8%) nor to be friend (52.7%) with someone who has mental illness. Most of them will be reluctant either to get married (81.6%) with someone who has mental illness, or to visit a psychiatrist/healer if they had mental disorders (64.3). A poor response was observed among subjects for accepting someone with mental illness to be their children teachers or caregivers/caretaker (24.4%).

Table-3: Attitudes of people about mental health and mental illness

Selected attitude domains	Yes	No
Are you afraid of someone with mental illness who is staying next door?	489 (52.8%)	455 (48.2%)
Are you willing to maintain a friendship with someone with mental illness?	447(47.3%)	497 (52.7%)
Are you ashamed to mention someone in your family who has mental illness?	581 (61.5%)	363 (39.5%)
Could you consider someone's opinion who has mental illness?	312 (33.0%)	632 (67.0%)
Could you employ someone who has mental illness?	389 (41.2%)	555 (59.8%)
Could you get married with someone who has mental illness?	174 (18.4%)	770 (81.6%)
Will you visit a psychiatrist or a healer if you had an emotional problem?	337 (35.7%)	607 (64.3%)
Could you accept that someone who has mental illness teaches/takes care of your child?	230 (24.4%)	714 (76.6%)
Source: Field investigations, 2014-2015		

Association of knowledge and attitude with selected variables:

Table 3 shows that Males had significantly more knowledge regarding mental illness compared to females respondents. Those aged between 20-44 years had more knowledge compared to respondents who have less than 20 years of age. Respondents residing in planned housing estates/wealthy residential plots had more knowledge regarding mental health compared to those who reside in unplanned/spontaneous and mixed quarters. Similarly, more educated respondents were more aware of mental illness than uneducated or primary educated respondents.

Table 4. Relationship of Knowledge score with selected demographic characteristics of the respondents

Characteristics		Mean ± SD	t value (95% CI)	p value
Sex	Male	5.89 ± 1.34	5.319	0.003*
	Female	4.77 ± 1.15	(1.0430 to 2.1638)	
Age	< 20 years	6.40 ± 2.65	5.253	
	30 - 44 years	5.90 ± 2.10	(1.0010 to 1.8674)	0.002*
	45 years & more	5.10 ± 1.50		
Types of quarters	Planned/wealthy quarters	6.90 ± 1.67	4.866	
	Unplanned central quarters	6.76 ± 1.98	(1.0659 to 2.5341)	0.0001*
	Unplanned peripheral quarters	6.79 ± 1.72		
Educational status	Uneducated	6.78 ± 1.68	0.0804	
	Primary level	6.68 ± 1.88	(-0.7704 to 0.7104)	0.391
	Secondary and University level	5.84 ± 1.27		
Occupation	Student	6.78 ± 1.68		
	Civil servant	6.13 ± 1.80	0.694	0.562
	Businessman	6.40 ± 2.65	(-0.8016 to 1.0382)	
	Jobless	5.10 ± 1.50		
* p<0.05 Source: Field investigations, 2014-2015				

DISCUSSION

General public's view about mental illness remains largely unfavorable. The topic of mental illness itself evokes a feeling of embarrassment or even disgust fostering negative attitudes towards mental illness and mentally ill people [10,11]. The reluctance to seek professional psychiatric help means late presentations are common [12]. As a common finding with the studies in other african countries, only small percentages of the Yaoundé respondents were able to make a correct identification. A further common finding was, significantly stronger stigma perception was shown in the indian respondents than in the Nepalese or Fidjian [13,14,15]. Mental health literacy of the general public is essential for the effective promotion of society's mental health. Although mental health is an integral component of total health, in many countries it has been a largely neglected field [16]. Analysis revealed association between knowledge about metal illness and age, sex and types of neighborhoods. There was no association between variables such as educational and occupational statuses with knowledge and attitude regarding mental illness. Some similar findings were reported by Ganesh [7]. The findings of the study showed that most of the adults were in the age group of 20-39 years, and that most of them were male. These findings though contrary to that of Natalia and Bryan [17]. are similar with the findings reported by Mehta et al. [18] in which 69% of the adults were in age group of 15 to 45 years and 54.5% were male. Among the urban area participants, 82% having good knowledge and 94% were having positive attitude towards mental illness. This proves that regarding the knowledge and attitude about mental illness significant difference was found between city dwellers (Figure 2).

