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Changes in Attitudes Towards Mental illness after Exposure to a Course in Abnormal Psychology among Students of a Nigerian University.

B.O. OLLEY

SUMMARY

Background Several community studies in Nigeria of attitudes towards mental illness suggest low knowledge and a deep-seated negative attitude about the illness. Little is known about the effect of education in changing these rather negative views.

Aims To determine the effects of exposure to a 13 week course in Abnormal Psychology on a follow-up assessment of knowledge and attitudes of undergraduate students of the University of Ibadan, Nigeria towards mental illness.

Method All 140 students who registered for Abnormal Psychology: course code Psy 202 in the 2004/2005 academic session were first assessed at baseline (the first day of lecture) and at after 13 weeks (26 hours) the end of course evaluation. The response rate was 100% at both baseline and at follow-up.

Results At the follow-up evaluation, knowledge about mental illness was significantly higher in all the items measured. There were non-significant changes in all items assessing stigma of mental illness except in the items indicating feeling upset or disturbed working in the same job and maintaining a friendship with someone with mental illness respectively. A significant favourable change was observed in the students perception towards group homes in the neighbourhood for people with mental illness. No significant changes were observed in attitudes toward human rights of the mentally ill, except

regarding an item stating that mentally ill individuals should not have children in order to avoid heredity handicaps, with which a lower percentage agreed.

Conclusions Poor knowledge and stigmatization of mental illness still exist among undergraduate students in Nigeria. While exposure to a course in abnormal psychology was effective in changing knowledge, there were still some aspects of stigma that were not amenable to education.

INTRODUCTION

Mental illness is perhaps the most stigmatized medical condition in the world today, apart from HIV/AIDS. Research conducted across continents has consistently demonstrated that adverse views of the mentally ill are common in most populations (Taylor & Dear, 1980; Huxley, 1993; Corrigan & Watson, 2002). In Nigeria, stigmatizing beliefs concerning mental illness are the product of multiple social influences, including attributions of responsibility for the sickness (Gureje et al, 2005) and beliefs that individuals who suffer from the disease are being punished for their sins and wrongdoings. In his classic theory of social stigma, Goffman (1963) identified three aspects of stigma that are characteristic of mental illness; blemishes of personal character, stained social identity, and physical deformity or defects. Negative public attitudes towards people with mental illness in Nigeria are also common (Awaritefe & Ebie, 1975; Gureje et al, 2005). For example, in a large

community study of the Yoruba-speaking part of Nigeria, poor knowledge about causation of mental illness was common with corresponding widespread prejudice towards sufferers: most people would not tolerate even basic social contact with a mentally ill person and would be afraid to have a conversation with them (Gureje et al 2005). Furthermore it was found that negative views were uniformly expressed by all groups, which were comparable in relation to gender, age educational or economic factors. Though negative attitudes to mental illness have been found to be less pervasive among well educated Nigerians (Odejide & Olatawura, 1979), a subsequent community-based study did not confirm this. Nevertheless medical education has been one major suggested component of attitude change against mental illness (Singh et al, 1998). Exploring this approach would be a welcome empirical endeavour towards destigmatizing mental illness in Nigeria.

Students of tertiary institutions, particularly those pursuing a career in the behavioural sciences, play an important role in mental health services, and their attitudes toward mental illness are apt to influence those of the general population. Students of psychology, like any other of the behavioural sciences, could serve as a mirror through which community members may learn about mental illness and may therefore be crucial for mental health service delivery (Costin & Kerr, 1962; Graham, 1968). The evidence available shows that mental illness among university students in Nigeria (Adewuya &

Makanjuola, 2005) and elsewhere (Mino, 2000; Chung, et al, 2001; Mas & Hatim, 2002) are highly stigmatized.

While there is evidence in western countries of changes in negative attitudes towards mental illness through exposure to medical education (Mino, et al, 2000) and through courses in abnormal psychology (Costin & Kerr, 1962; Graham, 1968), no such study has been reported in the sub-Saharan African counties where knowledge is poor, attitudes are very negative and psychiatric services are still hospital-centered (Hugo, Boshoff, Traut et al 2003; Kabir, et al, 2004; Gureje et al 2005).

