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Adolescent Perception and Attitude Toward Mental Disorders: A Survey Among Adolescents in an Urban Area in The Federal Capital Territory, Abuja

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ABSTRACT

Background: Generally, there is limited public understanding of mental illness, and there are certain misconceptions regarding those who suffer from mental disorders. They cut across cultures, periods, and religions. Adolescents are not exempted from this limitation. This study seeks to assess the perception and attitude of adolescents towards mental disorders in Abuja. Methods: This was descriptive, cross-sectional study conducted between August and October, 2021 among adolescents in an Urban Area in the Federal Capital Territory, Abuja. Ethical approval was granted by Bingham University Teaching Hospital, Jos, Plateau State. Results: In summary, 239 (59.0%) were females, 166 (41.0%) were males. Adolescents had a negative attitude to mental illness as indicated by the composite mean (2.48). Only 55 (13.6%) believe that they are dangerous, 68 (16.5%) agree that they are aggressive and violent, 176 (43.5%) stated that they should be locked up. About half 229 (56.6%) stated that they would not be scared to be friends with a mentally ill person, 86 (21.3%) stated that will not. Over a third 280 (69.2%) of adolescents agreed to be in same class/school with a person that has a mental disorder, while 62 (15.4%) stated that they will not, 119 (29.4%) said that they would be embarrassed if they had a mental disorder, 145(35.8) said they cannot be friends with people with mental disorders, 124(30.7) stated that they cannot play with someone with mental illness. Conclusion: Adolescents had a negative attitude to mental illness; thus, they and the community will require reorientation about the fact that mentally ill people are dangerous and violent. This can be done through health education and promotions, story telling, role plays, peer group activities.

Keywords: Adolescents, Attitude, Perception, Mental illness, Mental disorders, Abuja, Mental health.

INTRODUCTION

Mental health is about enabling individuals and communities to achieve their life goals and is also important in the ability to think and interact with the world around us which is why mental health promotion, protection and restoration are vital globally [1] Historically, the term mental health owes its origin to the mental hygiene movement of 1883 [2]. The second session of the WHO's expert committee on mental health brought about the original definition of mental health which was "… a condition subject to fluctuations due to biological, social factors, which enables the individual to achieve a satisfactory synthesis of his own potentially conflicting, instinctive drives; to form and maintain harmonious relations with others and to participate in constructive changes in his social and physical environment" [2].

Mental disorders, also known as mental illness, are illnesses like anxiety disorders, intellectual and developmental disabilities, including autism, depression, schizophrenia, psychosis, post-traumatic stress disorders, and dementia. As stated by the World Health Organization (WHO), mental disorders are an amalgamation of abnormal thoughts, perceptions, emotions, behaviors, and relationships with others [3].

Generally, the public has a limited understanding of mental problems, and there are certain misconceptions regarding those who suffer from mental disorders. They cut across cultures, periods, and religions. Adolescents are not exempted from this limitation. But, perceptions and attitude towards mental disorders play a significant role in seeking modern therapy. Adolescence is an important phase in the life of a person. It is a period during which individuals start to develop and mature both physically and psychologically. During this critical period, social and emotional behaviors are also developed [4]. Literature [5], has shown that 55% of adolescents showed positive attitudes and 45% showed negative attitudes towards mental disorder, 61% believe people with mental disorders were dangerous, 76% thought people with mental disorders could commit violent crimes and 52 % believed they should be locked away. It has been demonstrated that attitudes have a significant impact on Nigerians' acceptance of those who suffer from mental illness [6].According to the WHO, 10–20% of teenagers globally suffer from mental problem [7]. Negative attitudes towards mental disorders are common in Africa and most developing countries. It showed that in most parts of Africa, similar negative beliefs and views are held about mental disorders [8]. In Nigeria, the public's view about mental disorders is unfavourable, with their reaction to the mentally ill being fear, disgust and embarrassment [9][10] This trend is similar among adolescents. This negative trend has its consequences on the victims' families or caregivers. The consequences may include stigmatization (rejection from social groups) and the financial cost of medical care. When compared to caregivers of chronic illnesses like cancer or other physical disabilities who receive social support from the general public, caregivers of patients with mental disorders do not receive the same support because of the stigmatization associated with mental disorders forcing them to shoulder the financial burden and deal with the emotional trauma alone [11][12]. The most common attitude towards mental disorders is due to the belief that it is due to supernatural causes like witchcraft, evil spirits, divine punishments, etc) [13][9] [14]. Other causes like psycho social causes (poverty, stress, drugs and alcohol abuse, traumatic events, shock) and medical causes (genetics, brain dysfunction and other biological factors) are not emphasized[9] [14]. This negative attitude has a significant impact on the rehabilitation and treatment of people living with mental disorders and mainly the type of treatment they seek.

