

Factors Affecting the Perception of Mental Health and Mental Health Services among University Students of Kampala International University, Western Uganda

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ABSTRACT

Mental illness is a maladaptive response to stressors from the internal or external environment, manifested by thoughts, feelings, and behavioral disturbances. Consequently, people with mental illness are often seen to be aggressive, dangerous, violent, unpredictable in their behavior, unable to handle too much responsibility, and more likely to commit offences or crimes. To assess the perceptions, level of knowledge and socio-demographic factors affecting the perception of mental health and mental health services among Kampala International University students. This was an institution descriptive and analytic cross-sectional study that employed both quantitative methods of data collection to gather data that was used to establish associations between the dependent and independent variables. A big percentage (45.4%) strongly agreed that mental disease was treatable which was low compared to (73.3%), and 0.3% believed that mental disease was not treatable, which was low compared to 3.3% in a study carried out in Uganda by Wallace, some statements which describe a person with mental illness, the majority of the participants (91.3%) ticked has been admitted, most (77.2%) ticked yes for bouts of depression, a greater number (50.4%) ticked yes for born with an abnormality in the brain, majority (61.7%) ticked not responsible for own actions, a greater number (72.2%) of the participants knew a health patient as a person who was incapable of making simple decisions. The perceptions associated with factors and knowledge of mental health and mental health services were significantly associated with age and family history of mental illness.

Keywords: Mental illness, Behavioral problems, mental health, Family history.

INTRODUCTION

Mental illness is a maladaptive response to stressors from the internal or external environment, manifested by thoughts, feelings, and behavioral disturbances. Consequently, people with mental illness (PMI) are often seen to be aggressive, dangerous, violent, unpredictable in their behavior, unable to handle too much responsibility, and more likely to commit offences or crimes [1-3]. Mental health problems have become an alarming condition in the present health scenario. World Health Organization report reflects that one in four persons fulfil the criteria of any mental illness at least once at some point in their lifetime [4]. Mental and behavioral problems exist in all countries, in women and men at all stages of life, among the poor and rich and among rural and urban people. As many as 450 million people worldwide are estimated to be suffering at any given time from some kind of mental or brain disorder, including behavioral and substance-related disorders [5]. Mental health disorders constitute the major causes of disabilities worldwide, accounting for 37% of all healthy life years lost through disease. Mental illness is a disabling, chronic condition that poses numerous challenges in its management and as a risk factor for other health problems [6]. World Health Organization (WHO) estimates the prevalence rate of mental illnesses to be from the lowest in Japan at 3% to 16.9% in the United States of America, and other countries ranging from 8% to 12% [7]. It is estimated that one out of five Americans suffer from mental illness, and during their lifetime, 50% of adult Americans will have a current diagnosis or history of mental illness [8]. In a national study of the prevalence of psychiatric illnesses in the United Arab Emirates among 610 elder populations, the results showed that 20.3% had depression, and 5.6% having anxiety disorder [9]. The national prevalence rate for mental illnesses in India is found to be 73/1000 population [4]. The Indonesian Health Ministry (2013) reported the prevalence of mental illnesses, such as schizophrenia, is approximately 1%, and emotional disorders affect approximately 6% of the total population.

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Holistically, what one culture may consider as a mental disease or abnormal behavior may be seen as normal in another culture. This dissimilarity in conception shows bias in the definition, identification and management of a mentally ill individual. There is often disagreement and lots of debate on how to understand mental illness in developing countries across different cultures [10, 11]. According to a survey of mentally healthy people from 21 countries, as many as 78% of respondents in developed countries and 15-16% in developing countries believe that PMI are more violent than the average person [12]. Moreover, approximately 90% of PMI admitted to experiencing stigma, and 86% of PMI had experienced discrimination [13]. That study showed that PMI experienced stigma or suffered negative attitudes from society. A study conducted in Southeast Asian countries, including Vietnam, suggested that suicidal ideation rates among college students were 11.7%, while similar rates for this age group in the U.S. were at 8.8% [14]. A study on psychological distress among college students in India suggests that psychological distress, which is associated with other negative outcomes (e.g. academic failures, substance abuse, suicidality), is common [15]. Societal attitudes and beliefs can affect the acceptance and treatment of individuals with mental illness. The concept of mental illness may not be known by everyone and thus it may be difficult to measure society's perceptions in general about mental illness. Nonetheless, one could argue that many educated people will have an idea about the concept of mental illness. University students from various segments of society are believed to meet the condition of being educated and are seen to bear traces of the beliefs about mental illness from their expanding environment [16].

