

“Patients’ Belief on the causes of Mental Illness among Adult in Kebbi State, Nigeria.

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Abstract- The purpose of this study was to explore the patient’s belief on the causes of mental illness in Nigeria. An exploratory-descriptive design within the qualitative paradigm was used. In-depth one-on-one interview with thirteen (13) participants between the ages of 30-54 years old. All participants consented to participate and they were used purposively sampled. No form of coercion was used to attract or retain them. The interviews were audio taped and transcribed verbatim after which content analysis was done to identify themes and categories. A key finding in this study was that patient’s belief on the causes of mental illness indicated that patients believed Thoughts/thinking, feelings, and emotions as the causes of their illness. Other findings included: witchcraft, emotional experience, resources, occupations, and family/homes. It was recommended that health care providers should create an avenue to enlighten their patients on mental illness.

Index Terms- Mental Illness, Patient, Causes, Belief.

I. INTRODUCTION

Mental illnesses are universal phenomena in the world affecting every society, but beliefs about causation vary across cultures. It has been reported that people living in western countries focus mainly on biological and social risk factors such as genetic vulnerability, disease of the brain, infection or stressful social conditions or personal weakness (Furnham & Chan, 2004; Magliano, Fiorillo, De Rosa, Malangone, & Maj, 2004; Nakane, et al., 2005), but the predominant views held by people living in non-western countries focus mainly on supernatural and religious factors (Saravanan, Jacob, Deepak, Martin, David, & Bhugra, 2008).

More than 450 million people across the globe suffer from mental illnesses. Among these, 90 million are drug or alcohol dependent, 25 million suffer from schizophrenia, and 150 million have depression (WHO, 2010). Schizophrenia, depression, epilepsy with psychosis, dementia, alcohol dependence and other mental, neurological and substance-use disorders make up 13% of the global disease burden, surpassing both cancer and cardiovascular diseases (National Institute of Mental Health, 2011). It has been projected that by the year 2030, depression will be the second highest cause of disease burden in middle-income countries and the third highest in low-income countries (WHO, 2010). In the United States, people with severe mental illness die 25 years earlier than the general population on average. In

Denmark, the life expectancy gap has been shown to be as high as 18.7 years with certain disorders (Kessler, Foster, Saunders, & Stang, 2013).

In a cross-cultural study, infection, allergies and genetic diseases were the most commonly attributed causes of mental illness in Australia; whereas, nervousness and perceived constitutional weakness were more often reported in Japan. (Nakane et al., 2005). Another comparative study of young adults in Hong Kong and England found that, Hong Kong youths believed that social factors were the likely cause of schizophrenia, while the English youths were more likely to report genetic factors as a cause of schizophrenia (Furnham & Chan., 2004). Similarly, in reports from Germany and Italy, lay people held a predominantly biological view of the cause of schizophrenia (Angermeyer & Matschinger, 2006; Magliano et al., 2004; Nakane et al., 2005).

A report from Turkey showed about 60% of a rural population held the view that personal weakness might be a cause of schizophrenia (Taskin, Sen, Aydemir, Demet, Ozmen, & Icelli, 2003). In contrast to this, in Indonesia, the majority of patients held the belief that schizophrenia was caused by supernatural causes, such as witchcraft or disturbance by spirits (Kurihara, Kato, Reverger, & Tirta, 2006). Similarly, a study exploring the belief system surrounding causes of mental illness in a primary care setting in Saudi Arabia reported that patients attributed their symptoms to religious and supernatural factors, saying that it could be the result of punishment from Allah (Kurihara et al., 2006). Despite these seemingly dichotomous views regarding attribution about the causes of mental illness, a significant proportion of people living in western countries still endorse the spiritual and magical views. For instance, a study done in Italy reported that 4% of the participants including lay people, professionals, and relatives, believed that magic, spirit possession and spells as causes of schizophrenia (Magliano et al, 2004).