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Although there are both positive and negative attitudes toward those who are mentally ill, these findings also demonstrate that students are mostly afraid of those who are mentally ill, which may be related to the teenagers' lack of understanding about mental illness. Teaching teenagers about mental health issues will have an impact on their lives, the lives of their parents, and the entire community. It will also help lessen the stigma attached to mental illness [5].

Attitudes have been shown to have a huge impact on the acceptance of the mentally ill among Nigerians [6]. Extant literature has linked negative societal attitudes with the behaviour of the mentally ill, rather than the causes of these mental illnesses [6] [15]Hence, Victims of mental disorders are habitually referred to as harmful, apprehensive, wobbly, defective, undependable, and murderous [15]. Therefore, the negative effect of stigmatizing attitudes and poor knowledge of mental illness among Nigerians suggest a significant dilemma in improving mental health in Nigeria. This is evident given the limited understanding about mental disorders and their causes. Conversely, this in turn affects the needed priorities on what services or facilities are required to manage them. Therefore, there is growing evidence that changing the attitude of Nigerians to mental disorders will result in better and more improved mental health care within the country[15]. In addition to this, an individual's knowledge, attitudes, beliefs and also, the stigma and discrimination expressed toward people living with mental illness in a society stem from societal structures. Societal attitudes held by societal structures is learned by adolescents and young people making them generate impressions and reactions based on the community actions towards people with mental illness along with their own beliefs and attitudes. Lastly, stigmatizing attitudes are said to develop early in childhood and continue to increase as they get older and do not change until much later in life. To this end, this study is seeks to examine the attitude of adolescents to mental illness in Nigeria using the Federal Capital territory as a case study.

Negative attitudes towards people with mental illness are often regarded as stigmatization and stigmatization manifests in negative stereotypes, and prejudice against a group of people and often leads to discrimination [16] This is a problem because; people with mental illness may be reluctant to seek help or even open up about having problems with their mental health [17].

METHODS

This descriptive cross-sectional study was conducted in Gwarinpa Abuja, the Federal Capital Territory (FCT) between August and October, 2021, to determine the perception and attitude of adolescents towards mental illness. Participants in the study were students between the ages of 10 and 19 years of age from secondary schools in Gwarinpa, Abuja, who gave their consent. The capital of Nigeria is Abuja, the federal capital territory (FCT), which has 3,564,126 inhabitants and is situated geographically in the middle of the country[18]. AMAC (Abuja Municipal Council), one of the six area councils that make up Abuja, is made up of the districts of Gwarinpa, Maitama, Wuse II, Wuse Zone 5, and Garki.

The Gwarinpa district is mostly an urban residential neighborhood where many government employees, construction company employees and those with private employment find accommodation. Seven Avenues make up Gwarinpa. It has 33 Secondary schools (31 private and 2 public) are located in Gwarinpa. Government junior and senior high school Gwarinpa Estate, is situated there on Third Avenue. The JSS1-3 and SS3 classrooms are housed in the same school compound, but the SS1 and SS2 courses have recently transferred to a different

school compound. The two schools are situated directly across from one another. The school is equipped with a library, a computer lab, chemistry, physics, and biology labs, among other things. There are 97 teachers working at the school in total, with administrative and non-administrative employees making up 46 of the senior secondary school's portions and 51 of the junior secondary school's sections. The minimum sample size was 424, but 405 adolescents participated, with a response rate of 96.0%. calculated using the Cochran formula [19] as shown below: $N = Z^2pq/d^2$

