

ORIGINAL ARTICLE

Influence of Demographic Variables On Public Attitudes Towards The Mentally Ill In Nigeria

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ABSTRACT

The Study investigates the influence of demographic variables on public attitudes towards the mentally ill in Nigeria. It considered if the observed attitudes of respondents have bias for their age, gender and educational status. Three hundred (300) adults responded to the questionnaire captioned "Assessment of demographic variables influencing public attitudes towards the mentally ill questionnaire" (ADVIPATMIQ). Descriptive survey design was used. Validity of the instrument was established. The reliability of the instrument was found to be 0.71, 0.57, 0.68 and 0.62 for Stigma, Discrimination, Social Distancing and Denial of Right Scales respectively using test retest approach. Hypotheses 1 and 3 were analyzed using analysis of variance (ANOVA) while t- test analysis was run on hypothesis 2. Result showed that significant influence was non-existent in the attitudes of the respondents towards the mentally ill on the basis of age and gender while educational status significantly influenced public attitudes towards the mentally ill. Since educational status significantly influenced positive attitudes towards the mentally ill, it would be necessary to incorporate psychiatric education into the school curriculum at all levels. It was further suggested that in view of the state of the mentally ill, counsellors and clinical psychologists should be made available in the hospitals and mental homes. Their posting is expedient in order to give a professional touch to issues pertaining to the mentally ill.

Key words: Influence; Demographic variables; Public attitudes; mentally ill and Nigeria.

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INTRODUCTION

For several decades mental illness has been a public health concern. In spite of this, mentally ill people are seen roaming the streets, roads and even on the highways. In the 18th and early 19th centuries, many of them were found in asylums where they were beaten mercilessly as if they were responsible for the cause of their health condition. Mental illness is a health problem that significantly affects how a person thinks, behaves and interacts with other people (Govt. of Western Australia mental health commission, 2016). Mental illness is not a disease condition welcomed with passion by the family care givers of the patient but rather, of fear of what the community would say about the mentally ill and the family.

Mental illness is on a continuum of severity ranging from mild to moderate to severe. More than sixty million (60m) of Americans have a mental illness in any given year. Mental illness affects one in four adults and one in five children (Mental Health Association in Forsyth County, 2016). According to Steel, Marnane, Iranpour, Chey, Jackson, Patel and Silove (2014), mental illness is no respecter of persons or geographical location; it has the potential to affect any body irrespective of gender, social status or economic status. The stigma of Mental illness is a significant problem not only in the United States or Nigeria but around the globe (Crabb, Stewart, Kokota, Masson, Chabunya, & Krishnadas, 2013). Owowunmi (2014) traced the possible causal factors of prevalence of mental illness to socio-economic factors as well as brain drain syndrome in Nigeria's public health care sector. Mental disorder is

associated with societal vices such as terrorism, emotional challenge, loss of job or a loved one and political injustice such as terrorism, drug addiction, substance abuse. Due to stigma associated with the disease, many refuse to submit to test or treatment. Corrigan, Roe and Tsang (2011) remarked that such patients decline treatment due to label avoidance i.e negative labels. The caregivers are given names such as ‘alienists’.

In Nigeria, the subject of mental illness is often culturally evaded (Ekenia, 1995 & Bakare, 2014). It is not a subject for discussion at all. This is why families prefer to take their patients to distant places, for treatment where they are not likely to meet known persons to the family.

Statistics on population of the mentally ill in Nigeria is not consistent. According to Ekenia (1995), one percent (1%) of the world’s population is affected with mental illness. It however, appears that with more competitions and frustrations the prevalence of mental illness in the adult population at any given time has risen (Bakare, 2014). Hence, the Mental Health Leadership and Advocacy Programmes (2012) placed the prevalence at 20%. Similarly, around 20% of all patients seen by primary health care (PHC) providers have one or more mental health disorders. This is an indication of significant increase in the number of the mentally ill in the society, thus, buttressing the need for this study. Below shows the number of people who received psychiatric treatment at Neuro- psychiatric hospital, Aro, Abeokuta, Nigeria between 2010 and 2015.

Table 1: Number of people who received psychiatric treatment at Neuro-psychiatric Hospital Aro, Abeokuta from 2010 to 2015

	New			Attendants			
	Male	Female	Total	Male	Female	Total	Grand Total
2010	639	282	921	1196	1192	2295	3216
2011	614	289	903	1141	1063	2204	3097
2012	1381	1134	2515	14336	15877	30213	32728
2013	731	341	1072	1381	1134	2515	3587
2014	621	301	922	1094	1973	2167	3090
2015	665	333	998	1636	1309	2945	3243
	7331			48961			

Source: Neuro- Psychiatric Hospital, Aro, Abeokuta, 2015.