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Cultural beliefs play a major role in determining perceptions of the meaning and causes of mental illness (Marsella & Yamada, 2000). However, relatively little attention has been paid to exploring beliefs among Hispanics about the factors that cause mental illness, and, in particular, the population of Mexican Americans along the U.S./Mexico border (Urdaneta, Saldaña, & Winkler, 1995). This is troublesome especially since Mexican Americans as a population exhibit strong mental health care disparities in the U.S. (Alegría et al., 2008; Blanco et al., 2007; Cook, McGuire, & Miranda, 2007; Guarnaccia, Martinez, & Acosta, 2005).

In Nigeria, religio-magical views of causation have been found to be more associated with negative perception of mental illness and stigmatizing attitudes to the mentally ill persons as compared with biological explanations (Gureje, Olley, Olusola, & Kola, 2005). Spiritual explanations have also been found for mental states due to physical illness such as delirium (Ola et al., 2010). These beliefs may also explain why many cases of mental illness in Sub-Saharan Africa are treated punitively or outside modern health care systems. For example, the psychiatric patients are treated via traditional or faith healers (Ola et al., 2010). Also a report from Nigeria showed that the majority of people preferred indigenous treatment over the modern health care system which was consistent with their predominant belief about the causes of mental illnesses (Kabir, Iliyasu, Abubakar, & Aliyu, 2004).

Many patients believe that mental illness is rare, something that only happens to people with life situations very different from their own, and that it will never affect them. Studies of the epidemiology of mental illness indicate that this belief is far from accurate. Most of the patient's believed in demons as the cause of mental health problems which is well-known phenomenon in many cultures of the world (Pfeifer, 1994).

Another research also revealed that war was also mentioned as a cause of mental disturbance, fear from crossing flooding river [during rainy season] were also mentioned to be causes for mental disturbance. Although stress might be an important factor here, these incidents are believed to involve some bad spiritual interference as well. So, it combines both

psychosocial stressor and spiritual influence (Teferra & Shibre, 2011).

In Western countries depression and schizophrenia are most often seen by the public as caused by the social environment, particularly recent stressors (McKeon & Carrick, 2001; Matschinger & Angermeyer, 2001). While psychiatric epidemiologists would concur about the importance of stressful life events in depression, in schizophrenia life events are more of a trigger than a cause. Biological factors are seen by the public as less important than environmental ones (McKeon & Carrick, 2001; Matschinger & Angermeyer, 2001; Link et al, 2004), although relatives of people with schizophrenia are more likely to see biological factors as important (Angermeyer & Matschinger, 2006).

A research conducted in Germany shows that patients usually looks to biological factors when searching for the cause of schizophrenia, while the general public tends to cite psychosocial factors, especially stress-related factors, in order to explain the development of this illness (Angermeyer, & Matschinger, 2006). In some non-Western cultures, supernatural phenomena, such as witchcraft and possession by evil spirits, are seen as important causes of mental disorders (Razali et al, 2006), although this is uncommon in the West (Angermeyer & Matschinger, 2009). Beliefs about causes may alter patterns of help-seeking and response to treatment. For example, in Malaysia belief by psychiatric patients in supernatural causes was associated with greater use of traditional healers and poorer compliance with medication (Razali et al, 2006). In a US controlled trial of psychotherapy for depression, belief in relationship causes was associated with a better outcome in behavioural therapy, while belief in existential causes was associated with a better outcome in cognitive therapy (Addis & Jacobson, 2010).

Another research conducted on public beliefs about causes and risk factors for mental disorders shows that the major changes were an increase in belief in genetic causes of both depression and schizophrenia, increases in beliefs about problems from childhood and the death of someone close as causes of depression, and a decrease in the belief that "weakness of character" is a cause of schizophrenia (Jorm et al., 2005).

In India beliefs about the causation of schizophrenia indicates that supernatural cause was named by only 12% of the families and as the only cause by 5% participants. Psychosocial stress was most commonly cited cause, followed by personality defect and heredity. A small number of families (14%) could not name any cause and 39% named more than one cause. Patient gender and education, duration of illness and the key relative's education and the nature of relationship were related to the type of causal attributions made (Srinivasan & Thara, 2001).