Mental illness accounts for approximately 7.4 % of global disease burden, with depressive disorders projected to be the leading contributor to global disease by 2030 [17]. The global burden of mental health disorders is a significant public health issue [18]. Mental health is one of the most recent additions to the United Nations Sustainable Development Goals, while historically the majority of the goals were for communicable diseases [19]. One population that has a risk for mental health issues is college students [20, 21]. Uganda has a predominately young population with ~47.3% being under 5 years. Approximately, one in five children and adolescents suffer from mental disorders. Mental health disorders are one of the top 5 leading causes of years lost to disability among the youth and young children with depression in particular being the largest cause of the burden of mental diseases among young people. Many mental health problems emerge in late childhood and early adolescence. Poor mental health or disruptive behavioral disorders negatively impacts health and development of adolescents and is associated with several health and social outcomes e.g. alcohol and illicit substances use, risky sexual behavior, adolescent pregnancy, school dropout, crime and unemployment [22]. Patients with mental health disorders do not only have to endure the burden of having the condition but also the stigma that results from it, and that is classified into: public stigma, institutional stigma, and self-stigma [23]. Higher education leaders, scholars, and administrators have given less attention to student mental health than to other comparable factors known to affect college student retention, including financial stress, social connectedness, sense of belonging, and academic preparedness. This paper assessed the perceptions, knowledge and socio-demographic factors associated with the perceptions of mental health and mental health services among university students at KIU western campus.

METHODOLOGY

Study design

This was an institution descriptive and analytic cross-sectional study that employed both quantitative methods of data collection to gather data that was used to establish associations between the dependent variable and the independent variables. The cross-sectional survey research design was used because the method gathers data from a relatively large number of different categories of respondents at a particular time in a qualitative manner without having to follow up the participants and hence it's cheaper on addition to being time saving.

Area of Study

This study was conducted at Kampala international University which is in Ishaka Town, a main town in Bushenyi district, and located in the north of Bushenyi district, south west of Mbarara district and around 78km from Mbarara town which is the biggest city in Western Uganda. Bushenyi district is also located around 361km in the south west of Kampala (capital city) by road. Ishaka town's coordinates together with the municipality as all are believed to be 0o 32' 40.00"N, 30o 8' 16.00"E (Latitude: 0.544445, Longitude: 30.137778).

Study population

All students of Kampala international University constituted the study population.

Sampling Technique

In order to collect scientific data that can be used to draw inferences on a large body of data on and to come up with conclusions about all the students in the entire university, the methods/techniques selected for the study were based on probability sampling. The main method that will be employed in selecting sample from the population were simple random sampling technique.

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Simple random Sampling

With this method, the researcher identified the study population, chose the sample size, the population was listed, numbers were assigned to the units, random numbers were found and individuals were selected to take part in the study. The aim of the simple random sample was to reduce the potential for human bias in the selection of cases to be included in the sample. Each of the university students in the study population had equal chances of participating in the study.

Sample size determination

Fisher's formula was used to determine the Sample size [24].

$$n = \frac{z^2 p(1 - p)}{d^2}$$

Where,

n = Minimum sample size

Z = the table value for standard normal deviation corresponding to 95% significance level (=1.96)

P = Prevalence of characteristic being estimated

d = Margin error, set at 0.05

The sample size of this study will be calculated using the estimated prevalence of 50% based on since there was no similar study done in the local context and the value used for P will be 50%.

$$n = \frac{z^2 p(1 - p)}{d^2}$$

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

$$n = \frac{3.8416 \times 0.5 \times 0.5}{0.0025}$$

$$n = \frac{3.8416 \times 0.25}{0.0025}$$

$$n = 384$$

From above, our sample size will be 364 participants.

