BELIEFS ABOUT PSYCHOLOGICAL DISORDERS AS PREDICTORS OF ATTITUDES TOWARD MENTAL ILLNESS IN EKITI STATE

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CERTIFICATION

I hereby certify that this study was carried out by AKINJEJI SHARON; (Matric No: Psy/11/0200) of the Department of Psychology, Federal University Oye-Ekiti, under my supervision.

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DEDICATION

This project is dedicated to my mother, for her unrelenting and constant love, guidance, and support all through this programme.

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In carrying out this research, the support of my supervisor, Dr. Abiodun Lawal is something I will be eternally grateful for. His help and guidelines all through this project made it possible for me to easily accomplish this task, may the good Lord continue to bless you, your career, and your family, may he continue to give you the ability to train and develop others that are coming after me.

My greatest gratitude goes to my Mother, Miss. Ololade Ogunleye for her prayers, her words of encouragement, her unending advice and the unconditional love in which she has shown all through my years on earth, I love you Mom, I don't know what I would be today without you and my little sister, Morenikeji Akinjeji.

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ABSTRACT

People's attitude towards mental illness are precursors to their stigmatizing behaviors towards those who suffer from the disease. Individuals' beliefs about the illness may have significant contribution in explaining their attitudes towards those with mental illness in our society. This study investigated dimensions of beliefs as predictors of attitudes towards mental illness in Ekiti state.

Survey research design was used in the study where 200 participants were purposively selected in both Oye and Ikole local governments in Ekiti state, Nigeria. Questionnaire was used as an instrument for data collection. Three hypotheses were tested with multiple regression, t-test and One-way ANOVA.

Results showed that dangerousness, incurability and untrustworthiness beliefs about mental disorders independently and jointly predicted attitudes towards mental illness ($F(3,196) = 30.72$; $p \leq .05$) with Adj. $R^2 = 0.31$. However, gender did not have any significant influence on attitude towards mental illness ($t(198) = -0.22$; $p > .05$). Religious affiliation did not have significant influence on attitudes towards mental illness ($F(2,197) = 1.04$; $p > .05$).

It is therefore concluded that people's beliefs about mental disorders are vital in predicting how they feel about the illness and those who are suffering from it.

Keywords: Untrustworthiness, Incurability, Dangerousness, Gender, Religiosity, attitudes towards mental illness, Ekiti, Nigeria.

Word Count: 196

CHAPTER ONE

INTRODUCTION

1.1 Background of Study

Attitude to mental illness differs in the contexts in which it is being viewed, but as regards the stereotype which plagues the diseases of the mind. Review of literature has shown that the attitude towards mental illness is a universal accord, that is, the beliefs that influence these attitudes are almost the same across culture, political, economic and religious sectors. Attitudes, which is defined as '....a mental and neural state of readiness, organized through experience, exerting a directive or dynamic influence upon the individual's response to all objects and situations with which it is related' (Allport, 1935). This definition touches on the three structural components of attitudes, which are; emotion, cognition and behavior, and also points to the fact that attitudes influence how we respond to people in the environment, in this context, mentally ill persons.

In the medieval times, when physicians drilled holes in the skulls of mentally ill patients and people bought tickets to watch the 'locked up wild beasts' and to laugh at the tragic and pathetic behaviors of the patients at mental institutions (Plotnik, Kouyoumdjian. 2008), it didn't seem like both parties knew what they were doing. Well, much hasn't changed. The development of objective mental diagnostic manuals has done a lot to improve the knowledge of who has what or not and also outlines the treatment/management procedures. However, the beliefs people held as far back as the 13th century is still prevalent in the world we live in today.

From Aminu's (1999) perspective, an attitude can be conceptualized as an evaluation of an objective, person, or idea ranging from extremely negative to extremely positive. Attitude is simply the degree at which an individual evaluate an object, a person or ideas to a certain level of

intensity. However, the perspective on attitude is sometimes ambiguous as people can simultaneously hold positive and negative attitude on an object but the intensity may be different. Eagly and Chaiken (2005) conceptualized attitude as "a psychological tendency that is expressed by evaluating a particular entity with some degree of favour or disfavour." Attitude helps an individual determine how their actions are expressed to certain object or person or ideas. For the purpose of this study, attitude can be defined as an expression which could either be in positive or negative way toward a person or either. A positive attitude is expressed when an individual has a favorable evaluation of a person or object while a negative attitude is expressed when their evaluation is unfavorable toward an object or person.

Mental illness which is also referred to as mental disorder can be defined as a form or pattern of behavior that predisposes individual to poor ability to function to maximum capacity in their everyday life. The World Health Organization (WHO, 2015) explains that; mental illness is perceived as ''a broad range of problems, with different symptoms which are generally characterized by some combination of abnormal thoughts, emotions, behavior and relationships with others''. Mental illness include depression, schizophrenia, obsessive compulsive disorder, it also include dementia, intellectual disabilities and developmental disorders including autism (WHO, 2015). This illness affects the ability of individuals to conduct their daily activities and also impairs their level of well-being and psychological health. Therefore, the attitude toward mental illness can be perceived as an evaluation of individual with mental disorder in either a positive or negative manner.

In this part of the world where people have negative perceptions of people with mental illness especially schizophrenia, people often display a negative attitude toward people with mental illness than positive attitude. The reason behind this may be explained based on the fact

that people have the perceptions that mental disorders cannot be completely cured (Incurability); false belief that the patients are dangerous and the belief that people with mental disorder are not trustworthy. Negative attitude toward people with mental illness create a big stigma to the patients' mind and thereby creates a feeling of loneliness and alienation which in turn impairs their level of psychological wellbeing and happiness. Looking at the review of literature, the prevalence of mental illness in the world today especially the world of young adult is an intricate issue of special concern.

Empirical data have claimed that mental illness prevalence is increasing among youth globally (WHO, 2014). WHO (2001) reported that about 450 million people globally suffer from one form of psychological disorder at a point in their life. Mental illness has been reported to be common among almost one-third of the people in each country globally. Report form National Comorbidity Survey (NCS, 2003) reported that nearly half of Americans experienced some form of mental illness at a point in their life. NCS (2003) further claimed that the prevalence of anxiety disorders are about (28.8%), mood disorder (20.8%), impulse control disorder (24.8%) and substance use disorder (3.8%). Research has also demonstrated that United States, Colombia, Netherland and Ukraine tend to have high prevalence of all form of mental illness while Nigeria (which is the main focus in this study), China and Italy have lower level of mental illness.

According to Mateos and Luis (2012), the most common form of mental illness which has highest prevalence is Obsessive compulsive disorder which is very common in America, Africa as well as Europe. Furthermore, findings also indicated that Schizophrenia is the most common form of mental illness in Japan, Europe but have lowest prevalence in Africa. The fact that African people operate a communalism may be responsible from the low prevalence of mental disorders. People in Africa believe in collectivism where individual problems are shared

by family and friends which in turn prevent people from developing major psychological problems. This study will look at how individual beliefs about psychological disorders influences peoples' attitude toward mental illness. Beliefs centered on dangerousness, untrustworthiness, and incurability and the attitudes of people around the mentally ill and the mental health patients themselves, which ultimately leads to unfair treatment of people with a history of mental illness (Link, Cullen, Frank, and Wozniak. 1987: Link and Phelan, 2001) and also the health seeking behavior of the mental health patients (Sirey, Bruce, Alexopolous, Perlick, Raue, Friedman, Meyers. 2001).

Dangerousness is defined as being "full of danger or risk; Causing danger" (Dictionary, 2012). Dangerousness from the psychological point of view can be said to be the perceived threat of violence that can cause a person to think or behave in ways that avoid the object of fear. Generally, people fear mentally ill persons; the reason is because over-time literature has been able to show that there is a link between mental illness and violence (Corrigan, Rowan, Green, 2002). This link has been greatly exaggerated in the minds of people by the media, specifically the movie industry; they have portrayed mental patients in a degrading and de-humanizing way that further lends voice to the stigma (Mental Health America, 1999). In some instances, some are seen to bite the people around them or chase random people walking on the streets about with a stick/rod. Which realistically the 'mad' people (schizophrenics) roaming the streets in Nigeria go about their business quietly. This often influences the attitudes of people towards mental health patients from a negative stance, the idea that the media is one of the socialization processes points to the fact that humans learn to stay away from mental health patients because of their perceived dangerousness.