In Malaysia, about 53% of the patients attributed their beliefs to supernatural agents. Witchcraft and possession by evil spirits were regarded as common causes of illness. The number of patients who believed in supernatural causes of their mental illness was significantly higher among those who had consulted bomohs (Malay traditional healers) than among those who had not consulted them. The belief that mental illness is caused by supernatural agents is firmly held by bomohs, who reinforce this notion in those who seek their advice. Belief in supernatural causes of mental illness was not significantly associated with age, gender, level of education or occupation of the patients. Patients

who believed in supernatural causes of mental illness were also found to show poor drug compliance, and the number of such patients at 6 months follow-up was significantly lower than the corresponding figure for those who did not believe in supernatural causes (Razali, Khan & Hasanah, 2006).

Several reports from other non-western countries also showed the diversity of opinion held by people living in non-western countries. For instance, a study done in Nigeria involving a large community survey found that as many as one third of the respondents suggested that possession by evil spirits could be a cause of mental illness, but in this same study the majority held the biopsychosocial causes such as drug and alcohol misuse, traumatic event/shock, accumulation of stress, physical abuse and genetic inheritance as the causes of mental illness (Gureje et al., 2005). In south-western region of Nigeria, 90 % of psychiatric patients are of the belief that, the cause of their illness are contrast supernatural cause, only few patients admitted that financial distress or poverty was a possible cause of mental disorder (Adebowale & Ogunlesi, 1999).

II. METHOD

An exploratory descriptive qualitative design was used for the study. The reason for choosing this design was that very little has been done in this area in northern part of Nigeria and that has motivated the researcher to investigate the patients' belief on the causes of mental illness among adults in northern Nigeria.

This research design adopted a qualitative approach. A qualitative approach allows the researcher to use naturalistic methods. Hence, the overall purpose is to gain insight into the patients' belief on the causes of mental illness. Accordingly, this study employs qualitative techniques in both the collection and analysis of data (Field & Morse, 1985). The research was conducted at the Zauro General Hospital, Kebbi State Nigeria.

III. PARTICIPANT

The population for this study were ten (13) participants between the ages of 30-54 years old and in lucid interval were selected for this study. A lucid interval is recognized in law as meaning an insane person has had sufficient remission of his mental condition to render him temporary capable of making a will or transaction business or knowing the difference between right and wrong i.e the psychiatric symptoms have abated and can now function like any other human being (NIMH, 2011) at the Zauro General Hospital. The participants were recruited through the nurse working at outpatient department (O.P.D).

Purposive sampling technique was used to select the participants at the out-patients department (OPD) of Zauro General Hospital in this study. Purposive sampling is a non-probability method in which the researcher selects study participants on basis of personal judgment about which ones will be most appropriate to generate the required data (Polit, Beck & Hungler, 2001).

The recruitment of participants was done by the nurse at the O.P.D in Zauro General Hospital after thorough explanation regarding the study had been done at the psychiatric unit at the

Zauro General Hospital. Patients in their lucid interval were identified by the psychiatric nurse in-charge of OPD.

IV. DATA COLLECTION

Semi-structured interview guide was used to discuss with the participants. The researcher used open ended questions during an interview which was conducted in Hausa. An audiotape was used to collect and capture the narrations of the patients. Field notes were also taken consisting of observations that were made during the interview.

Permission was sought by the researcher from relevant authorities of the Zauro General Hospital where the study was done after making available to them a permission letter and Ethical Clearance Certificate from Noguchi Memorial Institute for Medical Research, University of Ghana. Each interview lasted up to 30-45 minutes. Probing questions were asked to follow-up on participants' comments. Interviews were audio taped later translated and transcribed in English focusing on the meaning of comments. The transcripts were discussed with an expert in Hausa and participants to ensure that their views were accurately captured. Back translation was not done because of financial and time constraints in the study. The interviews focused on their perceptions about the causes of mental illness. The participants were approached by the researcher through the nurse at O.P.D to ask if they would participate. Once a person agreed to consider participating, he/she was briefed on the research topic, objectives, and the purpose of the study using information sheet. The participant was then asked if he/she had any questions for clarification. Once all questions and concerns were addressed, he/she was given the consent form and asked to sign or thumb print which indicates that the informed consent was understood.