Table 1 shows that those who received treatment at Neuro-Psychiatric Hospital, Aro alone between 2010 and 2015 were forty eight thousand nine hundred and sixty one (48,961) in all. Of this number, seven thousand, three hundred and thirty one (7331) were new cases while forty one thousand six hundred and thirty (41,630) were relapsed or old cases. This is ridiculous. From table 1, there is an explosion of reported cases of psychiatric patients and treatment in the year 2012. This probably could have been as a result of positive response from the Government and corresponding campaigns by Guidance Counsellors and Public health personnel.

In a network broadcast (9.00p.m) on January, 4, 2016, Dr. Ahamefuna Agomo of Neuro-psychiatric hospital Enugu made a remark that there are 12 million mentally ill people in Nigeria. It is however, clearly evident that there are lots of people suffering from psychiatric illness in Nigeria who have not received medication. Perhaps, one of the reasons for not really having accurate figures in Nigeria is because of the stigma associated with mental illness in Nigeria. Thus, people might not really disclose cases or bring patients to hospitals. It is not unlikely that the number of mentally ill people in Nigeria is well above twelve million (12,000,000) due to patients’ reluctance in submitting themselves for treatment.

Kessler (2004) did in fact explain that embarrassment about disclosing mental illness varies from country to country. Moreover, Nigerian women are reluctant to admit being depressed. In the mental health leadership and advocacy programmes (2012) report, which surveyed 1727 people, trends show that women’s attitude towards the mentally ill improved more rapidly than those of men for as people get older, they show increasing understanding and tolerance of mental illness (Evans- Lacko, Henderson and Thornicraft, 2013). This is corroborated in the findings of Marianne, Ewalds-Kvist, & Lützén, (2012) where females were found to hold a greater open-mindedness and were positive to pro-integration, but they were also fearful and avoidant, more than males, relative to persons with mental illness.

With regard to getting older, as age increased, so did open-mindedness and a pro-integration attitude relative to persons with mental illness; on the other hand as age increased, community mental health ideology decreased (Ewalds-Kvisst, Högberg & Lützén, 2013). As attitudes of open-mindedness and pro-integration improved, so did attitudes representing community mental health ideology. Furthermore, as

fear and avoidance increased, attitudes of open-mindedness and pro-integration increased but also the intention to interact with persons subject to mental illness was improved.

Impact of gender and age on attitudes towards mental illness in Sweden

Education seems to be making waves in accommodating and accepting the mentally ill. In Ontario, female nursing students who had completed an instructional and experiential training programme were compared on their perception, beliefs and opinions about mental illness with students who had just entered the same programme. The results showed that students who had completed their training were better able to perceive the presence and severity of mental illness (Malla & Shaw, 2016). In the same vein, Furczyk, Górniak, Skowronek, Gajda, Krysta & Krupka-Matuszczyk (2011) found in their study that “the better the knowledge of mental disorders and the mentally ill, the more positive the attitude towards them. Following this development, appropriate programmes should address the lack of factual information on the subject and popularize therapeutic advances in psychiatry in order to fight the regard of mental illnesses as incurable and permanently disabling. However, Professor Chinedu Nebo- former Power & Steel Minister made a public statement in which Government at various levels were rated low in the area of psychiatric and mental health. According to the Professor 64million Nigerians suffer from mental illness. This is worrisome considering the 160million population of Nigeria ie 40% of Nigerians suffer from one form or the other of mental illness.

In a study, Campbell (2009) remarked that attitudes towards mental illness are changing for the better but with some alarming exceptions. The conclusion of the report of the department of health that more people regard mental illness as an illness like any other illness than it was about 15 years ago corroborates (Campbell, 2009). The research result also revealed that few people assume that mentally ill people are dangerous.

According to Campbell (2009), 73% of the respondents felt that the mentally ill people had the same right to employment just like the mentally well. Furthermore, a study carried out by Campbell (2009), found that in spite of positive attitudes towards the mentally ill, there are areas where people still show negative attitudes. For example, “the mentally ill people stand out among the mentally well”. Others report they would not like to live with a person who had diagnosis. These poor attitudes exacerbate the patient’s burden caused by the illness (Wiersma & Van Busschbach, 2001). Due to negative attitudes to mental illness, many mentally sick people hesitate to submit themselves for treatment for fear of being stigmatized. Death is the ultimate effect of negative attitudes towards the mentally ill.