Untrustworthiness is another factor this study hopes to examine, it is defined as "not worthy of being trusted" (Dictionary, 2012). Some mental disorders, due to their defining

features make the patients untrustworthy. A person that has just received a diagnosis of Dissociative Fugue can be sacked from his job as a Dangote truck driver due to fears on the part of his supervisor that he could drive away with the goods and not return. Several studies have linked Untrustworthiness (and embarrassment) as the reason why most people have negative attitudes towards mental health patients (see, Shebabaw, Gebeyehu, Sewasew 2014). Also, logically speaking, people have negative attitudes towards other people they find untrustworthy; therefore, in the context of this study, since people associate untrustworthiness with mental health patients, they are more likely to have negative attitudes towards mental health patients.

Incurability refers to the belief that mental illnesses cannot be truly cured, it might seem like it has been cured, but the symptoms always come back. So people steer clear of persons with the history of mental illness because they believe that the symptoms could appear unannounced. For example, a person with Dissociative Personality Disorder that has been 'cured' and is settling in to lead a healthy life can start acting in strange ways towards people with whom she is close to, and suddenly can't remember most things other people see her do, or in the middle of a conversation suddenly changes accent/emotions and lashes out at her friends. This factor could greatly influence people (neighbors, friends) to avoid/stigmatize her. Although, some mental illness, due to their defining features cannot be cured only managed, so far the patient sticks to the treatment plan, everything will be fine. Rojas-Vilches, Negy, Reig-Ferrer (2011) hypothesized that "the more they (Puerto Rican and Cuban American young adults) believed ....that mental illnesses are untreatable, the less likely they would seek therapy for emotional problems", and their results were consistent with their hypothesis, which speaks volumes for how the belief about incurability of psychological disorders can influence people's attitudes towards mental illness. This study will also examine the influence of gender on attitude toward mental illness.

Gender can be defined as the possession of either male or female biological and emotional characteristics. Studies have been conducted on the role of gender on attitude toward mental illness, while some studies claim a significant influence of gender on attitude toward mental illness, some studies claimed no significant difference. Looking at the findings of the work of Savrun, Arikan, Uysal, Cetin , Poyraz , Aksoy and Bayar (2007), it was reported that there was significant gender difference in attitude toward mental illness. Their finding suggests that women on average tend to display a significant favorable attitude toward people with mental illness than men. They assert that women tend to display less stigmatizing behavior to people with mental illness than male. On the contrary, the work of Holzinger, Floris, Schomerus, Carta, and Angermeyer (2012) claim that no significant gender difference exist on attitude toward mental illness. Their study established that on average male and female exhibit similar attitude toward people with mental illness. Furthermore, this study will also examine the influence of age on attitude toward mental disorder.

Various studies have been conducted on the role of age on attitude toward mental disorders. Result of the study carried out by National Health Survey in 2011 claim that age is a significant predictor of peoples' attitude toward mental disorder. NHS (2011) findings suggest that peoples' attitude towards mental illness tend to change from negative to positive as they grow older. The findings indicate that as people grow older, the level of stigmatization to people with mental illness tends to fall. The study of Eric and Adrew (2014) justifies the finding of NHS (2011), where they claim that there is a significant age difference on attitude toward mental illness. Their finding shows that older people tend to display significant lower level of negative attitude toward people with mental disorder than their younger counterparts. The result shows that peoples' orientation about mental disorders tends to change from negative to positive

attitude. This study hopes to examine the influence of beliefs about psychological disorders on the attitudes towards mental illness in Ekiti state, in order to know the extent of negative attitude and also to explain the reasons behind the beliefs they hold, beliefs such as; Dangerousness Belief, Untrustworthiness Belief, Incurability Belief.

1.2 Statement of Problem

Attitudes towards mental illness is a precursor to people's stigmatizing behaviors towards people with the disease, and these attitudes are not limited to people in the environment but also to the people with the mental illness themselves, when they are not being denied jobs (Batastini, Bolanos, Morgan, 2014), their self-esteem is being destroyed by the weird and scary glares people give them. This also affects their health seeking behavior because they will be too ashamed to even go and see a mental health therapist in fear of being recognized by someone they know. This is the reason why most private mental hospitals don't specify literally what they do on their display signs; this is to make patients more comfortable with coming in and getting treatment.

From review of empirical literature, (Rojas-Vilches, Negy, Reig-Ferrer 2011) found that adult Latinos are less likely to seek therapy for mental illness due to the negative attitudes that has been associated with having a mental illness. Although this study due to its limited population pool cannot be generalized to other cultures, specific studies in other places have noted the same trend in teenagers (Sirey, Bruce, Alexopoulos, Perlick, Raue, Friedman, Meyers, 2001; Corrigan, 2004; Meredith, Paddock, Jaycox, Quinn, Chandra, Burnam, 2009) and (Zachrisson Zachrisson, Rodje, Mykletun, 2006; Rickwood, Deane, Wilson, 2007). This poses a threat to the mental health status of people in that age range because the adults are being looked upon to make wise decisions that would affect family members and the likes, which mental

illness psychosymptomatologies will impede, and also teenagers who are just beginning to experience life. The unwillingness to seek treatment can cause them to suffer in silence and shame. Also, the negative attitudes towards the people with mental disorders affect the quality of inter-personal relationship.

To date however, there has been few researches on attitudes towards mental illness in Ekiti state, for example Omolayo, Mokuolu, Balogun, Omole, Olawa (2013) examined the attitudes of care givers towards mental illness in Ekiti state and Mokuolu (2009) investigated attitude towards epilepy and mental health in Ekiti state, but none has specifically looked at the attitudes of the population of interest in the light of the beliefs and influences on attitudes towards mental illness.

The following research questions are provided answers for at the end of the study;

I. Do untrustworthiness, dangerousness and incurability beliefs independently and jointly predict attitude toward mental illness among people in Ekiti State?
II. Is there a gender difference in attitude toward mental illness among people in Ekiti State?
III. Does religious affiliation have any influence on our attitude towards mental illness among people in Ekiti state?

1.3 Purpose of the Study

The overall purpose of this research is to examine the dimensions of belief about mental psychological disorder (dangerousness, incurability and untrustworthiness) as predictors of attitudes toward mental illness among the people of Ekiti state in Nigeria. The specific objectives are:

I. To examine if dimensions of belief about psychological disorders (dangerousness, untrustworthiness and incurability) will independently and jointly predict attitudes toward mental illness among people in Ekiti State.

II. To determine gender difference in attitudes toward mental illness.

III. To determine if religious affiliation has influence on attitude towards mental illness.

1.4 Relevance of Study

The findings of the study will have both practical and theoretical benefits. In terms of practical benefits, the findings of this study will benefit Students, Clinical Psychologists, Health Practitioners, Counselors and Stakeholders, by providing them with empirical data on the relationship between beliefs about psychological disorders and attitude towards mental illness. These data may be used in making important decisions, concerning any issue related to mental illness. The data from these findings will also improve our knowledge on attitude of Ekiti people towards mental illness.

Looking at theoretical benefits, the study is expected to improve previous study by adding to existing literature on beliefs about psychological disorders and attitudes toward mental illness. In other words, the findings will add to the body of knowledge on these variables under investigation. The findings of the study are also expected to show how gender and age predict attitudes toward mental illness.

This research also focuses on finding out the beliefs that mostly affect people's attitudes towards mental health patients in Ekiti state and the extent to which these attitudes are used in making existential decisions. This project hopes to add this information to the clinical body of knowledge for future inferences about the attitudes of the citizens of Ekiti-Nigeria to mental illness.