V. DATA ANALYSIS

All aspects of the data including interviews, field notes and diary entries were analysed to provide the rich information from the patient's perceptions on the causes of mental illness. Data analysis occurred concurrently and principles of content analysis was followed systematically (Elo & Kyngas, 2008; Hsieh & Shannon, 2005). The sequence of the analysis followed a complete transcription of each interview, which was verified and supplemented by field. The researcher, after listening carefully repeatedly to the tapes, transcribed each interview into a document. Whilst listening to the interviews and transcribing, the researcher submerged into the data to familiarize himself with what the data is saying. This familiarisation was followed by coding. The codes that are similar were clustered around common domains and categories. To ensure that the findings (themes) fit the reality of participants, constant comparison of data was done. That is, the researcher made sense of data by carrying out analysis of each interview to identify the themes before going on to the next one and then compared themes emerging across the interviews.

VI. RESULT

The characteristic of the sample obtained included the patients at lucid interval sex, age, marital status, religion, tribe, occupation and place of residence. Interviewees were between the ages of 30-54 years old. Nine of the participants did not have any formal education and three (3) out of these nine were house wives, three (3) were farmers and three (3) were petty traders. Two (2) were secondary school graduates and one (1) is a butcher whilst one were teacher. And finally One (1) have higher National Diploma and working with Kebbi state Government.

All participants were interviewed in Hausa because they understood Hausa than English. In all nine (9) women, and four (4) men were interviewed. All the participants were either living in the community where the hospital is located (Zauro) or within the neighbouring towns such as Ambursa, Gwadangwaji, Birnin Kebbi and Asarara among others.

One of the major themes identified in exploring the patient's belief on the causes of mental illness was psychosocial aspect as a cause of mental illness. Thought/thinking, feelings, emotions and spirituals was mentioned by some participants as causative agents. The four (4) subthemes are:

Thoughts/thinking

Some participants spoke about the role of one's thoughts in causing mental illness. They expressed that too much thinking on negative issues can affect an individual's sleep pattern making them depressed.

Participant narrated that:

"I believe that dwelling or concentrating too much on the negative aspect of life or the things that are happening around can lead to poor mental health".

(Participant 1)

Too much or negative thinking can affect sleeping pattern thereby causing excessive bad mood:

"Someone worrying about something a lot to where it affects their sleep or can cause bad mood that would cause you to feel tired in the morning; maybe you did not accomplish thinking it out, whatever problem was bothering you. So, I think you would be a little still emotional on whatever you were thinking about and that would affect you throughout the day . . ."

(Participant 2)

Participants believed that depression from too much thinking can results in mental illness:

"Maybe some thoughts can cause. . .depression. So you would have a lot of circumstances where you become depressed and can lead to madness".

(Participant 3)

Negative thoughts can alter someone minds leading to mental illness:

"What they think, what is going through their minds . . .When you always have negative thought in your mind that you think can hinder your progress in life that can contribute to the cause of mental Illness".

(Participant 4)

Feelings

Some participants commented that feelings in the course of their life pattern affect them psychologically. The major problems that demoralized them were too much stress, shocking news and frustration by someone.

Too much distress affects feelings which can lead to mental illness:

"I connect distress with feelings, basically. When your mom . . . is always asking for money and you don't have it . . ." laugh! I have a friend whose father always ask him for money when he does not have, and that really touches him much to the extent that he have to isolate himself so as not to see his father that affects his feeling, so I have to calm him down with the words of support".