It was then necessary to explore the influence of demographic variables such as age, gender and educational status on people’s attitudes towards the mentally ill in the population. Knowledge of these will enhance intervention programmes that will heighten positive attitudes towards the mentally ill or facilitate attitudinal change if negative).

Therefore, it was necessary to explore public attitudes towards the mentally ill in Nigeria and investigate the influence of age, gender and educational status on public attitudes towards the mentally ill. One research question was raised to guide the study.

What attitude does the public manifest towards the mentally ill in Nigeria?

Three null hypotheses were stated. These are:

- Age does not significantly influence public attitudes towards the mentally ill in Nigeria.
- Gender does not significantly influence public attitudes towards the mentally ill in Nigeria.
- Educational status does not significantly influence public attitudes towards the mentally ill in Nigeria.

Purpose of the study

The main purpose of the study was to:

- Investigate the influence of demographic variables such as age, gender and educational status on attitudes of respondents towards the mentally ill in Nigeria.
- To make appropriate recommendations that government may use to formulate policies in favour of the mentally ill.

Sequel to this study, it is envisaged that the study will help Guidance Counsellors and other stakeholders such as psychiatric Doctors and Nurses as well as social and public health workers to identify areas of need of the mentally ill based on the knowledge of demographic attributes and consequently, determine the nature and quality of service delivery to them.

METHODOLOGY

The descriptive survey design was adopted for this study in order to obtain information from a representative sample of the population. Residents in Abeokuta, Nigeria who were 18 years and above responded to the questionnaire. The sample comprised 100 civil servants, 100 market women and 100 motor drivers. The sample size was therefore, three hundred (300). Simple random sampling method was employed to select the respondents. A 23 item questionnaire titled “Assessment of influence of

Demographic variables on public attitudes towards the mentally ill Questionnaire” (AIODVOPATTMIQ) was the instrument used for data collection. Part A dealt with demographic information of the respondents such as age, gender and level of education and was scored using simple frequency count and percentage. The modified likert response rating scale of strongly Agree (SA, 4points), Agree (A, 3points), Disagree (D, 2points) and strongly Disagree (SD, 1point) was adopted in the scoring of the test items. The instrument was validated. The coefficients of reliability of 0.71, 0.57, 0.68 and 0.62 for Stigma Scale, Discrimination Scale, Social Distancing Scale and Denial of Right Scale respectively were obtained after administering the test items twice to thirty (30) randomly selected respondents at four weeks interval. These values were considered high enough for the study to proceed. Respondents who scored between 15 and 23 points were regarded as having positive attitudes towards the mentally ill while those who scored below 15 points were regarded as having stigmatizing attitudes towards them. This is for each scale except Denial of right with a scale value of 12.50. **Analysis of variance (ANOVA) was used to test hypotheses 1 and 3 while hypothesis 2 was analysed using t-test statistic.**

RESULTS

Presented below are results of the study on “influence of demographic variables on public attitudes towards the mentally ill in Nigeria”

What attitude does the public manifest towards the mentally ill in Nigeria?

The four scales provided give answer to the research question.

1. Social distancing scale (SDS)
2. Stigma scale (SS)
3. The discrimination scale (DS)
4. Denial of right (DRS) Using the modal statistical technique.

Results showed that 32 (10.7%) people within the age bracket of 18-25 years responded to the questionnaire, 112 (37.3%) of those within the age group of 26-40 years responded to it while 156 (52%) of the respondents fell within the age bracket of 41 and above years. In the same vein 174 (58%) of the respondents were males while 126 (42%) were females. In the sample, Illiterate respondents were 100 (33.3%), those who had secondary education were 82 (27.3%). Most of the respondents 118 (39.3%) had acquired tertiary education at the time of this study.

Research question 1: What attitude does the public manifest towards the mentally ill in Nigeria?

Table 2: Mean score, cut off point of attitudes towards the mentally ill.

Attitude	Cut-off point	Mean
Social distancing	15	22.340
Stigma	15.00	15.353
Denial of right	12.50	14.327
Discrimination	15	12.113

A critical look at Table 2, shows that generally, respondents’ attitudes reflected warmth in terms of social distancing, stigma and denial of right towards the mentally ill. This is evidenced by the higher mean scores than the group cut – off points. The result, however, also showed that discrimination has a lower mean score (12.113) than the cut-off point (15.00). This implies poor public attitude towards the mentally ill in terms of discrimination in Nigeria.