CHAPTER TWO

THEORETICAL FRAMEWORK AND LITERATURE REVIEW

2.1 Theoretical Framework

In discussing variables in the study, the following theories and model were used for better understanding of relationships among one another:

I. Labelling Theory

II. Fundamental Attribution Error

III. Learning Theory of Attitudes

IV. The ABC Model of Attitudes

2.1.1 Labeling Theory

Labeling theory was first proposed in the 1950s, it was originally designed for sociologists to describe the deviance behavior of people in the society, but has since been applied to psychological issues. The main idea behind this theory is that people are who you label them to be, this idea is supported by William Cambliss' research about 'saints' and 'roughnecks' that was carried out in 1973 in Chicago. Cambliss was able to prove in his study that labeling groups also means that several characters are generalized to every of the group member, which means the individuality of the members would be ignored for the generalized characteristics to be used. These generalized characteristics are not always representative of the individual members of the groups.

"Labeling theory is the theory of how the self-identity and behavior of individuals may be determined or influenced by the terms used to describe or classify them. It is associated with the

concepts of self-fulfilling prophecy and stereotyping" (Wikipedia, 2015). Although the theory was originally postulated to explain why deviant people remain deviant, it has been modified over the years to accommodate how ordinarily labelling a person with mental illness can change how the person's self-identity and also the society's perception of them.

Several studies have indicated that most people associate being labeled mentally ill as being just as, or even more, stigmatizing than being seen as a drug addict, ex-convict, or prostitute, the rationale is that "even if you are an ex-convict or prostitute, at least you are *normal*" These studies and the dozens of others like them serve to demonstrate that labeling can have a huge influence on the mentally ill.

In the context of this theory, the researcher recognizes that the attitudes of people to certain stimuli in the environment is due to the labels they have come to attach to these stimuli, in this case, mentally ill patients. In reference to the dimensions of beliefs for this study; dangerousness, untrustworthiness and incurability, which are terms that have been associated with mental ill patients over the years, are also seen as 'labels'.

Cognitively, human beings operate according to their schemas, the way stimuli is labeled in the schemata is the way they would be able to relate present situations with past situations, thus responding to it in a certain way. So it's logical to say that if people have over the years labeled mentally ill patients as 'dangerous', they would stay away from them or be wary of them. Also, when the researcher explained the background of this study, it was pointed out that mentally ill patients are being denied jobs or positions of responsibility which may put the employer's credibility on the line. Mentally labeling people with mental illness as 'untrustworthy' leads to this type of unfair behavior, think about it; would you trust your business or children with people you don't trust?

Although this seems unfair to mentally ill patients, because they deserve a life of normalcy, the principle of assimilation states that when people label a particular stimulus, they tend to behave consistently towards that person in the same way across situations, so it's logical to say that due to past experiences or experiences of other people, may people have mentally labeled mentally ill patients as being 'untrustworthy' thus denying them positions of responsibility.

2.1.2 Fundamental Attribution Error

"Attribution theory deals with how the social perceiver uses information to arrive at causal explanations for events. It examines what information is gathered and how it is combined to form a causal judgment" (Fiske, & Taylor, 1991). Fundamental attribution error is a concept under attribution theory that people attribute the cause of other people's behavior to *internal* dispositions. When we observe other people especially now in a generation that stresses individuality, we tend to chalk up people's behavior to being due to their incompetency or personality traits, ignoring totally external factors.

Fundamental attribution error is also known as correspondence bias, the idea is that human beings generally act as a 'behavior correspondence.' We bias our judgements when we are playing the role of observer. When we are thinking about ourselves, however, we will tend to make situational attributions. This theory can also be used to explain people's beliefs as a precursor to their attitudes towards mental illness. When people process information about mental patients, they see them in light of the illness, attributing their behaviors to an internal flaw (brain disease). Thus, when people use words like 'schizophrenics', apparently this people are making a correspondence bias; instead they should be referred to as "people *with* schizophrenia". Thus, in relation to the dimensions; untrustworthiness, incurability and

2.1.3 Learning Theory of Attitudes

It is true that every human being form some, if not most of their attitudes through the principles of learning which are; Classical Conditioning, Operant Conditioning and Observational learning. Learning theory of attitude states that we form new attitudes and modify existing attitudes through the principles of learning. We *learn* to favour or dis-favour objects/people in the environment due to our personal interactions with them and also how we've seen others handle the same scenario.

People can form or change their attitudes towards mental illness either positively or negatively if they associate positive or negative feelings towards being around them, this assumes the classical conditioning principle. Classical conditioning was developed by Ivan Pavlov, during his serendipitous discovery of this method of learning, he was able to find out that animals (and also humans) can learn by associating a neutral stimuli with an unconditioned stimuli, which makes the end behavior (or attitude) a conditioned stimuli. Based on our past experiences, the kind of attitudes we have towards mental health patients depends on the kind of emotions we have been able to attach to them.

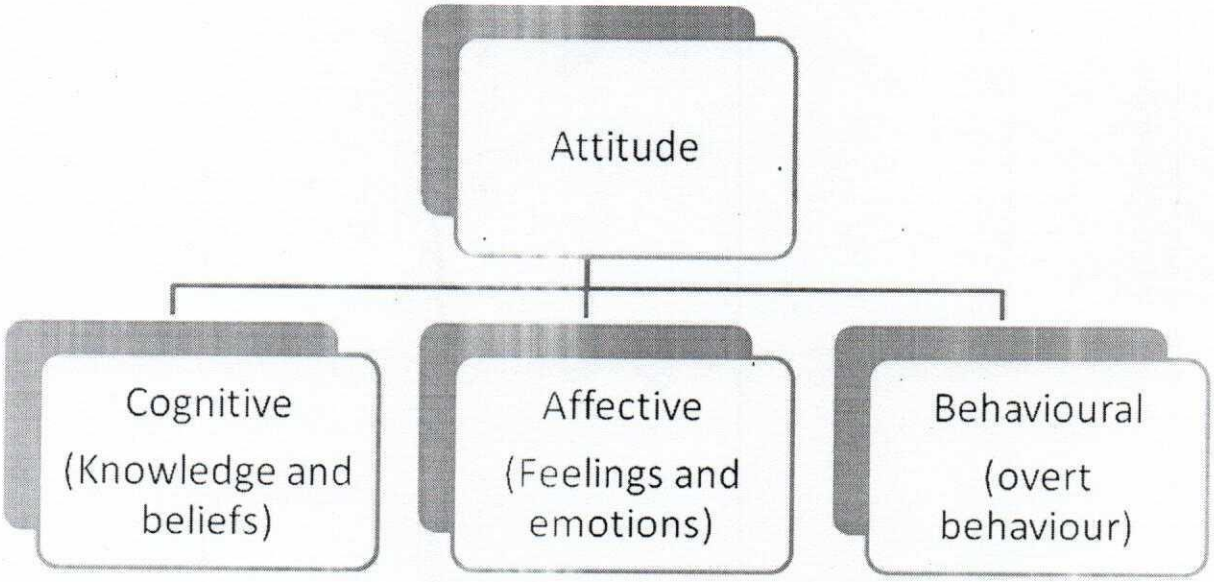
If people are reinforced for how well or how bad they speak of mental illness or behave around mentally ill patients, it can make the attitude enduring or extinguished, this assumes the operant conditioning principle. Operant conditioning was developed by Buhrrus Frederick Skinner after Edward Titchener postulated the 'Law of Effect', the operant conditioning assumes that behavior is likely to continue or go into extinction depending on the kinds of reinforcements we get after displaying this behavior, the reinforcements could be material or immaterial, conditioned or unconditioned. The Law of Effect is a basic principle which operant conditioning is based on, it states that responses that are pleasing are likely to recur and

responses that are displeasing are less likely to occur. Thus if a previous experience with a mentally ill person was unpleasant then it makes it more likely that the person would stay away from mentally ill patients and would report not having a good attitude towards them.

Finally if one forms an attitude towards mental illness due to comments made by a family member or respected elder of the society, or if someone watches how older siblings mock mentally ill patients, and one forms a negative or positive attitude from all these, this assumes the observational learning principle.