Where: N= minimum sample size required; Z=standard deviation with 95% confidence intervals (1.96 z value); P= 50% expected proportion used in a similar study [20]. Q= 1-p ; D= acceptable error margin 5 % (0.05);

$$N= \frac{(1.96)^2\ (0.5)\ (1\text{-}0.5)\ \ =}{(0.05)^2}$$

N=385 ≈ 424 (With an estimated non-response rate of 10%)
Participants were recruited using a multi-stage sampling design. It was done as follows; **Stage 1:** Selection of Gwarinpa district. a list of all 6 districts in Abuja Municipal Area council was used as sample frame. One (1) District was selected using simple random sampling (SRS) by balloting. **Stage 2:** Selection of school in Gwarinpa district. There are only two public schools in Gwarinpa (Government Secondary School Gwarinpa, Life-camp and Government Junior and Senior Secondary school Gwarinpa Estate, 3rd Avenue). Simple Random Sampling (SRS) technique (balloting) was utilized to select Government Junior and Senior Secondary school Gwarinpa Estate as the school. The sample frame was a list of the two schools. **Stage 3**: Selection of participants (Adolescents). Systematic random sampling was carried out, a list of students in each class was obtained with the sampling interval: k=N/n where N is the population size and n is the sample size[21] ; There are 1,380 students in the Senior secondary and 900 students in junior secondary making a total population of 2,280 students. Thus, k= 2,280/424=5.3. Every fifth student was chosen to take part in the study, and any absentees or students who declined to take part were replaced by the next name on the list. This was carried out up until the desired sample size was reached.

A pretested self-administered questionnaire was used for collecting the data. There are two sections to the questionnaire instrument. Questions about demographics make up the first section. Questions pertaining to attitude are included in the second section. The survey is closed-ended, which is useful for encoding data. The statistical software for social sciences (SPSS 25) version was used to analyze the data. Inferential statistics are performed using straightforward descriptive statistics like frequency, percentage, mean, and composite mean.

Outcome variables of attitude was assessed using, a five-point Likert scale was used with each response was scored with values 1-5 representing (strongly disagree, disagree, moderately agree, agree, and strongly agree respectively). The questionnaires are based on five-point Likert scale, with response options from Strongly Disagree (SD), Disagree (D), Moderately Agree (MA), Agree (A), and Strongly Agree (SA). The 5-point scale was adopted due to it increased usage as a scale in contemporary studies [22][23] In addition, the interval range was calculated and used to compare the mean of each response to determine the response interpretation of the 5-point scale used. Thus, Highest Likert score (Strongly Agree) =5; Lowest

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Likert score (Strongly Disagree) = 1; Total Number of Likert point Scale= 5 5-1 =4 ; 4/5=0.80 . To correct for bias [23] by making the difference uniform, 0.80-0.01=0.79 [23]. The table below shows the interval range and interpretation.

Table 1a: Interval Range and Interpretation

Scale	**Range**	**Response**	**Composite Mean interpretation**
5	4.20-5.00	Strongly agree	Very positive attitude
4	3.40-4.19	Agree	Positive attitude
3	2.60-3.39	Moderately agree	Moderate attitude
2	1.80-2.59	Disagree	Negative attitude
1	1.00-1.79	Strongly disagree	Very negative attitude

The composite mean was calculated by adding all individual means for each item and then dividing by the total number of items to determine the composite mean which is then used to ascertain the attitude. The composite mean was calculated using SPSS and compared with the table above to ascertain the level of attitude (if adolescent have positive and negative attitude). Furthermore, all the items in each section for attitude down into several tables to better explain the data. Attitude was grouped into danger posed by people with mental illness, and Adolescents Social distance toward people with mental illness. Lastly, percentages were calculated for the positive/ correct responses and negative/wrong responses gotten from adding strongly agree with agree responses along with strongly disagree and disagree to determine the number of adolescent's that agree or disagree with an item.

In assessing attitude towards mental disorders, a five-point Likert scale was used with each response. However, because of the negatively set questionnaire items, each response was reverse scored with values 1-5 representing (1- strongly agree, 2- agree, 3- moderately agree, 4- disagree and 5- strongly disagree respectively) The frequency and percentage of each item along with the mean and composite mean was analysed using SPSS 25. In addition, the interval range was calculated and used to compare the mean of each response to determine the response interpretation of the 5-point scale used. The Cronbach's basic alpha reliability test was used to verify and establish the reliability of the study instruments (items). Summarily, Cronbach's Alpha value based on eleven (11) standardized Items was 0.849 which is above 0.5 cut off point for reliability statistics. Constructs/items are internally consistent with each other if there Cronbach's alpha value is equal to or more than 0.50 [24] .This indicates the degree of internal consistency among the variables or scales used to measure the attitude of adolescents towards mental disorders in Gwarinpa FCT. Response rate was 96% as 405 participants returned the questionnaire out of 424.