Inclusion criteria

All university students who were registered with the university with a valid identification card and who consented to take part in the study were included.

Exclusion criteria

- University students who refused to consent.
- University students who were not registered with the university.
- University students who were not citizens of Uganda.

Study procedure

A total of 384 randomly selected university students from Kampala International University, western campus was recruited to participate in the study making sure there was a fair representation of participants from each faculty and class. After explaining the purpose of the study to the study participants, written consent was sought from the participants. Those who did not consent to take part in the study were allowed to opt out of the study. Relevant information from the students regarding their knowledge, perceptions towards mental health and their socio-demographic characteristics, was filled in the self-administered questionnaires.

Data collection Instruments

A data collection instrument is a tool that is used in data collection such as a questionnaire. This provided a guide to the researcher to collect adequate data that helped him answer the research questions to achieve the study objectives.

Questionnaires

Questionnaires were used by the researcher as the main data collection tool. This was because all the study participants can read and write and were able to understand English. A questionnaire is a written form of questions that are systematically arranged to enable the researcher come up with clear findings that can answer the research questions. Research questionnaire was prepared following the available literature and was used in capturing data as required by specific objectives. The data was collected by the principle investigation, guided by the research supervisor. Questionnaires are the most generally used instrument of all according to Langford (2001) because they are “easy to administer, inexpensive and offer anonymity. A questionnaire is the best instrument because it gives the respondents time to fill them without being intimidated by the researcher’s presence.

Validity of instruments

Before the instruments were administered to data collectors, they were first examined by colleagues taking a similar program as the researcher’s. They were then scrutinized by the supervisor to ensure that the terms used in the questionnaire and interview are precisely defined and properly understood. Content Validity Index was calculated basing on judgment by at least two knowledgeable people (Judges). When the result got was 0.7 and above, the instrument was deemed valid for use.

Pretesting of data collection tool

The data collection tool was tested among university students from Mbarara University of science and technology one week prior to the start of data collection. A few changes in the wordings and questions were done where needed.

Data management

The principle investigator ensured that all data collected was reviewed at two levels prior to data entry into the research database and upon entry prior to analysis. The data collection and entry process was planned in such a way that all data collection sheets completed in a day were reviewed and entered on the same day.

Data analysis plan

Data was checked for completeness and then entered into computer software called Microsoft excels. The entered data was then exported into SPSS version 25 for analysis or STATA Version 14.2. The analyzed data was presented as means of standard deviation in form of tables, charts and figures to give descriptive statistics as per the theme of the study in one way or another. The perceptions towards mental health and mental health services among university students was analyzed in terms of frequency and percentage with a 95% confidence interval and information will be summarized in form of tables, pie charts and narrations. The knowledge on mental health and mental health services among university students was analyzed in terms of frequency and percentage with a 95% confidence interval and information was summarized in form of tables, pie charts and narrations. The socio-demographic factors associated with the perceptions towards mental health and mental health services among university students were assessed using Binary logistic regression. Both bivariate and multivariate logistic regression analysis shall be carried out. Interaction and confounding were assessed using chunk test (log-likelihood and 10% cut off) respectively. The variables in the final multivariate model will be significant when $p \leq 0.05$. The measure of association will be reported as odds ratios (ORs) with corresponding 95% CI and p-value. To establish the factors that are independently associated with perceptions towards mental health and mental health services among university students, a multivariate logistic regression was run with the factors having p-values less than 0.2.

Quality assurance and quality control

The principle investigator ensured that all tools were tested for relevancy to ease the understanding and appropriateness before data collection. This will help the researcher to ensure accuracy, validity and reliability of the tools in order to find out the relevancy of the study objectives to the study area. These pre-test questionnaires will not be included in the final data analysis.

Ethical considerations

It is important to note that before embarking on this research, ethical approval was obtained from the concerned authorities.