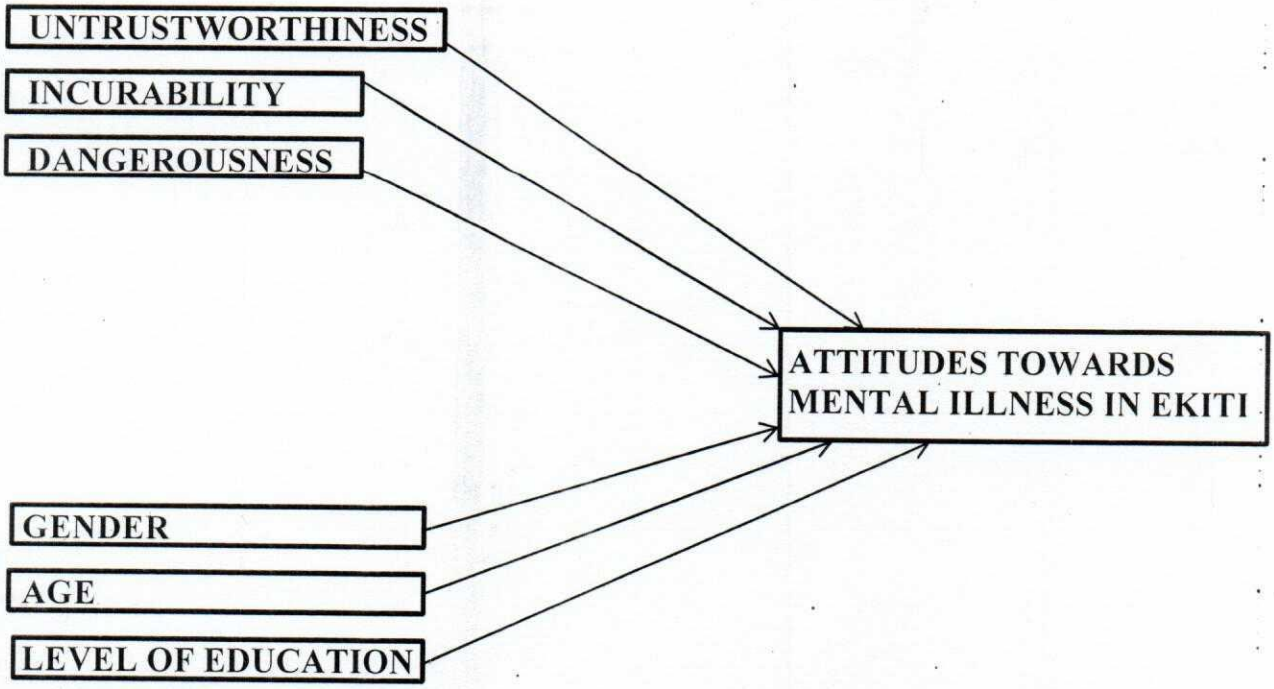
2.1.4 The ABC Model of Attitudes

A model is a graphical representation of the principles that guide a theory or the structural representation of a theory. The ABC model of attitude is of three components, they are; Affect, Behavior and Cognition. This model explains that attitudes are formed or modified based on these three components. The affective component has to do with the kind of emotions the object/person evokes in the individual, which makes them determine if they favor or disfavor the object of interest, which is the prejudicial aspect of attitude. The behavioral component has to do with the overt manifestations of what is felt, this is the discriminatory aspect of attitude. The cognitive component explains the thought/memory processes that are actively going on when an individual comes in contact with the object/person of interest, this is the stereotypical aspect of attitudes. All through this research paper, the ABC model would be used to explain the various sections. The graphical representation of the ABC model is shown below. The diagram is credited to Lo (2011).



2.2 Theoretical Conceptualization

The aim of this section is to provide a graphical representation of the objectives of this research. The diagram shows the interrelations between the independent variables and the dependent variable. **IV** **DV**



2.2 Review of Empirical Studies

This section of the project present various past studies that have been done on the relationship between belief about psychological disorders and attitude toward mental illness. The aim is to explore these various studies and to understand the shortcoming in these studies so that it can serve as a guide in conducting this present study. Attitudes towards mental illness spread to all existential parts. Researchers have sought to find out how these attitudes affect different parts of human functioning, such as getting a job, living in a community, inter-personal relationships, health seeking behavior, quality of health care, etc.

2.2.1- Dangerousness and attitude toward mental illness

The effect of perceived dangerousness on attitude towards people with mental illness has been well documented in psychological literature. Various studies have been conducted and a significant correlation has been established between perception of dangerousness and attitude toward mental disorder. The level at which individual perceived a person with mental disorder as threat go a long way in determining whether such individual will relate or not with a patient with mental disorder. It is observed that if perceived threat or dangerousness is high, people tend to display a negative attitude toward mental illness than if the perceived dangerousness is very low.

The point above can be justified by the findings of Read and Harre (2001) who claimed that the perception of individuals with mental illness as dangerous is associated with displaying negative attitude toward such person. Their study emphasised that perception of dangerousness significantly predicts individual attitude toward victims of mental disorder. in other words, belief that an individual is dangerous raises the level of threat in which the patients with mental disorder can create thereby causing people to execute social distance from them. Furthermore,

the findings of Read, Magliano, Beavan (2013) also supports the findings of Read and Harre (2001) in which they reported that a person with mental illness that is perceived as being dangerous will experience negative attitude from people which may range from social distance and unwillingness to execute romantic relationship with them. However, mentally ill patients may experience more negative life events such as feeling isolated and alienated which may also resulted into loneliness.

In addition, the study of Corrigan, Markowitz, Watson, Rowan, & Kubiak, (2003) also confirms the empirical findings above, they claimed that information about the dangerousness of a mentally ill person is positively correlated with the exhibition of negative attitude toward mentally ill patients. Their findings claimed that mentally ill people that are seen as an individual that can pose threat and is seen as dangerous and that this dangerousness in turn predisposes people to display negative attitude toward people with mental illness. This negative attitude as stipulated above may include, stigmatization, discrimination and social avoidance. Research on how individual beliefs about psychological disorder (such as perception of dangerousness) influences their attitude toward mental illness is very scarce. The setback in all these studies is based on the fact that they are internationally oriented, their findings may not be really relevant to the situation in this part of the world. The need to conduct more research in this area is mandatory.

2.2.2- Incurability and attitude toward mental Illness

Previous studies have also confirmed a significant relationship between belief that psychological disorder is incurable and attitude toward mental illness. Perception of incurability is emphasised on the belief that people who have mental disorders cannot be completely cured. The point here is that no matter the medication, therapies in which patients with psychological

disorder are treated, there is no way they can go back to being one hundred percent healthy. Perception of incurability is based on the fact that once an individual experiences brain related disorders, they can never experience normal daily activities. People that believe that psychological disorder is incurable tend to display negative emotion toward people with mental disorder.

Jugal, Mukherjee, Parashar, Jiloha, Ingle (2007) findings justifies the point above when they claimed that the belief that mental disorder is incurable predisposes health workers to display negative attitudes toward people with mental illness. The result of their study demonstrated that if a health care professional have the perception that a patient with psychological disorder cannot be completely cured, they display less effort in helping victims of mental disorder and also deprived them from receiving various forms of medical attention thereby worsening their situation. Jugal *et al's* (2007) findings suggest that having conception that mental disorder cannot be cured is positively correlated with displaying of negative attitude toward people with mental illness. In other words, perception of incurability has significant positive relationship with stigmatization and discrimination of mental illness people.

In addition to the findings above, the study of Henry, *et al.* (2010) justifies the findings of Jugal *et al.* (2007) who claimed that incurability perception by the people increases the vulnerability of mentally ill individuals to negative attitude from people. The view that once you have a psychological disorder, such individual cannot experience normal day to day activities puts victims of mental disorders at a disadvantage in terms of exposure to stigmatization and unfair discrimination from people and health practitioners generally. Also in this part of the world, little or no study have been conducted on how the perception of incurability influences

people attitude toward mental illness; more study need to be conducted locally in other to prove the validity and reliability of these foreign findings.

