

Influence of Attitudes on the Resilience of Family Members living with a Mentally Ill Family Member in Nyeri County, Kenya

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Abstract- Numerous studies have demonstrated that family caregivers of persons with a severe mental illness suffer from significant stresses, experience moderately high levels of burden and often receive inadequate assistance from mental health professionals. The major objective of this study was to find out the extent to which the resilience of the family members is influenced by their attitudes towards the mentally ill member, in Nyeri County, Kenya. Two theories guided this study: Hardiness theory of Resilience by Suzanne Kobasa (1979) and the Attribution theory by Fritz Heider (1958). This study adopted the *Ex-post facto* research design. The target population was the family members who live with and take care of 600 mentally ill relatives who had visited the Nyeri County Referral hospital in the month preceding data collection. Sample size of 240 families participated in the study. Ten close family members were purposively selected to take part in in-depth interviews while the remaining 229 families were subjected to a questionnaire. One family was selected using criterion sampling to take part in a biographical study. Reliability of the instruments was determined using test-retest method and a reliability index of 0.751 was obtained, which was considered adequate. The qualitative data was analyzed into themes. The quantitative data was analyzed using multi-linear regression to test the hypothesis, $p=0.05$ significance level, with the aid of SPSS (Version 23). The study found out that care givers had a positive attitude towards mental illness and the mentally ill persons in general. It is recommended that continuous sensitization of the community members by the Ministry of health on mental illness be carried out to reduce stigma as well as the formation of support groups that would provide counseling and other services to those living with the mentally ill.

I. INTRODUCTION

Views held on mental illness, usually determine the pattern of attitudes that will be directed towards the mentally ill by individuals. Several studies have found that beliefs held about the origin of mental illnesses may affect how one of seeks help, whether they follow up on treatment as well as how they respond to the treatment. A study conducted in Malaysia found that, people believed that mental illnesses were caused by supernatural agents, or were a result of possession by spirits or witchcraft. Myths were

also common such as, mentally ill persons are erratic, that they can never lead normal lives, that they are dangerous and violent and also that psychiatric treatment causes brain damage as evidenced by patient's robotic-like behaviour. These beliefs are likely to determine how mentally ill persons and their relatives seek help (Khan, Hassali, Tahir & Khan, 2011).

At the same time, improved awareness about mental illnesses, have been found to result in more positive attitudes towards mentally ill people. According to a survey carried out in Japan, problems in interpersonal relationships were found to contribute to the causes of mental illnesses, which indicate that they can be treated or managed through social interactions (Jorm, 2000). Those who believe that mental illnesses can be treated are more likely to seek early treatment or help, which may result in better outcomes and better care from family members towards the mentally ill.

Correspondingly, a study done in South Africa amongst the Afrikaans speaking, showed the following results; 83% were of the opinion that mental illnesses were caused by factors such as difficulties at work, family relationships, or stressful events in life (psychosocial stress), 42.5% held that mental illnesses are hereditary or brain disease or hereditary (medical disorder). World Health Organization has accepted that, knowledge on the causes of mental illness is different in different cultures and in most cases is inadequate, and thus public education and more openness about mental illness is necessary. Improved knowledge on the causes of mental illness should lead the mentally ill to seek help to and promote helpful attitudes towards the mentally ill. Furthermore, adequate knowledge on mental illness can help in dealing with the negative attitudes that people may have towards those with mental illnesses (Chikomo, 2012). Therefore, negative viewpoints about causes of mental illnesses and lack of sufficient knowledge are known to be key causes of the negative attitudes that people hold regarding mental illnesses. This study seeks to explore the attitudes of family members towards the mentally ill in the locale of the study and how these attitudes influence their resilience as they take care of their mentally ill relatives.

1.1 Objectives

- To find out if family members view their mentally ill relatives as violent and unpredictable

- To evaluate if mentally ill persons are viewed as a source of stigmatization for the family
- To establish if family members view the mentally ill as a burden to the family

1.2 Hypothesis

H: There is no statistically significant relationship between attitudes and the resilience of family members living with mental illness in Nyeri County, Kenya.

study was carried out from a similar sample drawn from the neighbouring Laikipia County. The results obtained from the pilot study were used to fine tune the research instruments. Test retest method was used to examine the reliability of the questionnaire. A reliability index $\alpha=0.751$ was obtained, which was considered adequate. Validity of the research instruments was ensured by making any corrections as was found necessary after the pilot study.