On the premise that Nigerian students would be less tolerant to mental illness because of certain shared societal beliefs (Adewuya & Makanjuola, 2005) the purpose of this study therefore was to investigate the effects of exposure to a course in abnormal psychology on attitudes towards mental illness among Nigerian undergraduate students in a follow-up evaluation

METHOD

The subjects were 140 students, all of whom were students of University of Ibadan and had registered as part of course work Psy 202 (Abnormal Psychology). An initial questionnaire study was distributed at the first attendance of the course, and a follow-up questionnaire of the same subjects was distributed at the end of the course, after 13 weeks (26 hours) of instruction. The course contents were as is obtained from the university prospectus in the training of bachelor's level graduate of psychology. The Bachelor's degree in psychology includes a curriculum in abnormal psychology (theories of abnormal psychology, causes of abnormal behaviors, major and minor abnormal behaviors), taken at the second year of study with a 3 unit contribution to the cumulative grand total expected for graduation. Students are also expected to visit psychiatric facilities, usually within the locality of the institution. The questionnaire consisted of questions (WPA, 1999) used in a previous community study

of attitudes towards mental illness (Gureje et al, 2005). A section on attitude toward human rights of the mentally ill, as was used in a study of attitudes towards mental illness among medical students in Japan, was added (Mino et al, 2000).

Both questionnaire studies were conducted after a lecture. The purpose of the study was explained beforehand and the students were asked to complete the questionnaire anonymously after their consent was obtained. The questionnaires were distributed and collected directly after completion on the spot. The effects of exposure to the abnormal psychology course were evaluated by comparing the responses to the questions at the follow-up study with those at the initial study. A 2-tailed chi-square test and 2-tailed Fisher's exact test were used to determine statistical significance. All subjects who completed the initial questionnaire completed the follow-up questionnaire. None of the students refused to participate

RESULT

The results concerning knowledge about the mentally ill are shown in Table 1, which presents baseline and follow up responses. Overall, there was

a significant improvement in the knowledge of students on all items with except the item concerning perceiving the mentally ill as dangerous to the public because of violent behavior.

Table 2 shows a comparison of baseline and follow-up attitudes towards mental illness; the items 'being upset or disturbed working in the same office', 'being able to maintain a friendship with someone with mental illness' were scored significantly lower at follow-up than at baseline assessment respectively. Nevertheless, the exposure to the abnormal psychology course seemed not to impact on the items being afraid to have a conversation; being upset or disturbed sharing a room; feel ashamed if people knew about a family member with mental illness and refusing to marry a mentally sick person. There were no significant reductions in the student's perceived stigma between their baseline and follow-up assessments.

Table 3 shows a comparison of baseline and follow-up perceptions toward group homes for people with mental illness. For this single item, the percentage of responses indicating willingness to have a group home for mental illness in the neighbourhood significantly increased at follow-up assessment.

Table 1 Knowledge about the mentally ill

Items	Responses	Baseline	Follow-up	P*
Can be successfully treated outside of the hospital in the community	Agree	65%	94%	0.001
Tend to be mentally retarded or of lower intelligence	Agree	87%	57%	0.002
Hear voices telling them what to do	Agree	59%	98%	0.003
Need prescription drugs to control their symptoms	Agree	43%	76%	0.002
Can be successfully treated without drugs using psychotherapy or social interventions	Agree	34%	98%	0.001
Are a public nuisance due to manhandling, poor hygiene or odd behaviour	Agree	54%	94%	0.001
Suffer from split or multiple personalities	Agree	24%	97%	0.001
Can be seen talking to themselves of shouting in city streets	Agree	58%	87%	0.001
Can work in regular jobs	Agree	21%	54%	0.02
Are dangerous to the public because of violent behaviour	Agree	72%	61%	Ns

Legend: *Chi-square test (DF = 1, 2 tailed): Ns not significant

Table 2 Stigma Towards Mental Illness

Items	Responses	Baseline	Follow-up	P*
Would you feel afraid to have a conversation with someone who has mental illness?	Definitely	78%	72%	Ns
Would you be upset or disturbed about working on the same job with someone who has mental illness?	Definitely	98%	67%	0.05
Would you be able to maintain a friendship with someone who has mental illness?	Definitely	36%	64%	0.05
Would you feel upset or disturbed about sharing a room with someone who has mental illness?	Definitely	86%	79%	Ns
Would you feel ashamed if people knew someone in your family has been diagnosed with mental illness?	Definitely	62%	57%	Ns
Would you marry someone with mental illness?	Definitely	12%	16%	Ns