RESULTS

Social demographic data findings

Table 1: Table showing socio demographic factors of study participants

	Frequency	Percent
age		
15-19 years	73	19.2
20-24 years	167	43.8
25-29 years	76	19.9
30-34 years	50	13.1
35 years and above	15	3.9
gender		
male	267	70.1
female	114	29.9
Religion		
catholic	148	38.8
Anglican	102	26.8
Jehovah's witness	48	12.6
Muslim	46	12.1
others	37	9.7
marital status of mother		
single	204	53.5
married	82	21.5
divorced	31	8.1
cohabiting	64	16.8
level of education of mother		
none	125	32.8
primary	85	22.3
secondary	170	44.6

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1	0.3
occupation of parents/guardian	
peasant	71 18.6
business man	133 34.9
civil servant	75 19.7
private employee	20 5.2
self employed	82 21.5
region of origin	
central	116 30.4
eastern	36 9.4
western	223 58.5
northern	6 1.6
area of residence	
urban	228 59.8
rural	153 40.2
history of mental illness	
yes	123 32.3
no	258 67.7
know anyone with a mental illness	
yes	194 50.9
no	187 49.1
awareness on mental illnesses	
yes	248 65.1
no	133 34.9
class	
1st year	84 22
2nd year	162 42.5
3rd year	52 13.6

4th year	42	11
5th year	41	10.8

A greater number of the participants were males (70.1%) most were aged between 20-24 years (43.8%) by religion, most (38.8%) were Catholics, the marital status of mothers of most participants (53.5%) were single, most (34.9%) guardians were business men, urban is where a greater number (59.8%) of the participants lived, and most came from western Uganda.

Table 2: shows the Perception about mental health and mental health services

	Frequency	Percent
Due to substance abuse		
strongly agree	258	67.7
agree	123	32.3
due to genetic inheritance		
strongly agree	161	42.3
agree	124	32.5
un decided	41	10.8
disagree	39	10.2
strongly disagree	16	4.2
Due to head injury		
strongly agree	183	48
agree	150	39.4
un decided	13	3.4
disagree	21	5.5
strongly disagree	14	3.7
due to physical illness		
strongly agree	112	29.4
agree	130	34.1
un decided	71	18.6
disagree	49	12.9
strongly disagree	19	5
Is mental illness treatable		
strongly agree	173	45.4
agree	172	45.1
un decided	31	8.1
disagree	1	0.3
strongly disagree	4	1
contagious		
strongly agree	96	25.2
agree	49	12.9
un decided	48	12.6
disagree	38	10
strongly disagree	150	39.4
evil spirits		

strongly agree	62	16.3
agree	64	16.8
un decided	143	37.5
disagree	5	1.3
strongly disagree	107	28.1

responsibility to care for patients

strongly agree	252	66.1
agree	77	20.2
un decided	28	7.3
disagree	11	2.9
strongly disagree	13	3.4

stress

strongly agree	117	30.7
agree	161	42.3
un decided	42	11
disagree	33	8.7
strongly disagree	28	7.3

Is mental disease a punishment

strongly agree	60	15.7
agree	44	11.5
un decided	82	21.5
disagree	85	22.3
strongly disagree	110	28.9

Bivariate analysis of socio-demographic factors associated with perception towards mental health and mental health services among university students

Table 3: Bivariate analysis of socio-demographic factors associated with the perceptions towards mental health and mental health services among university students.

	Frequency	Percent	p- values	odd ratios
age				
15-19 years	73	19.2	0.091	0.784
20-24 years	167	43.8		
25-29 years	76	19.9		
30-34 years	50	13.1		
35 years and above	15	3.9		
gender			0.252	1.417
male	267	70.1		
female	114	29.9		
religion				
catholic	148	38.8	0	1.874
Anglican	102	26.8		

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Jehovah's witness	48	12.6		
Muslim	46	12.1		
others	37	9.7		
marital status of mother				
single	204	53.5	0.131	0.824
married	82	21.5		
divorced	31	8.1		
cohabiting	64	16.8		
level of education of mother				
none	125	32.8	0	2.182
primary	85	22.3		
secondary	170	44.6		
tertiary institution	1	0.3		
occupation of parents/guardian				
peasant	71	18.6	0.019	0.792
business man	133	34.9		
civil servant	75	19.7		
private employee	20	5.2		
self employed	82	21.5		
region of origin				
central	116	30.4		
eastern	36	9.4		
western	223	58.5		
northern	6	1.6		
area of residence				
urban	228	59.8	0	0.157
rural	153	40.2		
history of mental illness				
yes	123	32.3	0.021	0.519
no	258	67.7		
know anyone with a mental illness				
yes	194	50.9		
no	187	49.1		
awareness on mental illnesses				
yes	248	65.1		
no	133	34.9		
class				
1st year	84	22	0.499	1.081