Schomerus, Matschinger and Angermeyer (2013) examined continuum beliefs and stigmatizing attitudes among adult persons of German nationality towards persons with schizophrenia, depression and alcohol dependence. They found out that continuum beliefs were associated in general with more positive emotional reactions and less desire for social distance. Thus people were more inclined to build inter-personal relationships with mentally ill persons if they perceive them to be more like them.

2.2.3 Untrustworthiness and attitude toward mental disorder

Mark (2011) made an interesting point in his blog post about the stigma attached to mental illness, based on 'untrustworthiness' and personal experience, he said *"...As almost anyone with any kind of mental illness can tell you, revealing your illness to your employer or coworkers can completely change the way that you're treated. You can go from being a go-to person on top of the world, to be an absolutely untrustworthy nothing overnight if the wrong person finds out. Nothing changes, except their perceptions: but because of the stigma that says that mentally ill people are irrational and untrustworthy, suddenly everything you say, everything you do, can suddenly become questionable and untrustworthy. After all, you're crazy. (Yes, I speak from bitter experience here.)"*

Salve, Goswani, Sagar, Nongkynrih, Sreenivas (2013) in their study recognized the fact that stigmatizing mental health patients goes beyond just labeling them; it changes people's entire perception about them, the perception centers on the illness and the person's personality. Salve *et al* noted that "*The disorder is perceived as frightening, shameful, imaginary, feigned,*

and incurable, while the patients are characterized as dangerous, unpredictable, untrustworthy, unstable, lazy, weak, worthless, and/or helpless in the community."

In reviewing the literature for this construct, there were few materials to facilitate the researcher in comparing and contrasting perspectives. However, it is apparent that with the few that was reviewed, there is strong evidence that labeling a mental disorder as 'untrustworthy' is a consensus.

2.2.4 Gender and Attitude toward mental disorder

Looking at the review of literature, various studies have been conducted on the role of gender on attitude toward mental illness. Research has demonstrated that male and female differ when it comes to attitude toward mental disorder. Female have been reported to exhibit significant negative attitude toward mental disorder than male in some studies. The study of Savrun, Arikan, Uysal, Cetin, Poyraz, Aksoy, Bayar, (2007) claimed that a significant gender difference exists on stigmatization and discriminatory related attitude toward mental illness. Their study was carried out among seven hundred sample of final-year Turkish university students. Savrun, *et al.* (2007), claimed that there is a significant gender difference on attitude toward mental illness. Their finding suggests that female students display a significant positive attitude toward people with mental illness than their male counterparts. They assert that female tend to display less stigmatising behaviour to people with mental illness than male. Their findings justifies the fact that female are welcoming and provide better emotional support than male in everyday life. However the findings of Bener (2011) reported contradictory report when he claimed that women in his study displayed significantly high level of discriminatory behaviour toward people with mental illness. Bener (2011) findings suggest that male in his study display better welcoming and encouraging attitude toward metal illness.

Further review of empirical literature has also claimed contradictory findings. One study conducted by Holzinger *et al* (2012) reported that no significant gender difference exists on attitude toward mental illness. Their study established that on average male and female exhibit similar attitude toward people with mental illness. In Japan, Yoshioka, Reavley, MacKinnon & Jorm (2014) found out that stigmatizing attitudes towards mental disorders in young Japanese people are substantial with males more likely to have stigmatizing attitudes than females.

2.2.5- Age and Attitude toward mental Illness

Studies have also been carried out on the influence of age on attitude toward mental illness. Studies have demonstrated that perception of people about mental disorder tend to change as they get older. The attitude toward mental illness tends to change from negative to positive as people grow older. Result of the study carried out by National Health Survey in 2011 claim that age is a significant determinant perception of mental disorder. NHS (2011) result indicate that people's attitude toward mental illness tend to change from negative to positive as they grow older. Their findings suggest that as people are growing older, the level of stigmatization and discrimination of people with mental illness tends to fall.

Furthermore, the findings of Eric and Andrew (2014) support the finding NHS (2011) when they claim that there is a significant age difference on attitude toward mental illness. Their finding shows that older people tends to display significantly lower level of negative attitude toward people with mental disorder than their younger counterparts. The result shows that people's orientation about mental disorders tends to change from negative to positive attitude.

In reviewing these studies, the researcher finds that although their independent variables and settings vary, one thing that remained constant was the desire for social distance which was

brought about by the participants' attitudes towards mental illness, for example in Omolayo *et al* (2014) study, apart from social support, the other two IVs did not influence relapse among mental patients, however, the social support which was displayed by the participant in the form of social distance which affected the said patient. Even Psychiatrists desire an amount of social distance from mentally ill patients, in terms of not wanting a half-way house in their neighborhoods and supporting the idea that "mental health facilities devalue a residential area." (Lauber, Anthony, Adjacic-Gross & Rossler, 2004).

2.2.6- Level of education and attitude toward mental illness

The study conducted by More, Jahdav, Puranik, Shinde, Pakhale (2012) was able to find a significant relationship, between the level of education on mental illness and attitudes towards mental illness, by sampling participants residing in Jalgaon, 50 participants in the rural area and 50 in the urban area. The reason being that, people in the urban area are more exposed to mentally ill patients, and have more knowledge of the etiologies and symptomatology.

However the findings of Dohee (2013) flies in the face of the assertions made by the previous researchers that education influences attitude towards mental illness positively, Dohlee found out that "*Education was positively related with their attitude toward seeking professional psychological help, but it is not related with perceptions of mental illness. As level of education of Korean clergymen/women increases, they tend to have more positive attitude toward seeking professional psychological help, but their education level did not show strong relationship with their perceptions of mental illness principles in psychiatry*"

2.3. Hypotheses

I. Dangerousness, untrustworthiness, and incurability dimensions of belief about mental disorders will independently and jointly predict attitudes toward mental illness among people of Ekiti State.

II. Male participants will significantly report positive attitudes toward mental illness than female participants.

III. Christians in Ekiti will significantly have a more positive attitude towards mental disorders than Muslims and Traditionalists who live in Ekiti state

2.4 Operational Definition of Terms

Attitude toward Mental Illness: This was defined as the positive or negative evaluation of people with mental illness. This is the dependent variable in this study. It was measured using a modified version of the questionnaire; Opinions about Mental Illness in the China Community (Ng & Chan, 2000). The response format for this scale was 1-5 Likert scale ranging Strongly Disagree=1, Disagree=2, Undecided=3, Agree=4 and Strongly Agree=5. The scoring format was addition of respondent scores on each item of the scale; the higher the scores, the higher the negative attitude toward mental illness.

Belief about Psychological Disorder: This was defined as the opinion, feeling or perception of people about psychological disorders. It was measured by adopting a standardized psychological scale called Belief about psychological disorder scale (BPD) developed by Hirai (1999). The scale has twenty-four items which measures three dimensions of Belief about psychological disorder (Dangerousness, Untrustworthiness and Incurability). The response format for this scale was 1-5 Likert scale ranging from Strongly Disagree=1, Disagree=2, Undecided=3, Agree=4 and

Strongly Agree=5. The total scores of the responded on each item were added to ascertain the respondent's scores on each dimension. The higher the respondent scores on this scale, the higher the negative belief about psychological disorder.

Dangerous Belief: This was defined as the belief that mentally ill patients are harmful to themselves and others. Some of the items that measure this construct are: "A mentally ill person is more likely to harm others than a normal person." "I am afraid of people who are suffering from psychological disorder because they may harm me"

Untrustworthiness Belief: This is defined as the belief that mentally ill patients are not reliable, therefore should not be trusted. Some of the items that measure this construct are: "Mentally ill people are unlikely to be able to live by themselves because they are unable to assume responsibilities." "I would not trust the work of a mentally ill person assigned to my work team."

Incurability Belief: This was defined as the belief that mental illness does not fully leave the patient, and can easily resurface any moment. Some of the items that measure this construct are : "Psychological disorder is unlikely to be cured regardless of treatment." "Psychological disorder is recurrent."

Gender: This was defined based on the indication of the respondent on the questionnaire, whether male or female. It has two levels (male and female). It was measured by single item on the Section A of the questionnaire asking the respondent to indicate male or female.