The Bingham University Teaching Hospital Ethics Committee gave ethical approval, the Secondary Education Board (SEB), and the Universal Basic Education Board (UBEB) all gave their approval for the study's ethical conduct. Using an informed consent form, students, their parents/guardians, and the school administration gave their consent to perform the study. For pupils who were not yet of legal consent age, a witness was present and informed consent was obtained from the parents/guardians. The researcher strictly adhered to the moral standards, laws, and regulations governing the use of human beings in health research. This included requesting written informed permission following an oral explanation of the study's goals, objectives, confidentiality, and potential benefits to the participant. For students who were not

yet of legal age to assent, a witness was also required to be present. Each respondent received a brief explanation of the study's objectives. Privacy and confidentiality were maintained throughout the research. The respondent's information was only used for the purpose of this study. Respondents' involvement in this study was completely on voluntary participation. Before completing the questionnaire, each participant was required to sign an informed consent form.

RESULTS

Table 1b: Distribution of Adolescents by Class and Gender

Class	**Male**	**Female**	**Total**	**Percentages (%)**
JSS1	35	26	61	15.1
JSS2	30	23	53	13.1
JSS3	46	70	116	28.6
SS1	6	18	24	5.9
SS2	27	46	73	18
SS3	22	56	78	19.3
Total	**166**	**239**	**405**	**100**

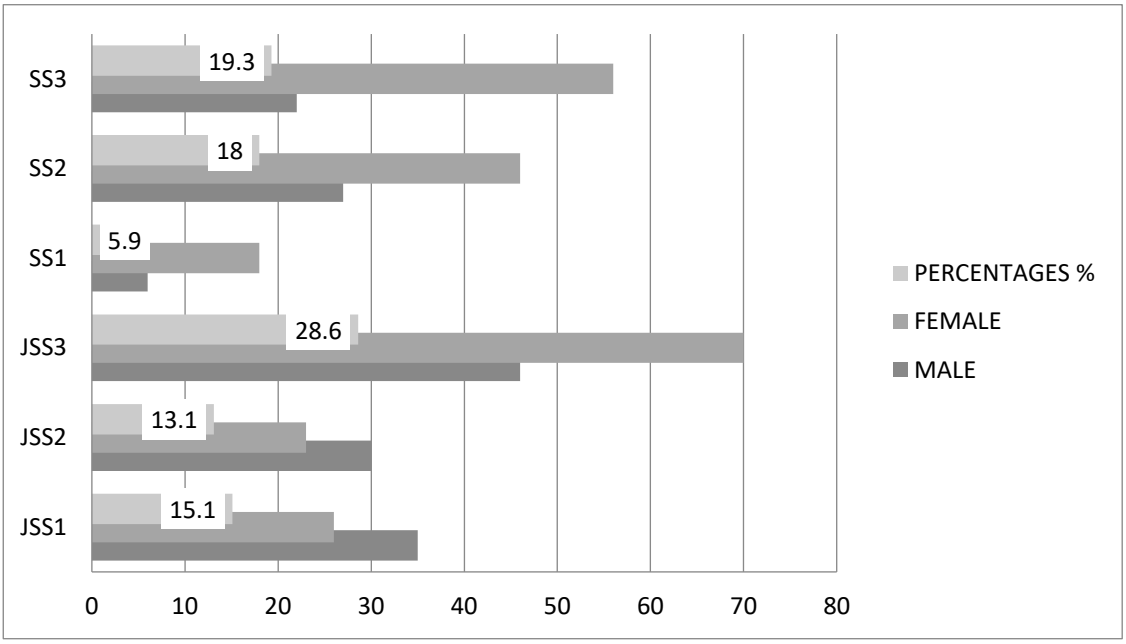

Figure 1: **Distribution of Adolescents by Class and Gender**

Distribution of Adolescents in the FCT by Class and Gender

Table 1 and Figure 1 above shows the distribution of adolescents by class and gender, which shows that more females than males who participated where JSS 3 students have the highest frequency with 116 (28.6%) adolescents altogether with 46 males and 70 females and the lowest frequency being adolescents in SS1 with 24 (5.9) altogether with 6males and 18 females. In summary, 239 (59.0%) were females, 166 (41.0%) were males.