2nd year	162	42.5
3rd year	52	13.6
4th year	42	11
5th year	41	10.8

Knowledge on mental health and mental health services.
Table 4: shows the knowledge on mental health and mental health services among university students

	Frequency	Percent
has to be admitted		
yes	348	91.3
no	33	8.7
has had serious depression		
yes	294	77.2
no	87	22.8
born with brain abnormality		
yes	192	50.4
no	189	49.6
person not responsible for own actions		
yes	235	61.7
no	146	38.3
incapable of making simple decisions		
yes	275	72.2
no	106	27.8
prone to violence		
yes	290	76.1
no	91	23.9
know advice for professional help		
yes	255	66.9
no	126	33.1
know treatment is effective		
yes	268	70.3
no	113	29.7
psychotherapy effective treatment		
yes	223	58.5
no	158	41.5
know it can recover		
yes	261	68.5
no	120	31.5

Figure 1

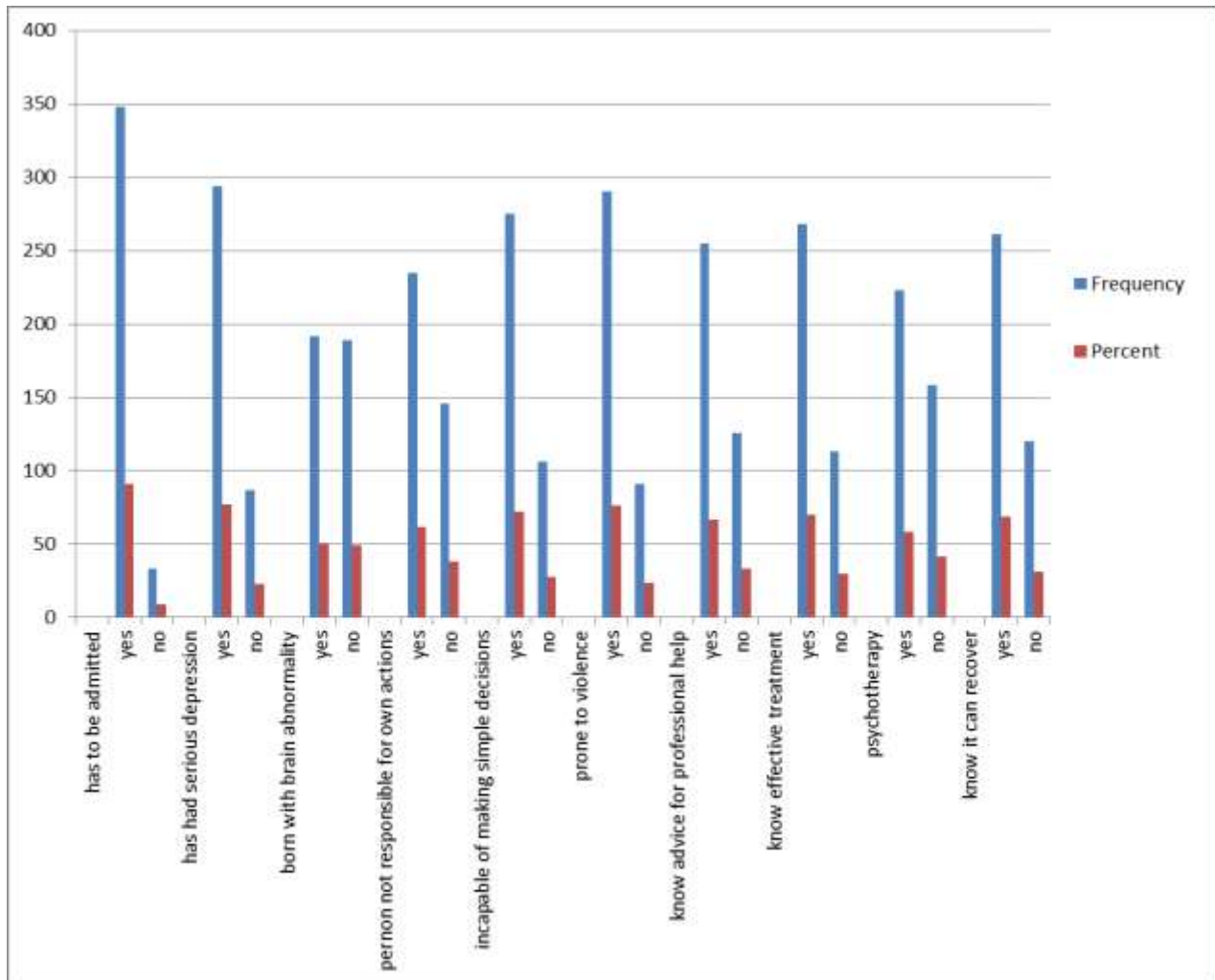


Figure 1: shows some statements which describe a person with mental illness; majority of the participants (91.3%) ticked has been admitted, most (77.2%) ticked yes for bouts of depression, a greater number (50.4%) ticked yes for born with an abnormality in the brain, majority (61.7%) ticked not responsible for own actions, a greater number (72.2%) of the participants knew a health patient as a person who is incapable of making simple decisions, and statements which assess stigma related to mental health knowledge; majority of the participants (66.9%) said yes, they know advice to give for professional help, most of the participants (70.3%) know treatment is effective in treating mental illness, a greater number of the participants (58.5%) know that psychotherapy is effective in treating mental illness and 68.5% know that mental illness can recover.

DISCUSSION

Socio demographic factors of study participants

A greater number of the participants were males (70.1%) most were aged between 20-24 years (43.8%) by religion, most (38.8%) were Catholics, the marital status of mothers of most participants (53.5%) were single, most (34.9%) guardians were business men, urban is where a greater number (59.8%) of the participants lived, and most came from western Uganda.

Perception about mental health and mental health services

Table 2: Majority of the participants (67.7%) strongly agreed that mental illness can be caused by substance abuse, a greater number strongly agreed that mental illness is caused by genetic inheritance (42.3%), majority (42.3%) agreed that stress can cause mental disease, most (48%) strongly agreed that head injury can cause mental