Hypothesis 1 (Ho 1): Age does not significantly influence public attitudes towards the mentally ill in Nigeria.

Table 3: Analysis of variance (ANOVA) of public attitudes towards the mentally ill among different age groups.

Sources of Variance	Df	Sum of Squares (SS)	Mean Squares (MS)	Calculated f- Ratio	critical f- Ratio
Between group	2	210.1731	105.0865	2.6748	3.00
Within groups	297	11668.4936	39.2879		
Total	299	11878.6667			

NB: P > 0.05

Table 3 showed that age does not significantly influence respondents’ attitudes towards the mentally ill. This is deduced from the fact that calculated f-ratio (2.6748) is lower than the critical f-ratio (3.00) at 0.05 alpha level. Hypothesis1 is therefore, accepted.

Hypothesis 2: Gender does not significantly influence public attitudes towards the mentally ill in Nigeria.

Table 4: Means, standard deviation and t- value of male and female respondents’ attitudes towards the mentally ill.

Gender	N	X	S.D	DF	Calculated t- value	Critical t- value
Male	174	64.4023	5.964	298	0.87	1.96
Female	126	63.7619	6.750			
NB: P > 0.05						

The t-test analysis showed that the calculated t-value (0.87) is less than the critical t-value of 1.96 at 0.05 level of significance. It implies that gender has no significant influence on respondents’ attitudes towards the mentally ill. Hypotheses 2 is therefore, upheld.

Hypothesis 3: Educational status does not significantly influence public attitudes towards the mentally ill in Nigeria.

Table 5: ANOVA of attitudes of respondents towards the mentally ill on the basis of educational status

Sources of Variance	Df	Sum of squares (SS)	Mean square (MS)	Calculated F- ratio	Critical F-ratio
Between group	2	1205.853	602.9266	16.77*	3.00
Within groups	297	10627.8136	35.9354		
Total	299	11878.6667			

NB:*=P>0.05

The asterisk is an indication of significant difference.

The ANOVA result from Table 5 revealed that at 0.05 level of significance, significant influence does exist in the attitudes of the respondents towards the mentally ill on the basis of educational status. This is deduced from empirical evidence; calculated F-ratio (16.7781) is higher than the critical F-ratio 3.00). Thus, hypothesis 3 is rejected. The rejection of hypothesis 3 is an indication that there exists significant influence. In order to determine the direction of the significant influence, a post-hoc test was conducted using Duncan Multiple Range Test (DMRT). The result is presented on Table 6.

Table 6: Result of Duncan’s Multiple Range Test (DMRT) of respondents’ attitudes towards the mentally ill

Group	N	Mean (\bar{X})	Duncan Grouping
Secondary education	82	62.0000	2
Illiterates	100	63.0000	1
Tertiary education	118	66.5763	3 * *

By reason of the position of the asterisks, group 3 (respondents with tertiary education qualification) significantly differed from groups 2 and 1 (those who have secondary education and illiterates respectively).

From the results of this study, it is imperative that acceptable positive attitudes are displayed to the mentally ill people by the general public of Nigeria. However, discrimination, with lower mean score (12.113) than the cut-off point (15.00) was found a negative attitude manifested towards the mentally ill people in Nigeria. This implies that the mentally ill people are discriminated against. Discriminating attitudes may be shown by rejecting the mentally ill as business partners and turning them down in appointments.

Furthermore, the study revealed that age does not significantly influence attitudes towards the mentally ill in Nigeria. The reason for no significant influence in attitudes to the mentally ill people with respect to

age may be due to the fact that mental illness is not a sudden development but is a long-term conception. This result agrees totally with the assertion of Link (1997) that people develop conception of mental illness early in life from the family folklore, personal experience, peer, relation and the media's portrayal of people with mental illness.

Consequent upon these conceptions, people grow up with the impression that the society might reject someone who has mental illness as a close friend, a neighbour, a business associate or as an employee. People may also feel that the community or society may devalue a mentally ill person as being less trustworthy, less intelligent and less competent. Even when one has been cured of this ailment long ago, societal impression seemed to remain the same. The study also revealed no significant influence in respondent's attitude towards the mentally ill on the basis of gender. However, from the mean scores of the males (64.40) and for the females (63.76) as against the cut-off point of 57.5, both males and females have favourable disposition towards the mentally ill. The revelation of no significant influence in attitude of both males and females towards the mentally ill is consonant with the finding of Cuomo and Ronacher (1998) that significant differences were non-existent between males and female (college students) in their attitude towards the mentally ill and mental illness.