(Participant 5)

Participants perceived that, frustration by someone or shocking news can result to mental illness:

"[It is caused by] a lot of stress, . . .shock frustration, anger." When you are frustrated by someone be it family members, friends or any other person that can cause madness. Shocking news too, when you receive a news that you lost your father, mother, child or any of the closest person this will affect your feelings and make you go mad".

(Participant 6)

Loneliness was connected to madness:

"Sometimes if you're lonely, when you are alone you have nobody to chat with, nobody to share your problems or complaint to, not to even think of getting support or solutions to your problems. If you are alone a lot of things will come into your life that will affect your feelings thereby making you to become depressed."

(Participant 7)

Participants expressed unwanted circumstances as a causative agent of madness:

"Well, in reality, you don't want to face what life brings to you. Well, get over it. You want to be in denial that it isn't happening to you but you failed to do so, it affects your feelings".

(Participant 8)

Thinking about failure in life such as failure in exam or where to get money for school fees can results to depression:

"Oh! Thinking about a test, because I am a college student; how and where to get money for feeding and school fees too, failure on exam too because can depressed someone, this happened when I was in college one of our student failed his final exam so he was withdrawn from the school and this affected his feelings so since then that boy hasn't gone back home and ran mad".

(Participant 9)

Failure to achieve something good in life and if your conscious is not clear about your deeds can lead to mental illness:

"If you are doing something wrong and you know is against your culture, norms and religion that will affect your feelings."

Disconnection with real life, if you are hindered from achieving or attaining something in life”.

(Participant 10)

Emotions

Many participants discussed emotions as contributing factors. In addition, the emotional experience of loss, abusive background, too much worry or thinking and raped was considered by many participants to be a cause of mental illness.

Participant believed that abusive background can trigger depression:

“If you come from an abusive background . . . as a child your parents were very abusive with you mentally, physically, emotionally that . . . can have a lot to do with the way you become as an adult. A lot of people that are depressed and stuff like that usually have had a pretty . . . bad upbringing or have had some kind of like abuse and that . . . can also trigger someone who’s an adult to have like major depression.”

(Participant 11)

The same participant expressed raped can result in madness especially to women:

“Maybe when they were raped.....and like I said, when women were raped they may even commit suicide, I remembered one news caster that hang herself because she was raped, so they were physically, mentally, emotionally disturbed.”

(Participant 12)

Another participant expressed too much worry or loses will affect someone emotions resulting to madness:

“Worry comes from ‘thinking too much’. I heard about someone who is very wealthy but when he lose that wealth, he was worried and that makes him start throwing off his clothes and walks naked. It could be man or woman; people take a different path away from him.”

(Participant 13)

Spiritual e.g. Witchcraft

Participant mentioned spiritual problems such as curse by spiritual leaders and charm as a possible cause and had this to say:

“..... Well spiritual leaders may curse someone and this may make him mad. If someone takes [steals] someone else’s money or material, the person who lost the money or material may do something like charm in retaliation which makes the person who steals mad. Everyday problems; financial, emotional, uh spiritual, I guess, also when someone come out at mid-night with no shirt he may get mad because evil spirit will get into him hence that person will become mad and he cannot become normal again”

(Participant 10)

Participants believed that charm can result to madness:

“If you are dating a girl that many men are chasing her and you happened to be the one she loves much, some of these people may just decide to charm you so that you can run mad. Even in working place if you are not lucky your co-workers can do anything

especially if you are heading an office your subordinate can charm you so they can overtake you”.

(Participant 9)

Another participant stated emphasised on charm as a causative agent in the cause of madness:

“Hhmm! This is very common among women who are rivals, this one happened among our family, my uncle have three wives, the first wife is innocent but the second one was very wicked and she don’t like the third one, so she tried by all means to see that the husband divorce that third one but she couldn’t. Later she felt the only way out is to charm that girl and so she did, so in the night when everyone is sleeping all of a sudden that third wife start shouting.....”yeeeeeeee”she pulled out all her cloth so when everyone came out they met her naked. Oh my God, it is a pity and up to now that woman never come back to her normal sense”.

