

REVIEW ARTICLE

ATTITUDE OF PEOPLE TO MENTAL ILLNESS AND TREATMENT

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Summary

This paper is a review of some studies on attitude of people in Nigeria to mental health and treatment. The review revealed that negative attitude towards mental illness was still very prevalent. The prevalent rate ranged between 50 to 70% and it cuts across all segment of the society, including medically trained professionals and highly educated persons. Persons with mental illness and caregivers would prefer spiritual homes and native Doctors to orthodox mental health institutions for the treatment of mental illness. More efforts must be made to change this negative attitude through advocacy, education and providing health institution nearer the people.

INTRODUCTION

In spite of the advancements in medical sciences, mental illness and its management have continued to pose great challenges to practitioners of behavioural sciences. This is so because the concept of the mind is complex and understanding the pathology of the mind has to deal with various behavioural theories postulated by researchers from a wide range of disciplines which included philosophers, historians, priests, sociologists, anthropologists and medical scientists. As rightly observed by Goodman¹, psychiatry occupies a uniquely integrative position among the scientific disciplines. More than any other discipline, psychiatry has the potential to be an integrative science that weaves together in one fabric various broad perspectives on the human being: biological, behavioural, psychodynamic, interpersonal and social. This complex structure of psychiatry according to Goodman also creates a schism which threatens the integrity of psychiatry as a science.

To have a better understanding of the attitude of people towards mental health, psychiatry and the treatment of the mentally ill, looking back at the history of the evolution of psychiatry as a medical science will provide a good insight. The concept of mental illness particularly madness had so many and at times, very controversial aetiological concepts. Early Greek philosophers believed madness was an interaction between the goddess of madness and man. Initially, persons so afflicted were considered to be very special. Such afflicted persons were not provided with any care because they did not need any. With time, particularly towards the Renaissance period the concept of mental illness changed. The mentally ill were regarded as irresponsible persons in the society and they were categorised among the prostitutes, destitute and orphans. They were regarded as responsible for their actions. In some cities in Medieval

Europe, they were confined in institutions and the punishment and reward approach was used in their management. With the influence of Christianity gaining ground all over Europe, the mentally ill were later regarded as being possessed by demons and as such they were handled by priests who applied all sorts of spiritual methods to cast out the demons.

These methods included exorcism, flogging and burning of the limbs. There was also a period the Church regarded all mentally ill persons as witches and wizards and they were burnt at stakes along with other suspected witches. With the predominant influence the church had, the mentally ill fell under the domain of the church. Mental illness was regarded as purely a spiritual matter. In the late eighteenth century however, Philippe Pinel, a neurologist, was the first to institutionalise the mentally ill for the purpose of providing some social and medical responsibility towards them. Many of such institutions later sprang up in various parts of Europe particularly, England, France and Germany. Methods of treatment then were rudimentary and included hypnotism, dieting and other palliative methods. With the institutions taking care of the mentally ill, the Church slowly lost its influence in the treatment of the mentally ill while psychiatry as a medical discipline gradually evolved. The evolution of psychiatry as a medical discipline was made possible through the influence of persons like Sigmund Freud, Emil Kraepelin, Eugen Bleuler, to mention a few².

ATTITUDE TOWARDS MENTAL ILLNESS IN NIGERIA

In most of Africa, Nigeria inclusive, the concept of illness and its consequences, particularly death, is merged in a variety of African myths. The typical African gives a mythical meaning to serious illnesses and death. A man may become seriously ill because he has violated the laws of the ancestors or he dies

because an enemy has used charm or voodoo to kill him. Such primitive concept of diseases and death does not only give the African some psychological explanation as to why the relative is sick but also relieves him of the pains associated with the death of a loved one.

There are a lot of other myths surrounding the concept and treatment of the mentally ill in the African society. Most of these myths lead to neglect, isolation and stigmatisation, not only of the mentally ill but also of the family members of persons so afflicted. Various studies have been done in Nigeria to look at the attitude of people to mental illness and its management. One of the early studies done in 1970 by Binitie³ looked at the attitude of educated Nigerians towards psychiatric illness. The findings revealed that educated Nigerians had very poor and negative attitude towards the mentally ill. In 2001, Ohaeri and Fido⁴ sought the opinions of relatives of 75 schizophrenics and 20 affective disorder cases and compared them with the responses of relatives of cancer, infertility and sickle cell disease cases. They noted that the responses from the two psychiatric groups were similar. The single most important etiological factors were that "it is Satan's work" (35.8%). "It is witchcraft" (10.5%). "it is curse by enemies" (10.5%). In other words, most respondents (over 55%) felt the causes of the mental illness were mystical. The authors noted that similar responses were gotten from relatives of the cancer patients. Whereas majority of the relatives (41.5%) of the sickle cell disease patients attributed the cause of the illness to genetic factors. This is not surprising because a lot of advocacy is going on in Nigeria concerning sickle cell disease. Several studies have been carried out looking at the attitude of various segments of the society to mental illness. Abasiubong, Ekott and Basse⁵ compared the attitude of nurses and journalists to mental illness using the Taylor and Dear Inventory of Community attitude to mental illness. Two hundred and ten nurses and one hundred and fifty four journalists participated in the survey.