In fact, findings of the study also showed that the knowledge of adults in the planned/housing estates neighbourhoods regarding mental health and mental illness was higher than that of the adults residing in unplanned/spontaneous settlements. Similarly, the attitude of the adults residing in the planned/housing estates neighbourhoods towards mental health and mental illness were more favourable as compared to adults in unplanned/spontaneous settlements. These findings were consistent with the study findings of Gureje et al. [19] which concluded that poor knowledge about mental illness seemed to pervade all segments of community especially that in spontaneous and poor equipped neighbourhoods. They also mentioned that liberal attitude to mental illness is there in people residing in planned housing estates and wealth residential quarters areas. Public enlightenment to foster community acceptances of people who are mentally ill is required for all sections of community especially for residents of unplanned spontaneous and peripheral areas.
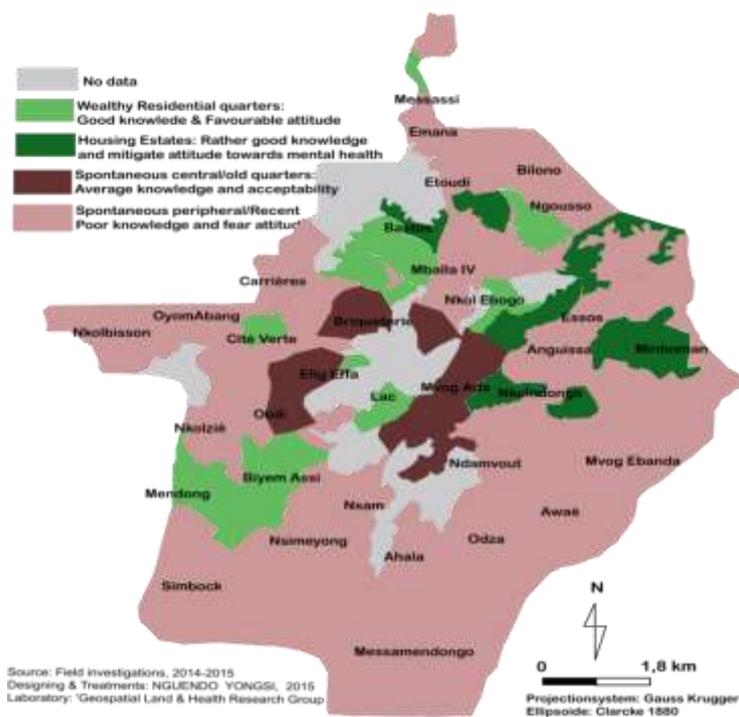
Fig-2: Level of knowledge and attitude of city dwellers according to types of quarters in Yaoundé

CONCLUSION

Mental disorders are widely recognized as a major contributor to the global burden of disease worldwide. Although some nations have been successful in fighting stigma and increasing acceptance of the mentally ill, lack of awareness is very evident in developing countries. In Yaoundé (Cameroon) for example, knowledge about mental illness is poor among the city dwellers. Majority of them have a negative attitude toward mental illness and non-acceptance of patients with mental illness. The minimal knowledge about mental illness suggests the need for strong emphasis on public education to increase mental health literacy among general public to increase awareness and positive attitude of people towards mental illness. The findings of the study suggest that the information booklet and various mass media should be developed to enhance their knowledge and change their attitude towards mental health and mental illness. Similar study should be replicated on specific samples, to validate the findings and make generalizations. Study can be conducted among nursing professionals and peripheral level health workers throughout the country to assess their knowledge, attitude and practice regarding mental health and mental illness so that a nationwide health education programme may be launched.

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