II. RESEARCH METHODOLOGY

The study adopted the *ex-post facto* research design. The target population was the immediate family members of the 600 mentally ill patients who had visited the hospital in the month preceding data collection. A sample size of 240 families was arrived at aided by (Yamane, 1967) formula. Questionnaires and semi-structured interview guides were used to collect data. A pilot

III. 3.RESEARCH FINDINGS AND ANALYSIS

The researcher used five statements in the questionnaires, as indicators of attitudes, in order to explore the extent to which the resilience of the family members is influenced by their attitudes. Table 1 gives a summary of the responses obtained.

Table 1:Attitudes of Family Members towards Mentally Ill Member

KEY: SA=Strongly Agree, A=Agree, N= Neutral, D=Disagree, SD=Strongly Disagree

STATEMENT	EXTENT OF AGREEMENT OR DISAGREEMENT (%)					Mean	Std. Deviation
	SA(1)	A(2)	N(3)	D(4)	SD(5)		
C1. Mentally ill persons can never be normal again	18.1	20.9	25.4	31.6	4.0	3.658	1.429
C2. Mentally ill persons are always violent and unpredictable	10.8	17.1	33.3	21.2	17.6	3.615	0.968
C3. Mentally ill persons expose a lot of stigma to their families	16.4	40.3	21.4	11.5	10.4	2.481	1.018
C4. Mentally ill persons are a burden to other family members since they have to be given attention and be provided for	37.9	27.1	14.2	11.5	9.3	1.390	0.489
C5. Mentally ill persons cannot be engaged in any productive ways	16.2	37.8	18.9	16.8	10.3	3.042	1.394

3.1 Attitude that mentally ill members can never be normal again

Table 1 indicates that majority of the respondents disagree with the statement that mentally ill persons can never be normal again($\bar{x} = 3.658$, $sd=1.429$) however still an appreciable proportion of the respondents; cumulatively 39% agree with the

statement. The findings thus imply that, majority of the respondents believe that mentally ill persons can be normal again. The study further sought to establish whether the attitude that the mentally ill family member can never be normal again differed across the length of time the family members had lived with the mentally ill. Tables 2 and 3 summarize the results obtained.

Table 2: Duration of living with the patient and the attitude that a mentally ill member can never be normal again

	Strongly Agree	Agree	Neutral	Disagree	Total
Less Than 2 Years	6	16	0	2	24
2-5 Years	9	7	2	11	29
6-10 Years	0	4	29	3	38
More Than 10 Years	17	28	0	51	96

Total	32	51	40	64	187
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According to the information displayed on Table 2, majority of the respondents 51(53%)who had lived for more than 10 years with the mentally ill family members, disagreed with the statement that mentally ill person can never be normal again, while 45(47%) agreed with the statement. On the other hand, the

majority of the family members 22(92%) who had lived for a period of less than two years with the mentally ill member, agreed with the statement, holding the attitude that the mentally ill can never be normal again. Only 8% held the attitude that the mentally ill member can be normal again.

Table 3: Chi Square test for duration of living with mental patient and attitude that the mentally ill family member can never be normal again

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	179.943 ^a	9	.000
Likelihood Ratio	182.736	9	.000
Linear-by-Linear Association	1.176	1	.278
N of Valid Cases	187		

a. 2 cells (12.5%) have expected count less than 5. The minimum expected count is 4.11.

According to the information on Table 28 indicates that p<0.05 which implies that there is an association between the length of time lived with the mentally ill family member and the attitude that the mentally ill member can never be normal again. Further, the findings have indicated that the more the time spent

with the mentally ill family members, the greater the tendency to adopt the attitude that the mentally ill family member can never be normal again.

Table 4: Gender of Respondent and attitude that the mentally ill member can never be normal again

		Mentally ill member can never be normal again				
		Agree	Neutral	Disagree	Strongly Disagree	Total
Gender of Respondent	Male	17	18	16	33	84
	Female	15	23	25	40	103
Total		32	41	41	73	187

According to the information presented in Table 29, the attitude that the mentally ill member can never be normal again is more prevalent among the male (20%) than among females (15%). The results however indicate that the disparity in the perception across the genders is marginal.

Pearson chi square test of association was used to test whether there was any plausible association between gender and the attitude that the mentally ill member can never be normal again. The results were as summarized in Table 5.