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Table 2: Mean responses of Adolescent students on Attitude toward mental disorders

Item No	**Item**	**SA (1)**	**A (2)**	**MA (3)**	**D (4)**	**SD (5)**	**Mean**	**Decision**
A1	People with mental illness are dangerous	21 (5.2)	34 (8.4)	62 (15.3)	180 (44.4)	108 (26.7)	2.21	Disagree
A2	People with mental illness are violent/ aggressive	14 (3.5)	54 (13.3)	90 (22.2)	149 (36.8)	98 (24.2)	2.35	Disagree
A3	I cannot play with someone that has mental illness	46 (11.4)	78 (19.3)	62 (15.3)	140 (34.6)	79 (19.5)	2.68	Moderately agree
A4	I cannot be friends with someone that has mental illness	43 (10.6)	102 (25.2)	74 (18.3)	129 (31.9)	57 (14.1)	2.86	Moderately Agree
A5	I would be scared to be friends with someone that has mental illness	27 (6.7)	59 (14.6)	90 (22.2)	157 (38.8)	72 (17.8)	2.54	Disagree
A6	We should not joke about mental illness	17 (4.2)	14 (3.5)	32 (7.9)	170 (42.0)	172 (42.5)	1.85	Disagree
A7	People with mental illness should not be put in the same class as normal students	34 (8.4)	34 (8.4)	51 (12.6)	157 (38.8)	129 (31.9)	2.23	Disagree
A8	Being in the same class as someone who has mental illness is dangerous	31 (7.7)	31 (7.7)	63 (15.6)	168 (41.5)	112 (27.7)	2.26	Disagree
A9	I would be embarrassed if I had mental illness	38 (9.4)	81 (20.0)	53 (13.1)	148 (36.5)	85 (21.0)	2.60	Moderately Agree
A10	People with mental illness should be locked up	66 (16.3)	114 (28.1)	49 (12.1)	119 (29.4)	57 (14.1)	3.03	Moderately agree
A11	I cannot invite someone with mental illness to my house	42 (10.4)	72 (17.8)	73 (18.0)	129 (31.9)	89 (22.0)	2.63	Moderately agree
	Composite Mean						**2.48**	**Negative Attitude**

Table 3: Adolescent students perceived danger posed by persons with mental disorder

Item No	**Adolescent students perceived danger posed by persons with mental disorder**	**Number of Positive /correct Reponses (%)**	**Number of Negative/wrong responses (%)**
P1	People with mental illness are dangerous	288(71.1)	55(13.6)
P2	People with mental illness are violent/ aggressive	247(61.0)	68(16.5)
P5	I would be scared to be friends with someone that has mental illness	229(56.6)	86(21.3)
P8	Being in the same class as someone who has mental illness is dangerous	280(69.2)	62(15.4)
P10	People with mental illness should be locked up	176(43.5)	180(44.4)

Adolescent attitude and perceived danger posed by persons with mental disorder in the FCT.

Table 1 above show the mean responses of the adolescent students. Adolescents show negative attitude to mental illness as indicated by the composite mean (2.48).

Table 3 shows a breakdown of adolescent's attitude in terms of adolescent's perceived danger posed by persons with mental illness (after applying reverse scoring).

Table 3 shows that majority 288 (71.1%) of adolescents disagree that mentally ill persons are dangerous while 55 (13.6%) believe that they are dangerous. A higher proportion 247 (61.0%) of the adolescents disagree that mentally ill persons are aggressive and violent, while 68 (16.5%) agree that they are aggressive and violent.

About half 229 (56.6%) stated that they would not be scared to be friends with a mentally ill person, 86 (21.3%) stated that will not.

Over a third 280 (69.2%) of adolescents agreed to be in same class/school with a person that has a mental disorder, while 62 (15.4%) stated that they will not.

Less than half 176 (44.5%) of participants feel that the mentally ill should not be locked up, while 176 (43.5%) felt they should be locked up.