The responses were similar in the two groups. Negative responses were expressed by 70% of the journalists and 60% by the nurses indicating that the medical education acquired by the nurses had little or no influence on their cultural beliefs. In another study⁶ done in Ibadan, 114 final year medical students who had been previously exposed to psychiatric posting were randomly assigned to two groups. Group A received a case description with a psychiatric label attached while group B received the same case description but without a psychiatric label. The responses showed that the students who received the questionnaire with a psychiatric label attached would not rent their houses to such patients. They were not willing to have them as their next door neighbours nor would they allow them marry their sisters. The patterns in several other studies⁷⁻¹⁰ have shown similar negative attitudes of respondents towards mental illness

even among medical practitioners¹¹. The negative attitudes towards the mentally were as a result of their disposition. Most respondents saw the mentally ill as dangerous with a tendency to violence, unpredictable, grossly unkempt, untreatable, undesirable and thus constituting a nuisance to the society.

ATTITUDE TOWARDS TREATMENT OF MENTAL ILLNESS

The treatment of mental illness using orthodox medical procedures is suffering serious setback in Nigeria because of the concept and attitude of people towards mental illness and orthodox treatment. The mentally ill feels more comfortable receiving treatment for his condition from native doctors and spiritual healers than from an orthodox medical or psychiatric institution. These alternative places of treatment are less stigmatizing than orthodox medical institutions and the patient is more involved in his treatment. He is either asked to fast, do some other spiritual rituals or sacrifice something. In some instances the healers visit the home of the mentally ill to perform more rituals. These alternative medical practitioners also add some drama to the treatment. In some cases they sing and dance round the patient as a form of rituals. In other instances, the mentally ill is flogged to drive away the demons afflicting them or given some concoctions to drink with strict mystic instructions. In the orthodox setting the situation is different. The patient is a passive recipient of treatment he barely understands.

The sacrifice of a chicken to the gods makes more sense to the mentally ill than swallowing a tablet of chlorpromazine. From time to time he is visited by a team of medical personnel, all clad in white, who speak a language he barely understands and ask, from his point of view, some very irrelevant questions. He finds the whole setting strange. The native healer rarely asks questions but gives him instant diagnosis and instant remedy procedures. It is not therefore an unusual experience for a mentally ill patient or the relation to approach the doctor after one or two days on admission requesting for a discharge because 'this is not hospital case'.

Traditional and spiritual healing homes are found everywhere in Nigeria and have more mentally ill patients on admission than all the psychiatric institutions in the country put together. Most of the studies¹²⁻¹⁵ on the attitude of Nigerians towards the treatment of mental illness have come to the same conclusions. In a study¹⁶ done in a village in Northern Nigeria, only 43% of the respondents preferred orthodox medical care for the mentally ill and 34% were more inclined to spiritual healing.

UNIVERSALITY OF NEGATIVE ATTITUDE TOWARDS MENTAL ILLNESS

In a study¹⁷ carried by Alonso et al in 2008, the average rate of perceived stigmatisation in developing countries was put at

22.1% and compared to 11.7% in developed countries with Germany having as low 3.2% and Ukraine as high as 32.1%. The researchers concluded that negative attitude and stigmatization towards the mentally ill was a universal phenomenon as also confirmed by the study conducted by Sartorius and Schulze¹⁸.

CONCLUSION

The prevalent attitude of people in Nigeria towards mental illness as suggested by the studies is negative. The negative attitude is a culmination of cultural myths and very slow pace of development. For this attitude to change there must be improvement in education and availability of health care facilities in the country. Meanwhile a lot of advocacy, proper health education and more intensive campaigns by health practitioners particularly those in the mental health sector must be done to change the attitude of the people towards mental illness and treatment.

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