Table 5
Gender of Respondent and the attitude that the mentally ill member can never be normal again

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.466 ^a	3	.690
Likelihood Ratio	1.467	3	.690
Linear-by-Linear Association	.556	1	.456
N of Valid Cases	187		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 14.37.

According to the information on Table 5, the value $p > 0.05$ which implies that there is no association between gender and the attitude that the mentally ill member can never be normal again. Further, the findings have indicated that both genders have the attitude that the mentally ill member can never be normal again in the same way.

3.2 Attitude that mentally ill persons are always violent and unpredictable

Table 1 shows that the majority of the respondents disagree with the statement that mentally ill persons are always violent and unpredictable ($\bar{x} = 3.615$, $sd = 0.968$) and only 27.9% of the respondents agree with the statement. The standard deviation of 0.968 indicates that the respondents were unanimous in the opinion that mentally ill persons are not always violent and unpredictable. This implies that generally, the mentally ill persons are not always violent and unpredictable.

Table 6: Duration of living with the patient and attitude that the mentally ill family members are always violent and unpredictable

	Strongly Agree	Agree	Neutral	Disagree	Total
Less Than 2 Years	6	2	6	10	24
2-5 Years	9	9	7	4	29
6-10 Years	0	2	8	28	38
More Than 10 Years	17	30	28	21	96
Total	32	41	41	73	187

According to the information displayed on Table 6, a sizeable proportion of the respondents 28(29%) who had lived for over ten years with the mentally ill family members were neutral on the statement that the mentally ill are always violent and unpredictable, 47(48%) agreed with the statement while the rest 21(23%) of the respondents disagreed with the statement. This may indicate that the mentally ill are violent and unpredictable some of the times but not always. On the other hand, 10(42%) of

the family members who had lived for a short time with the mentally ill member disagreed with the statement, while 8(33%) agreed with the remaining 25% being neutral. The findings indicate that there is no significant disparity across the length of time lived with the mentally ill member on the attitude that the mentally ill family members are always violent and unpredictable.

Table 7: Chi Square test for duration of living with mental patient and the attitude that the mentally ill family members are always violent and unpredictable

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	84.931 ^a	9	.070
Likelihood Ratio	99.124	9	.083
Linear-by-Linear Association	.275	1	.600
N of Valid Cases	187		

a. 2 cells (12.5%) have expected count less than 5. The minimum expected count is 4.11.

According to the information on Table 7 indicates that $p > 0.05$ which implies that there is no association between the length of time lived with the mentally ill family member and the attitude that the mentally ill family members are always violent

and unpredictable implying that all respondents had the same attitude regardless of the length of the time they had lived with the mentally ill family member.

Table 8: Gender of Respondent and the attitude that the mentally ill family members are always violent and unpredictable

		Mentally ill family members are always violent				
		Agree	Neutral	Disagree	Strongly Disagree	Total
Gender of Respondent	Male	17	18	35	14	84
	Female	15	23	46	19	103
Total		32	41	81	33	187

According to the information presented in Table 8, the attitude that the mentally ill family members are always violent and unpredictable is more prevalent among the males (20.2%) than among women (14.5%). The results however indicate that the disparity in this attitude, that the mentally ill are always violent and unpredictable, across the genders is marginal.

Pearson test for association was used to test whether there was any significant association between gender and the attitude that the mentally ill family members are always violent and unpredictable. The results were as summarized in Table 9.

Table 9: Chi Square test for Gender of Respondent and attitude that the mentally ill family members are always violent and unpredictable

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.067 ^a	3	.785
Likelihood Ratio	1.061	3	.786
Linear-by-Linear Association	.738	1	.390
N of Valid Cases	187		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 14.37.

Table 9, shows that $p > 0.05$ which implies that there is no association between gender and the attitude that the mentally ill family members are always violent and unpredictable. Further, the findings have indicated that both males and females have the same the attitude that the mentally ill family members are not always violent and unpredictable.

3.3 Attitude that mentally ill persons expose their families to a lot of stigma

Majority of the respondents ($\bar{x} = 2.481$ $sd = 1.018$) agree with the statement that mentally ill persons expose a lot of stigma to their families. However, an appreciable proportion of the respondents, cumulatively (21.9%) have a contrary opinion.