Table 4: Adolescents Social distance toward people with mental illness

Item No	**Adolescents Social distance toward people with mental illness**	**Number of Positive /correct Reponses (%)**	**Number of Negative/wrong responses (%)**
P3	I cannot play with someone that has mental illness	219(54.1)	124(30.7)
P4	I cannot be friends with someone that has mental illness	186(46.0)	145(35.8)
P6	We should not joke about mental illness	31(7.7)	342(84.5)
P7	People with mental illness should not be put in the same class as normal students	286(70.7)	68(16.8)
P9	I would be embarrassed if I had mental illness	233(57.5)	119(29.4)
P11	I cannot invite someone with mental illness to my house	218(53.9)	114(28.2)

Adolescent attitude and social distance toward people with mental disorder in the FCT.
Table 4 shows a breakdown of adolescent's attitude in terms of adolescent's social distance toward people with mental illness.

Table 4 reveals that majority of the respondents 84.5% disagreed with the item "we should not joke about mental illness" while 70.7% disagreed that people with mental illness should not be put in the same class as normal students.

More than half of the respondents 233(57.5%) said that they would not be embarrassed if they had a mental disorder, 119 (29.4%) said they would.

About half, 218 (53.9%) stated that they can invite someone with mental illness to their house 57, while 114 (28.2%) stated that they cannot invite someone with a mental disorder to their house.

A higher proportion 186 (46%) of the adolescents agreed that they can be friends with people that have mental illness while 145(35.8) aid they cannot be friends with people with mental disorders.

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About half 219 (54.1%) can play with someone that has mental illness, while 124(30.7) stated that they cannot play with someone with mental illness.

DISCUSSION

The results for this study show that the adolescents have negative attitudes to mental illness as indicated by the composite mean (2.96) (after negative scoring) (Table 2). The results reveal that a proportion of the adolescents hold stigmatizing attitudes toward people with mental illness. This corroborates with finding carried out in other studies carried out in Nigeria where the respondents held stereotyped attitudes to mental illness and also show social distance toward people living with mental illness [5] ,[17], [24], [25] Furthermore, adolescents and the general population have been shown to have negative attitudes about mental illness and hold a stereotyped attitude towards people with mental illness[26],[27] [28], [29]. A survey done in America showed that respondents avoided people with mental illness because they perceive them as threats, adolescents held perceptions that people with mental illness are violent and dangerous [30]. This negative attitude will presents a critical public health challenge, as adolescents will not see the need to seek treatment and care, if they develop mental illness. They may not give support to people with mental illness around their environment.

In the same thought, 44.4% of the adolescents said that people with mental illness should be locked up which is similar to a study carried out in Nigeria where 45% of the adolescents believed that people with mental illness should be locked up [31]. The belief that peoples with mental illness should be locked up usually stems from the belief that people with mental illness are dangerous or aggressive which is considered a primordial belief based on ignorance [29] [32],15.4% of the adolescents said being in the same class as someone with mental illness is dangerous. Surprisingly, in this study majority of adolescents (61.0%) disagreed that people with mental illness are violent/ aggressive and dangerous (71.1%). A similar study in India, agrees with these findings, as almost (74.3%) of the adolescents believed that people with mental illness were unpredictable, (35.7%) were violent, (41.4%) held stereotyped attitudes and believed that it is easy to recognize people with mental illness [33].

This is less stigmatizing than results reported in other studies like in a study carried out in Eritrea east Africa where 76% of the respondents agreed that people with mental illness are dangerous [20], another study carried out in Nigeria revealed that 45% of the adolescents believe that people with mental illness are dangerous. The findings from the present study show an improvement in the attitudes to mental illness among adolescents in Nigeria. However, there is still a need for better awareness about mental illness as 84.5% of the adolescents disagreed with the item “we should not joke about mental illness”. This shows the presence of stigmatizing attitudes to mental illness among adolescents in the study. This is unlike previous study carried out in Nigeria where only 7.0% of the respondents disagreed that jokes about mental illness are hurtful [17] . A study done in Nigeria also showed stigmatizing attitude was high among adolescents as; 69.7% would not be happy to sit on a bus with people with mental illness described in the vignette, 58.2% would not want people with mental illness to teach their children [34]