Age: This was the actual age of respondent as indicated in the questionnaire. It was measured by single item on the Section A of the questionnaire. The respondents were to indicate their age as at last birthday.

Level of Education: This was defined as the educational qualification of the respondent. It has four levels (OND/NCE, HND, First Degree, and Post Graduate, Others). It was measured by single items on the section A of the questionnaire; which requires the respondents to indicate their level of education.

CHAPTER THREE

METHOD

3.1 Research Design

A survey research design was used in this study. The choice of research design was because the researcher examined individuals' beliefs and attitudes towards mental illness. Independent variables in the study were beliefs about psychological disorders which were incurability, dangerousness and untrustworthiness. The dependent variable was attitudes toward mental illness.

3.2 Setting

This study was conducted in Ikole and Oye local government areas in Ekiti State. According to Wikipedia (2015) Oye is a town and head quarter of Oye Local Government Area in Ekiti State, Nigeria. Oye Local Government Area was carved out from the defunct Ekiti North Local Government on 17th May, 1989. There are no distinctive ethnic groups in the Local Government as a greater percentage of the inhabitants are of the Yoruba Language race. Nearly all the people there speak Yoruba Language with negligible dialectical variations.

Ikole is situated in the deciduous forest area of the State, there are three distinct religious groups in the town, these are: Christianity, Islam, traditionalists, the educational advancement of the town owes much to the efforts of various religious denominations in the town, Local Government as well as self-help spirit of the people, the people of Ikole are predominantly farmers. About 80% of the male adult population engage in farming.

3.3 Sampling Technique

The sampling technique used in this study was purposive sampling: This is a type of non-probability sampling that is selective; the research design also dictates what type of sampling technique to use in the research. Also, the population is relatively small and there is a lot of variation in age, gender and literacy so purposive sampling was more suitable for the research.

3.4 Participants

Two hundred participants were purposively sampled to participate in this study, the breakdown of the participants is outlined as follows. Gender; 106 of the participants were male which made up 53% and 94 of the participants were female which made up 47%. There were extreme variations in the marital status, 14 of the participants were married which made up 7%. 184 of the participants were single which made up 92%, also the highest category and 2 of the participants were separated, which made up 1% and the lowest category. The highest level of education attained; 8 (4%) were Ordinary National Diploma/National Certificate Examination holders, 20(10%) were Higher National Diploma holders, 161(80.5%) were first degree holders and 11(5.5%) were postgraduate degree holders. Religious affiliation; 168(84%) were Christians, 25(12%) were Muslims and 7(3.5%) were Traditionalists. Local government area; 100(50%) lived in Oye while 100(50%) lived in Ikole.

3.4 Instrument

The questionnaire that was used to collect data in this study are categorized into five sections (A, B, C, D and E), they are as follows:

3.5.1 Section A-Demographic Factors

This section measures the demographical variables which are; gender, marital status, highest level of education, religious affiliation and local government area.

3.5.2 Section B-Dangerous Belief about Psychological Disorders Scale

This section consists of items that measure the Dangerousness construct, with 5 items that was developed by Michiyo Hirai (1999). The response format for this scale was 1-5 Likert scale ranging from Strongly Disagree=1, Disagree=2, Undecided=3, Agree=4 and Strongly Agree=5. The total scores of the responded on each item were added to ascertain the respondent's scores on each dimension. The higher the respondent scores on this scale, the higher the dangerous belief about psychological disorder. The cronbach alpha that was recorded for the main study was 0.75 and the current recorded a cronbach alpha of 0.58.

3.5.3 Section C- Untrustworthy Belief about Psychological Disorders Scale

This sections consists of items that measure the Untrustworthiness construct, with 10 items that was developed by Michiyo Hirai (1999). The response format for this scale was 1-5 Likert scale ranging from Strongly Disagree=1, Disagree=2, Undecided=3, Agree=4 and Strongly Agree=5. The total scores of the responded on each item were added to ascertain the respondent's scores on each dimension. The higher the respondent scores on this scale, the higher the untrustworthy belief about psychological disorder. The cronbach alpha that was recorded for the main study was 0.84 and the current study recorded a cronbach alpha of 0.50.

3.5.4 Section D- Incurable Belief about Psychological Disorders Scale

This section consists of items that measure the Incurability construct, with 6 items that was developed by Michiyo Hirai (1999). The response format for this scale was 1-5 Likert scale ranging from Strongly Disagree=1, Disagree=2, Undecided=3, Agree=4 and Strongly Agree=5. The total scores of the responded on each item were added to ascertain the respondent's scores on each dimension. The higher the respondent scores on this scale, the higher the incurable belief about psychological disorder. The cronbach alpha that was recorded for the main study was 0.82 and the current study recorded a cronbach alpha of 0.59.

3.5.5 Section E-Attitude toward Mental Illness Scale

This section consists of items that measure the attitudes towards mental illness, with 34 items that was developed by Ng and Chan (2000). The response format for this scale was 1-5 Likert scale ranging Strongly Disagree=1, Disagree=2, Undecided=3, Agree=4 and Strongly Agree=5. The scoring format was addition of respondent scores on each item of the scale; the higher the scores, the higher the negative attitude toward mental illness. The cronbach alpha that was recorded for the main study was 0.87 and the current study recorded a cronbach alpha coefficient of 0.77.

3.6 Procedure

Two hundred participants granted consent to work on the research, and they were giving questionnaires to fill. The administration of the questionnaires took 2 weeks, and a total number of two hundred Ekiti inhabitants participated in the research. Verbal consents were granted by the participants to participate in the research, 211 questionnaires were distributed, but due to

student carelessness, only 204 was retrieved. Exactly 200 questionnaires were used for data analyses when it had been determined that some were incorrectly filled or not completed.

3.7 Statistical Method

Data collected in the study were analyzed using Statistical Package for Social Sciences (SPSS). Demographic characteristics of the participants were analyzed using descriptive statistics such as mean, standard deviation, frequency table and percentage. Hypotheses stated in the study were tested using inferential statistics. Specifically, hypothesis one was tested using multiple regression in order to determine the independent and joint contributions of the predictor variables in explaining the criterion variable. Hypothesis two was tested using the t-test for independent samples in order to determine group differences. Hypothesis three was tested using One-way ANOVA since the religious affiliation has three groups and their differences were observed on the dependent variable.

CHAPTER FOUR

RESULTS

Hypothesis one stated that dangerousness, untrustworthiness and incurability will independently and jointly predict attitude toward mental illness among people in Ekiti-state. The hypothesis was tested using Multiple Regression. The result is shown in Table 4.1

Table 4.1: Multiple regression table showing dangerousness, untrustworthiness and incurability as predictors of attitude towards mental illness among people in Ekiti-State

Predictor Variables	B	T	P	R	Adj. R^2	F	P
Dangerousness	0.94	3.61	<.05	0.57	0.31	30.72	< .05
Untrustworthiness	0.33	2.30	<.05				
Incurability	1.35	5.95	< .05				

The result above shows that dangerousness, untrustworthiness and incurability as dimensions of beliefs about psychological disorders jointly predicted attitude towards mental illness among people in Ekiti state ($F(3,196) = 30.72$; $p < .05$) with Adj. $R^2 = 0.31$. This result shows that all dimensions of belief jointly accounted for 31% variance in the attitude towards mental illness among people in Ekiti-state. Furthermore, the result shows that dangerous belief (β=.94;t=3.61;p≤ .05), untrustworthy belief (β=.33;t=3.61;p≤ .05) and incurable belief (β=1.35;t=5.96;p≤ .05) about psychological disorders independently predicted attitude towards mental illness among people in Ekiti state. The above result basically means that hypothesis one, which states that dangerousness, untrustworthiness and incurability dimensions of belief about psychological disorders would independently and jointly predict attitude toward mental illness among people in Ekiti-state was accepted.

Hypothesis two stated that male participants would significantly report positive attitudes toward mental illness than female participants. This hypothesis was tested using t-test for independent samples. The result of the analysis is presented in Table 4.2.