Legend: *Chi-square test (DF = 1, 2 tailed): Ns not significant

TABLE 3 Perception Toward Group Home For People With Mental Illness

Items	Responses	Baseline	Follow-up	P*
Would you favour having a group home for six to eight people with mental illness (who live with a trained supervisor) in your neighborhood?	In favour	32%	67%	.02
	Opposed	56%	15%	
	Indifferent	12%	18%	

Legend: *Chi-square test (DF = 1, 2 tailed): Ns not significant

Table4 Attitudes Towards Human Rights Of Mentally Ill Patients

Items	Responses	Baseline	Follow-up	P*
When mentally ill patients are admitted to a mental hospital, their spouses should be permitted to divorce them unconditionally.	Disagree	46%	50.2%	Ns
Mentally ill patients should not have children in order to hereditary handicaps.	Disagree	34.1%	62.3%	0.01
Patients in a mental hospital should not have the right to vote.	Disagree	47%	49%	Ns
Mental ill patients would be stigmatized all their life.	Disagree	52.3%	43.2%	Ns
If you have a family member who is mentally, ill, its becoming known is shameful.	Disagree	21.5%	29.2%	Ns
Mentally ill patients could be reliable friends	beAgree	58%	52%	Ns

Chi-square test (df = 1,2 tailed) : Ns not significant

DISCUSSION

Attitudes towards mental illness have been studied intensively in Nigeria, as

well as throughout the world, and considerable evidence has accumulated in the literature that

variables such as age, gender and education are likely to have some influence on attitudes towards mental illness (Wolf et al 1996; Corrigan & Watson, 2002, Adewuya & Makanjuola, 2005). How attitudes towards mental illness can be changed in a favourable direction remains a consideration among contemporary researchers in Nigeria. Nigeria's Mental Health policy proposes a friendly disposition and understanding to those that are mentally ill for the purpose of adequate social integration country (Gureje and Alem, 2000).

In this present study, as in some earlier ones (Graham, 1968; Malla & Shaw, 1987; Singh et al 1998; Mino et al 2000), we found improvement in knowledge about mental illness and a modest change in stigma. There was a favourable change in the perception towards group homes for people with mental illness in the neighbourhood. Exposure to the abnormal psychology course did not impact on the attitudes toward human rights of the mentally ill. The results of this study suggest that teaching abnormal psychology may impact on knowledge about mental illness but may be limited in affecting stigma. Underlying views and beliefs about mental illness before the exposure to education in the minds of the students could be a possible explanation to a less change in stigma. Students in Nigeria have been observed to be less tolerant than their western counterparts to mental illness (Adewuya & Makanjuola, 2005). Depending on the strength of their views and beliefs, students who had less tolerant attitudes towards mental illness before education, may be less likely to express them because of exposure to education. Another explanation may be the differences among subjects; the students who participated in the study are not homogeneous, they cut across the social sciences and medical sciences; relative exposure in the past may have affected attitudes and confound the findings observed in this study. The medical students could

have been more tolerant than the social sciences students, unfortunately due to small sample size, comparison could not be made. Perhaps future studies should consider the relative role of the course of study. Nevertheless our results confirm Malla & Shaw's, (1987) study on nursing students, which failed to find a favourable change on attitudes.

The study did find a significant impact of exposure to education on attitudes toward the human rights of the mentally ill (except for the item 'patients should not have children'). Human rights abuses have been observed to be common in Nigeria as results from a community study have indicated (Olley & Ephraim-Oluwanuga, 2005). Considerable lack of regard for human rights of people with mental illness was demonstrated in that study. Many people believed that the rights of people with mental illness should be infringed, the result from this study further confirm this notion.

This study has some limitations. First, although the purpose of this study was to evaluate the effects of a course in psychology on the attitudes of students, motives for participating in the study might distort the responses and obtained results. Some students might see it as an academic exercise while some might perceive it otherwise. The 100% response rate lends credence to this contention as most students might see it as exercise towards a good academic grade. Second, there was no control group. Thus, the findings of the current study might be interpreted as natural changes. Further study is required, in which the effects of potential confounding factors are controlled. Lastly, because we conducted the questionnaire study anonymously, it is impossible to compare among a favourably changed group. This kind of analysis in a future

study might contribute to improvements in the role of an abnormal psychology course in mental illness attitudinal change. These limitations of this follow-up study should be considered in conjunction with the results.

Nevertheless, in spite of these limitations, the present study demonstrates that education may be a powerful tool in changing attitudes and stigma, not only among students of higher education but also within the general population

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