Adolescents also exhibit social distance towards people with mental illness, they tend to avoid those with mental illness, 21.3% of adolescents said that they would be scared to be friends with someone with mental illness, 35.8% said they cannot be friends with someone that has

mental illness and 30.7% said they cannot play with someone that has mental illness. This corroborates with a study carried out in Nigeria where 28.9% of the respondents said they cannot be friends with someone that has mental illness [17]. These findings show societal views about people with mental illness which is not that surprising seeing as adolescents have a negative attitude towards mental illness. These findings also seem to show that negative attitude about mental illness translates to the social distance adolescents have towards mentally ill people. This social distance eventually leads to social disconnection by those with mental disorders leading to a viscous cycle of mental illness. Communities should work towards social reintegration of those with mental disorder. This helps to improve their mental state.

Furthermore, 28.2% of the adolescents said that they cannot invite someone with mental illness to their house this is similar to a study carried put in Nigeria[17]where the respondents said they cannot invite anyone with mental illness to their house. This also stems from perceived societal beliefs held by the adolescents.

In an African context, after studying the attitude toward mental illness among secondary school students in Eritrea, East Africa, 76% of the respondents agreed that people with mental illness can be dangerous. However, most adolescents showed a positive attitude to mental illness, the majority disagreed that they would not be ashamed if a family member had a mental disorder (83%) and were willing to trust the work of someone with mental illness (76%). the authors attributed this to the fact that they may have had increased contact with people with mental illness, students also showed positive attitudes to the effectiveness of medical treatment [20]. These results are similar to a study carried out in Nigeria where respondents (45%) had negative attitudes to mental illness and agreed that people with mental illness are dangerous, should be kept out of residential areas and people with mental illness should be locked away [31].

Less than a third (29.4%) of adolescents said that they will be embarrassed if they had mental illness this is different from a study carried out South-South Nigeria where 67.5% of the adolescents said they would be embarrassed if they had mental illness [17]. This does not help their help seeking preference as they may be reluctant to seek help in a hospital or open up about having problems with their mental health with experts [17]. Some literature [15][27] [28] have shown that there is growing evidence that changing the attitude of adolescent and communities in Nigerian towards mental disorder, a positive attitude will result in a better and more improved mental health care within the country. More so, [6] it has been postulated that positive attitudes have been shown to have a huge impact on the acceptance of the mentally ill among Nigerians. And this acceptance leads to comprehensive care of the mentally ill.

CONCLUSION

In summary, 239 (59.0%) were females, 166 (41.0%) were males. Adolescents had a negative attitude to mental illness as indicated by the composite mean (2.48). Only 55 (13.6%) believe that they are dangerous, 68 (16.5%) agree that they are aggressive and violent, 176 (43.5%) stated that they should be locked up. About half 229 (56.6%) stated that they would not be scared to be friends with a mentally ill person, 86 (21.3%) stated that will not. Over a third 280 (69.2%) of adolescents agreed to be in same class/school with a person that has a mental disorder, while 62 (15.4%) stated that they will not. 119 (29.4%) said that they would be embarrassed if they had a mental disorder, 145(35.8) said they cannot be friends with people

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with mental disorders, 124(30.7) stated that they cannot play with someone with mental illness.

RECOMMENDATIONS

To the Communities

Activities geared towards attitudinal changes and thoughts should be organized. Town hall meting to engage the community gate keepers on need to avoid stigmatization of mentally ill people. To accept their humanness and give them support. Removal of all cultural practices and beliefs that promote negative attitude.

To the Adolescents

Adolescents should be guided and reoriented about the fact that mentally ill people are dangerous and violent. They should be taught using story telling, role plays, peer group activities about the non-violent nature of the mentally ill.

To the Government (State and Local Government)

Community activities can be arranged to integrate mentally challenged people into the society like dancing competitions, minor jobs, cleaning, sports and so on for adolescents including special activities for the mentally ill. This will foster acceptance and friendships and reduce fear, suspicion, stigma and social disconnection. State government / local government should organize awareness campaigns, like gingles, Television and radio programs, social media messages and skits to sensitize the public to avoid negative attitude towards mental illness. Governments can subsidize the cost of treatment for mental illness to promote positive attitude and care.

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