Table 10: Duration of living with the patient and attitude that mentally ill persons expose their families to a lot of stigma

	Strongly Agree	Agree	Neutral	Disagree	Total
Less Than 2 Years	2	16	0	2	24
2-5 Years	9	9	2	9	29
6-10 Years	0	5	26	7	38

More Than 10 Years	17	49	0	30	96
Total	38	74	40	41	187

According to the information displayed on Table 10, majority of the respondents 66(68.8%)who had lived for more than 10 years with the mentally ill family members have the attitude that mentally ill family members expose the family to a lot of stigma. On the other hand, the majority of the family members 18(75%) who had lived for a short time with the mentally ill member have the same attitude that mentally ill family members

expose the family to a lot of stigma. This attitude is also held by those who had lived with the mentally ill for 2-5 years, where 18(62%) agreed that the mentally ill expose the family to a lot stigma. The findings indicate that the attitude that the mentally ill family member exposes a lot of stigma to their families is held by all the respondents regardless of the length of time they had lived with the mentally ill family member.

Table 11: Chi Square test for duration of living with the mentally ill and the attitude that mentally ill family members expose the family to a lot of stigma

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	187.449 ^a	9	.000
Likelihood Ratio	190.017	9	.000
Linear-by-Linear Association	3.178	1	.075
N of Valid Cases	187		

a. 2 cells (12.5%) have expected count less than 5. The minimum expected count is 4.11.

The information on Table 11 indicates that $p < 0.05$ which implies that there is an association between the length of time lived with the mentally ill family member and the attitude that mentally ill family members expose a lot of stigma to the family. Further, the findings have indicated that as family members live longer with the mentally ill family member, their attitude that his/ her

presence in the family exposes a lot of stigma to the family reduces.

Further, the study sought to establish whether gender of the respondents was associated with the attitude that mentally ill family members expose a lot of stigma to the family. Table 12 presents the results obtained.

Table 12: Gender of Respondent and attitude that mentally ill family members expose a lot of stigma to the family

		Mentally ill family members expose a lot of stigma to the family				
		Strongly Agree	Agree	Neutral	Disagree	Total
Gender of Respondent	Male	17	32	19	16	84
	Female	15	42	21	25	103
Total		32	74	40	41	187

According to the information presented in Table 12, the attitude that mentally ill family members expose a lot of stigma to the family is more prevalent among the males (58.3%) than among

women (55.3%). The results however indicate that the disparity in the perception across the genders is marginal.

Table 13: Chi Square test for association between gender and the attitude that the mentally ill member exposes the family to a lot of stigma

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.638 ^a	3	.651
Likelihood Ratio	1.639	3	.651
Linear-by-Linear Association	.862	1	.353
N of Valid Cases	187		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 14.37.

According to the information on Table 13, $p > 0.05$, which implies that there is no association between gender and the attitude that the mentally ill family members expose the family to a lot of stigma. Further, the findings have indicated that both gender have the same attitude towards the stigma exposed to the family be the presence of the mentally ill family member.

3.4 Attitude that mentally ill persons are a burden to other family members

The study also sought to establish whether the mentally ill persons are seen as a burden to other family members since they have to be given attention and be provided for. The findings indicated that majority of the respondents ($\bar{x} = 1.390$, $sd = 0.489$)

strongly agreed with the statement that mentally ill persons are a burden to other family members since they have to be given attention and be provided for, however, a sizable proportion (20.8%) of the respondents were of the view that mentally ill persons are not a burden to other family members although they have to be given attention and be provided for.

The study further sought to establish whether the attitude that mentally ill persons are a burden to other family members differed across the duration the family members had lived with the mentally ill. Tables 14 and 15 summarize the results obtained.

Table 14: Duration of living with the mentally ill and attitude that mentally ill persons are a burden to other family members

	Strongly Agree	Agree	Neutral	Disagree	Total
Less Than 2 Years	16	0	6	2	24
2-5 Years	9	2	9	9	29
6-10 Years	0	31	5	2	38
More Than 10 Years	17	0	49	30	96
Total	32	40	74	41	187

According to the information displayed on Table 14, majority of the respondents 31(81.5%) who had lived for 6-10 years with the mentally ill family members have the attitude that mentally ill persons are a burden to other family members. On the other hand, quite a good proportion of the family members 16(67%) who had lived for a period of less than two years with the mentally ill member also had the attitude that mentally ill persons are a burden to other family members. However, only 17(17.7%)

of those who had lived for more than ten years with the mentally ill viewed them as a burden, 49(51%) were neutral, indicating that they did not want to commit themselves as far as this statement was concerned. The findings indicate that the longer the family lives with the mentally ill; they tend to change the attitude that the relative is a burden to the family.