Table 4.2: t-test Table showing the difference between attitudes of male and female participants towards mental illness among people in Ekiti-State

DV	Gender	N	Mean	SD	df	T	P
Attitudes to Mental Illness	Male	106	101.68	15.59	198	-0.22	>.05
	Female	94	102.12	11.77			

In Table 4.2, the result shows that gender did not have any significant influence on attitude towards mental illness in Ekiti-state ($t(198) = -0.22$; $p > .05$). Furthermore, the mean difference between the two samples shows a slight difference in the scores which is not statistically and practically significant, specifically female participants ($\bar{X}$=102.12) were not significantly different in their attitudes towards mental illness from male participants ($\bar{X}$ = 101.68). This basically means that the hypothesis that male participants would significantly report positive attitude towards mental illness than the female participants was not accepted.

Hypothesis three stated that Christians would significantly report positive attitude towards mental illness than Muslims and Traditionalists in Ekiti state. This hypothesis was tested using One-way ANOVA (Analysis of Variance). The result is shown in Table 4.3.

Table 4.3: One-way ANOVA showing influence of religious affiliation on attitudes towards mental illness among people in Ekiti-state

Religiosity	Sum of Squares	df	Mean Square	F	P
Between Group	401.34	2	200.67	1.04	>.05
Within Group	38027.02	197	193.03		
Total	38428.36	199			

Table 4.3 shows the result of One-way ANOVA that religious affiliation did not significant influence on attitudes towards mental illness in Ekiti-state ($F(2, 197) = 1.04; p > .05$). It can be observed in means that traditionalists ($\bar{x}=107.86$) were not significantly different in attitudes toward mental illness from Christians ($\bar{x}=102.00$) and Muslims ($\bar{x}= 99.44$). This result basically means that religious affiliation has no influence whatsoever on attitudes towards mental illness among people in Ekiti-state.

CHAPTER FIVE

DISCUSSION, CONCLUSION AND RECOMMENDATIONS

5.1 DISCUSSION

This study investigated dangerousness, untrustworthiness and incurability as dimensions of beliefs about mental disorders as predictors of attitudes towards mental illness among the inhabitants of Ekiti state, Nigeria. This study tested three hypotheses and only one was confirmed. Hypothesis one stated that dangerousness, untrustworthiness and incurability would independently and jointly predict attitudes toward mental illness among the inhabitants of Ekiti-state, this hypothesis was confirmed. The result showed that all the predictor variables accounted for 31% of the variation of the dimensions of belief on attitudes towards mental illness among people in Ekiti-state. The findings of this present study confirm the research carried out by Hirai (1999), the researcher sought to find out if there was a correlation between believing that mentally ill people were untrustworthy, dangerous, incurable and the attitude towards among Asian and American University students. Hirai (1999) found out that there was a significant predictor relationship between untrustworthiness, incurability and dangerousness beliefs among Asian and American University students, although there were variations in the scores of either group, as Asian students had a significantly higher negative belief toward mentally ill patient than American students. In this present study, the hypothesis that untrustworthiness, incurability and dangerousness predicted attitude towards mental illness is logical, each of these constructs are dimensions of beliefs, and if there is anything that influences our mind and all its activities, it is our belief system, our beliefs determine our personality, our attitudes, our interests and everything that pertains to our self.

Hypothesis two which stated that male participants will significantly report positive attitudes toward mental illness than female participants was not confirmed. This result contradicts the findings of Hirai (1999) which found a significant relationship between gender and attitudes toward mental illness among American students, specifically towards seeking treatment for a mental health issue. Also, in Sweden, Ewalds-Kuis, Hogberg and Lutzen (2012) found that gender has a significant impact on attitudes towards mental illness, specifically females had a more positive attitude toward the re-integration of mentally ill people into the society, but were likely to be more fearful and avoidant than their male counterparts. As regards the present study, failure to confirm the stated hypothesis that male participants will significantly report positive attitudes toward mental illness than female participants could be as a result of differences in cultures. Mere exposure can reduce ambiguities and stereotypes about a particular group of people, and Nigeria is known to have mentally ill people roaming the streets uninhibited thus allowing both male and female to have equal exposure to them, whereas in places like America, Asia, and Sweden, mentally ill people are well catered for, they are taken off the streets and institutionalized, thereby decreasing the general public's interaction with them and increasing ambiguities and stereotypes.

Hypothesis three stated that Christians in Ekiti-state will significantly have a more positive attitude towards mental illness than Muslims and Traditionalists, this hypothesis was not confirmed. The result showed that religiosity had no influence whatsoever on people's attitude towards mental illness, this result contradicts a study conducted by Thompson (2009) which confirmed that religiosity does have an influence on beliefs about mental illness, although this result can also be generalized to protestant Christians.

5.2 CONCLUSION

There is a lot to be deduced from the present study. The results showed that dimensions of beliefs definitely predicted people in Ekiti's attitudes toward mental illness, it is apparent then that, when people hold stereotypical beliefs such as; mentally ill people being dangerous, mentally ill people being untrustworthy and mental illness being incurable, it affects their attitudes and behavior towards mentally ill patients, their readiness to help a mentally ill patient or live close to them or merely interact with them is highly unlikely. However, the present study further revealed that religiosity or religious affiliations has no influence whatsoever on the attitudes towards mental illness among people in Ekiti-state, which basically means being a Christian, Muslim, or Traditionalist has nothing to do with whether you have a positive or negative attitude toward mental illness. Finally, there was no difference in either gender's attitude toward mental illness in Ekiti-state.

5.3 IMPLICATIONS AND RECOMMENDATIONS

The implications of this present study are numerous. The treatment of mental illness is a holistic thing, therefore mental health professionals in Ekiti should put a lot of effort into re-orienting people about mental illness and correcting their pre-conceived notions about it, in order to increase social support, improve on the therapeutic process and also increase people's mental health seeking behavior.

Attitudes are generally of great concern to social psychologists, because it is of great importance when understanding social behaviors. As regards this present study, social psychologists should be aware that understanding the dimensions of beliefs is of importance to reducing the general stereotypes, prejudice and discrimination against mentally ill people, and

also when planning attitude changing campaigns in Ekiti-state. Women and men shouldn't be treated differently as regards their attitude and also religious affiliations has nothing to do with mental illness.

Furthermore, the present study is an indication to the people in Ekiti-state that the negative beliefs that they hold about mental illness are not valid, therefore, efforts should be made by each person to support, help and interact with mentally ill patients, in order to help them have a good prognosis.

Finally, the results of the present study is an indication to researchers who may want to conduct researches in this area that men and women in Ekiti do not differ in their attitudes towards mental illness, but gender should be checked against mental health seeking behavior and willingness to provide social support in Ekiti-state, Nigeria.

5.4 LIMITATIONS AND SUGGESTIONS FOR FURTHER STUDIES

The researcher encountered some limitation in the process of carrying out this research. the major limitation however, was encountered while collecting data. The participants were not so enthusiastic about filling out questionnaires because they felt it was too lengthy, so the researcher had to find ways to motivate and persuade them to fill it out, also some questionnaires were incorrectly filled, and this could have been due to fatigue or nonchalance. Researchers that would want to continue in the line of this research should adopt the use of scales with smaller numbers of items and should also monitor the filling of questionnaires, so as not to invalidate the research.

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APPENDIX A

DEPARTMENT OF PSYCHOLOGY

FEDERAL UNIVERSITY OYE-EKITI, NIGERIA.

Dear Respondent,

This questionnaire is designed to obtaining information on certain attitudes. As part of this exercise, you have been chosen to participate in this study. Therefore, your honest and correct responses are essential for this exercise to be successful. The information you give is strictly for research purpose only, and therefore, whatever information you give will be treated in absolute confidence.

Thank you.

SECTION A

Demographic Information:

Sex: ..... Male ( ) Female ( )

Age: ..... (As at last birthday)

Marital status: Married ( ) Single ( ) Separated ( ) Divorced ( ) Others (Please Specify)

Highest Education Level: OND/NCE ( ) HND ( ) First Degree ( ) Postgraduate ( )

Religious Affiliation: Christian ( ) Muslim ( ) Traditional ( )

LGA: Oye LGA ( ) Ikole LGA ( )

SECTION B

Using the scale below, please indicate the level of your agreement with the following items by choosing the option that best represents your views. SA= Strongly Agree, A= Agree, U= Uncertain, D= Disagree, SD= Strongly Disagree.