(Participant 6)

Participants mentioned witchcraft as a causal factor and had this to say:

Participant two (2) believed that, when someone is bewitched it can result to madness:

“Well, at times, a person could say, well, maybe you’re bewitched, or maybe someone put a curse on you. That’s why you’re that way . . .”

The same participant also added that:

“If you have problem with someone, and if that is wicked he may do some witchcraft on him which may make him mad. For example I have a friend and that my friend has a step mum so, the step mum is very wicked to the extent she charmed his own mum and she become mad”.

(Participant 3)

Participant also relates charm to be by witchcraft which can result to madness:

“Gosh! Witchcraft is terrible; someone can easily charm you especially now that we are in political era. Most of these politicians you are seeing are devils they can do anything just to achieve their desire. This is very common because they know even if you get better nobody will vote for since you have history of mental illness”.

(Participant 11)

VII. DISCUSSION

One of the major finding that accounted for the patients believed about the causes of mental illness was psychosocial causes of mental illness was been divided into thought/thinking, feelings, emotions and spirituals. Findings of this study showed that patients believed psychological aspects as the causes of mental illness. Their beliefs on psychological causes include: Thought/thinking, feelings, spirituals, and emotions.

Thoughts/thinking

Findings of the present study revealed the role of thoughts as the cause of mental illness. They believed that too much thinking on the negative aspect of life can lead to poor mental health. This finding is consistent with the findings of Garcia and Saewye (2007) who reported that Mexican-American adolescent's believed lack of positive emotions and thought patterns as contributing factor of mental illness which may lead to suicide. This study also support the findings of Chakraborty et al., (2013) from their study on perceptions and about the cause of psychiatric disorders and subsequent help seeking patterns among psychiatric outpatients in a tertiary care centre in Eastern India, who reported that participants gave highly variable responses to the question that assessed their opinion about the cause of psychiatric disorders. The majority (80%) of respondents with obsessive compulsive disorders (OCD) and anxiety disorders viewed the problem arising out of too much thinking. In same research majority (61.5%) of the respondents viewed that somatization and dissociative disorders is developed because of too much worrying/thinking.

Moreover, the finding shows that patients believed sleep impairment as result of too much thinking which can affect the mood of individuals and subsequently leading to mental illness. This finding is similar to the findings of Kabir and colleague (2004) on the perception and belief about the causes of mental illness among young adults in Northern Nigeria, who reported that participants believed lack of adequate sleep as a result of mood disturbances as the major cause of mental illness. This belief is true because excessive thinking interferes with sleep pattern which may lead to psychological disturbances. When it persist can lead to mental disorders like anxiety or depression (Teferra & Shibre, 2011).

Feelings

Majority of participants believed that feelings are attributed to the cause of their mental illness. Patients believed that too much distress as a result of struggling for life survival affects feeling which can lead to mental illness. This echo with the previous findings of Arbona et al., (2010) which revealed that, distress as a result of failure to meet life expectancy can lead to mental distress for Latinos which may subsequently lead to mental disability.

The findings of this study also revealed that frustration and excessive anger are believed as the causes of mental illness among psychiatric patients. This finding is in lined with the findings of Angermeyer and Dietrich (2006) among psychiatric patients in Germany who reported that excessive anger and frustration are believed by psychiatric patients as the cause of mental illness. This is a correct belief because frustration, and anger can lead to anxiety disorders (Zissi, 2006).

Furthermore, the findings show that loneliness, unwanted circumstances and failures are believed by patients to the factors that causes mental illness. They believed that when loneliness, unwanted pregnancy, examination failure for students and disappointment in life can make one to have suicidal tendencies which may lead to mental disorder. This findings of Lener et al., (2004), Khan et al., (2009) and Tanaka et al., (2005) who reported patients and the public believed loneliness, frustrations, failure to achieved life expectations and unwanted circumstance are the significant cause of mental disorders.