The third hypothesis indicated significant influence in attitudes of respondents towards the mentally ill on the basis of educational status for they generally showed positive attitudes towards the mentally ill. This is evidenced by their various mean scores of 63.00, 62.00 and 66.58 which are well above the cut-off point of 57.5 (illiterates, those with secondary education and those with tertiary education respectively). This corroborates the results of a study by Malla & Shaw, 2016 who compared the attitudes of fresh Nursing students with the graduating Nursing students towards the mentally ill in Sweden and found that students who had completed their training were better able to perceive the presence and severity of mental illness than the fresh ones. In the same vein, Furczyk, Górniak, Skowronek, Gajda, Krysta & Krupka-Matuszczyk (2011) found in their study that "the better the knowledge of mental disorders and the mentally ill, the more positive the attitude towards them, which shows that there is a great need for educational anti-stigma interventions. The significant difference and high mean score (66.58) of the respondents with tertiary education as against 63 for the illiterates and 62.00 for those with secondary education is not unexpected. It is commonly said that education is knowledge and knowledge is power. The recent campaigns, educational seminars and enlightenment programmes through electronic and print media are expected to make significant attitudinal changes in the society. The result is consistent with the findings of earlier studies of Kabir, Ilyasu, Abubakar and Aliyu (2004) in Nigeria in which was reported that literacy was significantly associated with positive attitudes towards the mentally sick.

Another probable reason for the significant influence in attitudes towards the mentally ill may be due to advancement in modern treatment of mental illness as opposed to the primitive method of handling them. For example, chaining, beating, trephining, cogelling and exposure to cold which were dehumanizing, characterized method of treatment in the past. Knowledge of mental illness through education appears to be making positive impacts among the highly educated persons.

Implications for Counselor Education and practice

Counseling is a collaborative relationship entered into by a professionally trained Counsellor and a client in order to assist the client to understand himself and the world around him. It is a learning process by which the client is assisted by the counsellor to behave in a more rewarding or satisfying manner. The relationship involves the sharing or discussion of sensitive issues in the process of which personal thoughts and feelings are revealed. Mental health is an essential aspect of man that needs to be healthy at all times in order to maintain relationships, cope with lives' demands and solve emerging problems. The counsellor needs to understand the state of a mentally ill person and how to assist him to reconnect.

The counsellor provides information and reactions which stimulate the client to develop behaviours which enable him to deal more effectively with himself and his environment. However, some clients arouse personal antagonism with the counsellor's values, temperament or cultural orientation. Counsellors should therefore, be aware of such feelings, then, make effort to discover the deep root of and causes of the friction. This should be amicably discussed.

Presently, most tertiary institutions that offer counselling programmes did not consider inclusion of mental health into the curriculum of counselling programmes. Counsellor educators therefore, need to expand the curriculum of counsellor education for inclusion of mental health. This will further strengthen counsellors' skills for their practice.

CONCLUSION

The study investigated demographic variables influencing public attitudes towards the mentally ill people in Nigeria. Results show favourable attitudes towards the mentally ill people in Nigeria. However,

discrimination was found to be a negative attitude towards the mentally ill people in Nigeria. Results further showed that:

- Age has no significant influence on respondents' attitudes towards the mentally ill people.
- Gender has no significant influence on respondents' attitudes towards the mentally ill people.
- Educational status was significantly associated with positive attitudes towards the mentally ill people. The street roaming of the mentally ill may not likely be dependent upon people's attitudes towards them. It may be attributed to the malfunctioning of their brain chemistry or the inability of the patients to cope with the demands of life. The study demonstrated the need for educational programmes aimed at demystifying mental illness. A better understanding of mental illness by the public would allay negative attitudes such as discrimination and fear of the mentally ill.

RECOMMENDATIONS

- Since educational status was found to significantly influence positive attitudes towards the mentally ill, government should endeavour to make the Universal Basic Education programmes free to all Nigerians.
- Research work should be carried out on various ways to prevent negative attitudes towards the mentally ill particularly, discrimination.
- Efforts should be made by the Government to encourage counsellors for training and retraining, and to attend counseling based seminars and conferences.
- Mental health should be introduced into the curriculum of counsellor education by counsellor educators.
- In view of the state of the mentally ill, counsellors and clinical psychologists should be made available in the hospitals and mental homes. Their posting is expedient in order to give a professional touch to issues pertaining to the mentally ill.

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