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illness, a big percentage (45.4%) strongly agreed that mental disease is treatable, most (39.4%) strongly disagreed that mental illness is not contagious, majority (37.5%) were undecided about mental disease being caused by evil spirits, majority (66.1%) strongly agreed that they have responsibility to care for patients with mental disease and most (28.9%) strongly disagreed that mental disease is a punishment. A big percentage (45.4%) strongly agreed that mental disease is treatable which is low compared to (73.3%), and 0.3% believed that mental is not treatable, which is low compared to 3.3% in a study carried out in Uganda by Wallace et al. [25].

Knowledge on mental health and mental health services

Table 4: shows some statements which describe a person with mental illness; majority of the participants (91.3%) ticked has been admitted, most (77.2%) ticked yes for bouts of depression, a greater number (50.4%) ticked yes for born with an abnormality in the brain, majority (61.7%) ticked not responsible for own actions, a greater number (72.2%) of the participants knew a health patient as a person who is incapable of making simple decisions, and statements which assess stigma related to mental health knowledge; majority of the participants (66.9%) know the advice to give for professional help, most of the participants (70.3%) know treatment is effective in treating mental illness, a greater number of the participants (58.5%) know that psychotherapy is effective in treating mental illness and 68.5% know that mental illness can recover.

CONCLUSION

The perceptions associated with factors and knowledge on mental health and mental health services were significantly associated with age and family history of mental illness.

Recommendations

People with a positive family of mental diseases should avoid situations, like stress and drugs of abuse which would trigger the mental illnesses. The government and potential health workers should consider availing programs to avail knowledge and awareness on mental diseases. Academicians, researchers and organization should carry out more studies related to perception and factors associated with mental health and mental health services.

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