Emotions

Many participants attributed emotional experiences as contributing factors to the causes of mental illness. Some named childhood experiences, indicating *life experiences as a child, how people were raised, and the way they've been treated at home* as causes. Abuse was also designated as a cause by some respondents. Some specifically talked about childhood abuse, listing physical, sexual, emotional and psychological abuse as causes. Some participants generally mentioned abuse or psychological abuse as a cause, one linking it to family but not to a particular time in life. In addition, the emotional experience of loss was considered by many participants to be a cause of mental distress. The most frequently mentioned type of loss was *the death of a family member or loved one*. The second most frequently mentioned type of loss that caused mental distress according to participants was loss of a job. Participant also indicated loss of a home. Finally, traumatic events were another type of emotional experience stipulated by participants as causing mental distress. These findings support the findings of Edwards, Holden, Felitti, & Anda (2003), Shattell et al., (2008) & Addis and Jacobson (2010), who reported both an emotionally abusive family environment and the interaction of an emotionally abusive family environment with various maltreatment types [such as sexual abuse, physical abuse, and seeing one's mother being beaten] had a significant effect on mental health scores. They also reported that rape has been found to be the cause of severe depression in many patients.

Spiritual e.g. Witchcraft

Findings of this study revealed that most participants considered their mental illness to be caused by spirituality. Patients believed that mental illness are caused by spirit following a curse by leaders, charms by other people in the struggle for power, wife or tittle. This findings support the findings of Adewuya & Makanjuloa (2008) on their study done in Nigeria in which participants most frequently believed that mental illness is caused by evil spirits. This also goes in line with the study done in Bali, Indonesia, where the majority of the patients held the belief that schizophrenia was caused by spirits disturbance (Kurihara et al., 2006). The finding also support the findings of Teferra, & Shibre (2011) on the study done on the perceptions and beliefs causes of severe mental disturbance and preferred interventions in Southern Ethiopia where majority of the participants attributed evil spirit such as witchcraft as the cause of their illness. The beliefs of patients that mental illness is cause by spirit is a wrong belief because it contradicts the modern theories of psychiatric illness. This beliefs may lead the patients to seek for alternative treatment before coming to the hospital for treatment (Kabir et al., 2004).

Findings of this study showed that several participants mentioned witchcraft as a causal factor of mental illness. Participants believed that mental illness can be cause by witchcraft as a result of wickedness of some people. This finding is in line with the study done in Nigeria by Adewuya and Makanjuloa (2008), where most of the participants frequently believed that mental illness was caused by witchcraft. Furthermore, Solomon and Teshome (2004) on Perceived cause of severe mental disturbance and preferred interventions by the Borana semi-nomadic population in southern Ethiopia: shows that, majority of respondents perceived that, witchcraft were said to be the causes

of mental disturbance. The finding also concur the study done in Nigeria by Kabir et al. (2004) where eighteen percent (18%) of the participants believed that mental illness is caused by witchcraft. However, the finding also goes in line with non-western cultures and supernatural phenomena where witchcraft is seen as important causes of mental illness (Razali et al, 1996). On the contrary, the finding of Ganesh (2010) reveals that, eighty six percent (86%) of the participant did not believe that mental illness could cause mental illness. This perception that mental illness is cause by witchcraft is wrong and contradicts the modern theories about the causes of psychiatric diseases.

VIII. CONCLUSION

The study investigated the patient's belief on the causes of mental illness among adult in Kebbi State, Nigeria. The findings of this study indicated that participants reported thought/thinking as well as emotion as a causal agents of the causes of their illness. They pressed that mental illness can be occur as a result of feelings, spirituals such as witchcraft were mentioned by a lot of participant's. However, the findings of the study showed a lack of knowledge about the actual causes of mental illness. Therefore, it is highly recommended that further research be done on the patient's belief on the causes of mental illness. Also, since the study was done in the hospital and the sample size was small, it was recommended that another study be done in a wider perspective involving psychiatric hospitals and in other part of the state so as to be able to generalize the findings.

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