S/N	Item	SA	A	U	D	SD

1	A mentally ill person is more likely to harm others than a normal person.					
2	Mental disorder would require a much longer period of time to be cured than would other general diseases.					
3	It may be a good idea to stay away from people who have psychological disorder because their behavior is dangerous					
4	Mentally ill people are more likely to be criminals.					
5	I am afraid of people who are suffering from psychological disorder because they may harm me.					

SECTION C

Using the scale below, please indicate the level of your agreement with the following items by choosing the option that best represents your views. SA= Strongly Agree, A= Agree, U= Uncertain, D= Disagree, SD= Strongly Disagree.

S/N	Item	SA	A	U	D	SD
1	The term "Psychological disorder" makes me feel embarrassed.					
2	A person with psychological disorder should have a job with minor responsibilities.					
3	I am afraid of what my boss, friends and others would think if I were diagnosed as having a psychological disorder.					
4	It might be difficult for mentally ill people to follow social rules such as being punctual or keeping promises.					
5	I would be embarrassed if people knew that I dated a person who once received psychological treatment.					
6	A person with psychological disorder is less likely to function well as a parent.					
7	I would be embarrassed if a person in my family became mentally ill.					

8	Mentally ill people are unlikely to be able to live by themselves because they are unable to assume responsibilities.					
9	Most people would not knowingly be friends with a mentally ill person.					
10	I would not trust the work of a mentally ill person assigned to my work team.					

SECTION D

The questions in this scale ask you to indicate the degree to which you have been using each of the strategies to deal with problem during the last few weeks using the following scale: SA= Strongly Agree, A= Agree, U= Uncertain, D= Disagree, SD= Strongly Disagree.

S/N	Item	SA	A	U	D	SD
1	Psychological disorder is recurrent.					
2	Individuals diagnosed as mentally ill will suffer from its symptoms throughout their life.					
3	People who have once received psychological treatment are likely to need further treatment in the future.					
4	I do not believe that psychological disorder is ever completely cured.					
5	The behavior of people who have psychological disorders is unpredictable.					
6	Psychological disorder is unlikely to be cured regardless of treatment.					

SECTION E

The questions in this scale ask you to indicate the degree to which you have been using each of the strategies to deal with problem during the last few weeks using the following scale: SA= Strongly Agree, A= Agree, U= Uncertain, D= Disagree, SD= Strongly Disagree.

S/N	Item	SA	A	U	D	SD
1	People with mental illness have unpredictable behavior					
2	If people become mentally ill once, they will easily become ill again					
3	Even after a person with mental illness is treated, I would still be afraid to be around them.					
4	Mental patients and other patients should not be treated in the same hospital					
5	When a spouse is mentally ill, the law should allow for the other spouse to file for divorce.					
6	People with mental illness tend to be violent.					
7	People with mental illness are dangerous.					
8	People with mental illness should be feared.					
9	It is easy to identify those who have a mental illness.					
10	You can easily tell who has a mental illness by the characteristics of their behavior.					
11	People with mental illness have a lower I.Q.					
12	All people with mental illness have some strange behavior					
13	It is not appropriate for a person with mental illness to get married.					
14	Those who have a mental illness cannot fully recover.					
15	Those who are mentally ill should not have children.					
16	There is no future for people with mental illness.					
17	People with mental illness can hold a job.					
18	The care and support of family and friends can help people with mental illness to get rehabilitated.					

19	Corporations and the community (including the government) should offer jobs to people with mental illness.					
20	After a person is treated for mental illness they can return to their former job position.					
21	The best way to help those with a mental illness to recover is to let them stay in the community and live a normal life.					
22	After people with mental illness are treated and rehabilitated, we still should not make friends with them.					
23	After people with mental illness are treated, they are still more dangerous than normal people.					
24	It is possible for everyone to have a mental illness.					
25	We should not laugh at the mentally ill even though they act strangely.					
26	It is harder for those who have a mental illness to receive the same pay for the same job.					
27	After treatment it will be difficult for the mentally ill to return to the community.					
28	People are prejudiced towards those with mental illness.					
29	It is hard to have good friends if you have a mental illness.					
30	It is seldom for people who are successful at work to have a mental illness.					
31	It is shameful to have a mental illness.					
32	Mental illness is a punishment for doing some bad things.					
33	I suggest that those who have a mental illness do not tell anyone about their illness.					

APPENDIX B

STATISTISTICAL ANALYSIS

Frequencies

Statistics

		Sex	MaritalStatus	HighestEducation	ReligiousAffiliation	LGA
N	Valid	200	200	200	200	200
	Missing	0	0	0	0	0

Frequency Table

Sex

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Male	106	53.0	53.0	53.0
	Female	94	47.0	47.0	100.0
	Total	200	100.0	100.0	

MaritalStatus

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Married	14	7.0	7.0	7.0
	Single	184	92.0	92.0	99.0
	Separated	2	1.0	1.0	100.0
	Total	200	100.0	100.0	

HighestEducation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	OND/NCE	8	4.0	4.0	4.0
	HND	20	10.0	10.0	14.0
	First Degree	161	80.5	80.5	94.5
	Postgraduate	11	5.5	5.5	100.0
	Total	200	100.0	100.0	

ReligiousAffiliation

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Christianity	168	84.0	84.0	84.0
	Islam	25	12.5	12.5	96.5
	Traditional	7	3.5	3.5	100.0
	Total	200	100.0	100.0	

LGA

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Oye LGA	100	50.0	50.0	50.0
	Ikole LGA	100	50.0	50.0	100.0
	Total	200	100.0	100.0	

Descriptives

Descriptive Statistics

	N	Minimum	Maximum	Mean	Std. Deviation
Age	175	10.00	31.00	20.9771	2.81612
Valid N (listwise)	175				

Reliability-Dangerous Belief Scale

Scale: ALL VARIABLES

Case Processing Summary

		N	%
Cases	Valid	198	99.0
	Excluded[a]	2	1.0
	Total	200	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.575	5

Item Statistics

	Mean	Std. Deviation	N
B10001	4.3384	.91332	198
B10002	4.0303	.98160	198
B10003	3.3889	1.21967	198
B10004	2.6919	1.15369	198
B10005	3.3586	1.18694	198

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
B10001	13.4697	8.717	.297	.539
B10002	13.7778	9.209	.164	.601
B10003	14.4192	6.539	.501	.408
B10004	15.1162	8.235	.239	.573
B10005	14.4495	6.777	.480	.425

Scale Statistics

Mean	Variance	Std. Deviation	N of Items
17.8081	11.151	3.33928	5

Reliability-Untrustworthy Belief Scale

Scale: ALL VARIABLES

Case Processing Summary

		N	%
Cases	Valid	184	92.0
	Excluded[a]	16	8.0
	Total	200	100.0

a. Listwise deletion based on all variables in the procedure.

Reliability Statistics

Cronbach's Alpha	N of Items
.495	10

Item Statistics

	Mean	Std. Deviation	N
C10001	3.1576	1.30662	184
C10002	3.5272	1.11587	184
C10003	3.7609	1.10508	184
C10004	3.7880	1.14695	184
C10005	2.9891	1.29306	184
C10006	3.3152	1.27120	184
C10007	3.4511	1.28369	184
C10008	3.7446	1.09393	184
C10009	4.0924	3.13924	184
C10010	3.5761	1.11849	184

Item-Total Statistics

	Scale Mean if Item Deleted	Scale Variance if Item Deleted	Corrected Item-Total Correlation	Cronbach's Alpha if Item Deleted
C10001	32.2446	34.579	.306	.441
C10002	31.8750	37.115	.193	.474
C10003	31.6413	35.576	.318	.445
C10004	31.6141	35.856	.278	.453
C10005	32.4130	35.577	.242	.459
C10006	32.0870	36.342	.197	.471