Table 15: Chi Square test for duration of living with mental patient and the attitude that mentally ill persons are a burden to other family members

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	187.449 ^a	9	.076
Likelihood Ratio	190.017	9	.000
Linear-by-Linear Association	5.044	1	.025
N of Valid Cases	187		

a. 2 cells (12.5%) have expected count less than 5. The minimum expected count is 4.11.

According to the information on Table 15 indicates that $p > 0.05$ which implies that there is an association between the length of time lived with the mentally ill family member and the attitude that mentally ill persons are a burden to other family

members. This shows that the longer the family lives with the mentally ill, the less likely it is for them to view the sick member of the family as a burden to the rest of the family.

Table 16: Gender of respondent and the attitude that mentally ill persons are a burden to other family members

		<i>Mentally ill persons are a burden to other family members</i>				
		Strongly Agree	Agree	Disagree	Strongly Disagree	Total
Gender of Respondent	Male	51	33	0	0	84
	Female	63	40	0	0	103
Total		114	73	0	0	187

According to the information presented in Table 16, the attitude that mentally ill persons are a burden to other family members is held by the male and the female respondents. A higher percentage of the male respondents however, strongly agreed as

compared to the female respondents. The results indicate that there is little disparity in the attitude of the respondents that the mentally ill family member is a burden to the family.

Table 17: Chi Square Test for Gender of Respondent and the attitude that mentally ill persons are a burden to other family members

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	25.281	3	.000
Likelihood Ratio	162.494	183	
Linear-by-Linear Association	187.775	186	

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 14.37.

The information on Table 17 indicates that $p < 0.05$ which implies that there is an appreciable association between gender and the attitude that mentally ill persons are a burden to other family members. Whereas the findings have indicated that both

males and females have the same attitude that mentally ill persons are a burden to other family members, more of the male respondents chose the option of strongly agree than the female respondents.

3.5 Attitude that mentally ill persons cannot be engaged in any productive ways

A large majority of the respondents ($\bar{x} = 4.096, sd=1.467$) neither agreed or disagreed with the statement that mentally ill

persons cannot be engaged in any productive ways. A proportion of the respondents (44%) were however of the view that the mentally ill cannot be engaged in any productive ways.

Table 18: Duration of living with the patient and the attitude that mentally ill persons cannot be engaged in any productive ways

	Strongly Agree	Agree	Neutral	Disagree	Total
Less Than 2 Years	2	16	0	2	24
2-5 Years	9	9	2	9	29
6-10 Years	0	10	23	5	38
More Than 10 Years	10	49	0	30	96
Total	38	74	40	41	187

According to the information displayed on Table 18, majority of the respondents 66(68.8%)who had lived for more than 10 years with the mentally ill family members have the attitude that mentally ill persons cannot be engaged in any productive ways, while a substantial proportion (31.2%) disagreed with the statement, indicating that they can be engaged in productive ways. On the other hand, the majority of the family members 18(75%) who had lived for less than two years with the mentally ill member have the same attitude that mentally ill persons cannot be engaged

in any productive ways, with only 8% having the attitude that the mentally ill can be engaged in productive ways. The findings indicate that the attitude that mentally ill persons cannot be engaged in any productive ways is held by all the respondents regardless of the length of time they had lived with the mentally ill family member. However, a sizeable proportion of those who have lived with the mentally ill relatives for a longer time have the attitude that they can be engaged in productive ways.

Table 19: Chi Square test for duration of living with the mentally ill patient and the attitude that mentally ill family members cannot be engaged in any productive activity

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	187.449 ^a	9	.000
Likelihood Ratio	190.017	9	.000
Linear-by-Linear Association	3.178	1	.075
N of Valid Cases	187		

a. 2 cells (12.5%) have expected count less than 5. The minimum expected count is 4.11.

The information on Table 19 indicates that $p < 0.05$ which implies that there is an association between the length of time lived with the mentally ill family member and the attitude that mentally ill persons cannot be engaged in any productive ways. The findings have indicated that as the family members spend more

time with the mentally ill family member, their attitude that mentally ill persons cannot be engaged in any productive ways changes, and they begin to believe that they can be engaged in productive ways.

Table 20: Gender of respondent and the attitude that mentally ill persons cannot be engaged in any productive ways

		Mentally ill persons cannot be engaged in any productive ways					
		Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
Gender of Respondent	Male	17	18	16	14	19	84
	Female	15	23	25	19	21	103
Total		32	41	41	33	40	187

According to the information presented in Table 20, the attitude that mentally ill persons cannot be engaged in any productive ways is less prevalent among the male (29.7%) than among female respondents (36.9%). The results however indicate

that the disparity in the perception across the genders is not very substantial.

Table 21: Chi Square test for gender of respondent and the attitude that mentally ill persons cannot be engaged in any productive ways

	Value	df	Asymp. Sig. (2-sided)
Pearson Chi-Square	1.655 ^a	4	.799
Likelihood Ratio	1.655	4	.799
Linear-by-Linear Association	.144	1	.705
N of Valid Cases	187		

a. 0 cells (.0%) have expected count less than 5. The minimum expected count is 14.37.

The information on Table 21 indicates that $p > 0.05$ which implies that there is no association between gender and the attitude that mentally ill persons cannot be engaged in any productive ways.

To test the relationship between attitudes towards mental illness and the mentally ill and resilience, linear regression was used where respondent's attitudes towards mental illness (IV) was regressed against resilience of family members (DV).

Table 22: Model Summary of attitudes towards mental illness (IV) and resilience (DV)

Model	R	R Square	Adjusted R Square	Std. Error of the Estimate
1	.412 ^a	.1697	.117	.3205

a. Predictors: (Constant), C5

Table 22 shows the Model Summary of attitudes towards mental illness (IV) and resilience (DV). The value of R^2 was used to quantify the extent to which attitudes of the family members towards mental illness influence their resilience in caring for the mentally ill member. The findings of the study indicated that $R^2 = 0.1697$ which implies that the attitude of family members towards mental illness and the mentally ill member predict a

16.97% of the variation in their resilience in caring for the mentally ill member. This implies that attitudes towards mental illness and the mentally ill family member have a relatively high impact on the family members' resilience in caring for the mentally ill member.

Table 22: ANOVA of attitudes towards mental illness (IV) and resilience (DV)

Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	3.573	1	3.627	21.362	.002 ^a
	Residual	27.264	185	.147		
	Total	33.122	186			

a. Predictors: (Constant), C5

b. Dependent Variable: E1

Table 22 shows the Analysis of Variance (ANOVA) carried out on the variables. The value of significance (*p*-value) was used to estimate the extent to which the attitudes towards mental illness and the mentally ill influence the resilience of the family members. A small *p*-value (close to 0.00) implies a greater statistical significance of the influence and vice versa. The findings indicated that the *p*-value is small (*p*<0.05) implying that the relationship between attitudes towards mental illness and the mentally ill on care givers' resilience is statistically significant and that aspects of attitudes tested have a significant influence on the care givers' resilience.

IV. CONCLUSION

From the data collected, some of the respondents were of the opinion that mentally ill persons can never be normal again, while the rest have hope that they can lead normal lives once again. The longer the time lived with the mentally ill, the greater the tendency to adopt the attitude that the mentally ill family member can never be normal again. Majority of the respondents, (72.1%) disagreed with the statement that mentally ill persons are always violent and unpredictable. This indicates that the mentally ill fluctuate in their behavior.

The other aspect explored was that of stigma where 78.1% of the respondents said that mental illness the family to stigma. This attitude was found in all categories, regardless of the duration of time lived with the person with mental illness. It was however found that those who had lived with the mentally ill longer reported experiencing less stigma towards the family. This could be that they have learnt to cope better, and have changed their attitude. The respondents were also of the view that the mentally ill are a burden for other family members since they need to be given attention and be provided for. They also said that most of the times, the mentally ill cannot be engaged in productive ways.

Linear regression was used to test the relationship between attitudes towards mental illness and the mentally ill and the resilience of family caregivers. The findings were that 16.97% of the variation in their resilience in caring for the mentally ill member is explained by their attitudes. Attitudes therefore have a relatively high impact on the resilience of the family caregivers. Analysis of variance (ANOVA) was used to test whether the impact of the attitudes towards mental illness and the mentally ill on the caregivers' resilience was statistically significant. The *p*-value was less than 0.05 implying that the relationship between attitudes towards mental illness and the mentally ill and the caregivers' resilience is statistically significant and that the aspects of attitudes tested have a significant influence on the caregivers'

resilience. The null hypothesis: There is no statistically significant relationship between attitudes and the resilience of families living with mental illness is thus rejected.

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