



PATIENTS' PERCEPTION ON THE CAUSES OF MENTAL ILLNESS AT ZAURO GENERAL HOSPITAL, KEBBI STATE, NIGERIA

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Abstract

Mental illness is a health condition that changes a person's thinking, feelings, or behaviour (or all three) and that causes the person distress and difficulty in functioning. The purpose of this study was to explore the patient's perception about the causes of mental illness. The study was done at Zauro General Hospital Kebbi State Nigeria. An exploratory- descriptive design within the qualitative paradigm was used. In-depth one-on-one interview with ten (10) 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 perception on the causes of mental illness indicated that patients perceived genetics, physical illness, and chemical imbalance/chemical as the causes of their illness. It was recommended that health care providers should create an avenue to enlighten their patients on mental illness.

Keywords: Perception, Mental Illness, Patient, Causes

INTRODUCTION

According to World Health Organisation (WHO) and International Classification of Diseases (ICD-10); last revised in 1992 defines “mental disorder” as “a general term which implies the existence of a clinically recognisable set of symptoms or behaviour associated with interference with personal functions” (WHO, 1992). The second international standard is the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), revised in 2000 and used more frequently in the United Kingdom (UK) and the United State (US). According to this system, a “mental disorder” must comprise a manifestation of “behavioural, psychological, or biological dysfunction in the individual”. It is a clinically significant behavioural or psychological syndrome or pattern that occurs in an individual and that is associated with present distress or disability or with a significantly increased risk of suffering death, pain, disability, or an important loss of freedom (APA, 2000).

Patient’s Perception on the Causes of Mental Illness

In a research conducted by Kabir et al. (2004) on the perception and beliefs about the mental illness among adults in Karfi village, northern Nigeria shows that, misuse of drugs ranked highest among the respondents as a perceived cause of mental disorders than most of the other traditional aetiologies. Although drug abuse was acknowledged by Iliyasu and Last (1991) in their work on mental illness in Kano, northern Nigeria as a leading cause of drug dependent psychosis, also reported that drugs and alcohol were considered by schizophrenic patients or their relatives to be a common cause of mental illness. This response may not be unconnected with the leading response (drug misuse), as many individuals are of the belief that one evokes supernatural wrath by taking intoxicants thus leading to the development of mental illness (WHO, 2001).

Another research conducted by Chakraborty, Das, Dan, Bandyopadhyay, & Chatterjee, (2013) on perceptions about the cause of psychiatric disorders and subsequent help seeking patterns among psychiatric outpatients in a tertiary care centre in Eastern India shows that, the participants gave highly variable responses to the question that assessed their opinion about the cause of psychiatric disorders. These responses have been divided for tabulation and analysis purposes into four categories namely bodily pathology, habits and practices, psychological cause, and supernatural cause. Nearly all (96.8%) the family members of subjects with schizophrenia had belief in supernatural

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causation. Near about half (48.4%) of the respondents attributed their family member's illness to excessive thinking as the single most important cause. Also, 77.4% of the respondents endorsed some bodily pathology as the cause of schizophrenia while only a minority (22.6%) attributed it to habits and practices.

Again, the research also shows that majority 80% of respondents with Obsessive Compulsive Disorders (OCD) and anxiety disorders viewed the problem arising out of too much thinking. Less than half of the subjects thought it was a kind of medical illness 40%, or because of dysfunction of specific organ system 40%, or blackmagic 40%. In case of somatisation and dissociative disorders, the majority 61.5% of the respondents were of view that it developed because of too much thinking. Only a minority were of the opinion that it was a medical illness 30.8% or caused by the way people cope or handle their situations 23.1% (Chakraborty et al., 2013).

Another research conducted on perceived causes of severe mental disturbance and preferred interventions by the Borana semi-nomadic population in southern Ethiopia: shows that, majority of respondents perceived that, supernatural influences in causing severe mental disturbance. Bewitchment, witchcraft and possession by evil spirits were all said to be the causes of mental disturbance. The concept of bewitchment was particularly related to the evil deeds of others, in order to retaliate to an offence or misdeed. According to the participants, when someone is bewitched, it not only makes the person develop severe mental disturbance, it also causes property loss. And the mental illness could also be transmitted to other people related with the person who is affected. Some perceived that 'exposure to wind' before a woman becomes clean from the blood after child birth to be a reason for attack by evil spirits. This idea was reflected particularly by female participants. Some were reported to have recurrent episodes with each child birth experience (Teferra & Shibre, 2011).

Biological Causes

Perceptions of the causes of schizophrenia are often linked to a belief in biological factors such as genetics and chemical imbalances in the brain (Angermeyer & Dietrich, 2006; Jorm et al., 1997; Schnitkker, Freese, & Powell, 2000; Zissi, 2006). This biomedical causality is reflective of Western society and the dominance of biomedical approaches to health and wellness. Interestingly, some researchers have found that while respondents believed schizophrenia was caused by biological factors, depression was

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attributable more to psychosocial factors (Angermeyer & Dietrich, 2006). This indicates that lay perceptions of the causes can be linked to the kind of mental illness and the extent to which it disrupts an individual's ability to conform to culturally based behavioural norms. At the same time, Cabassa, Lester, & Zayas (2007) indicate that some Hispanic immigrants believe that depression can be caused by having a chronic incurable physical illness such as HIV/AIDS; cancer, tuberculosis e.t.c while Urdaneta et al. (1995) state that many Mexican Americans with family members with bipolar disorder or schizophrenia attributed the strange behaviour of their family member to menstrual problems.

Supernatural theories

According to Alvidrez (1999), African Americans are more likely than White Americans to designate supernatural forces as a cause of mental illness. Studies conducted in Haiti (World Health Organization, 2010) and in New Zealand (Tamasese, Peteru, Waldegrave, & Bush, 2005) also found results consistent with belief in the role of supernatural forces playing a significant role in causing mental illnesses. In a study in Nigeria by Adewuya & Makanjuloa (2008), participants most frequently believed that mental illness was caused by alcohol and substance abuse, and evil spirits and witchcraft. These findings contradict findings from research conducted both in Mexico and on Mexican Americans, which suggest that a minimal number of respondents believed supernatural forces to be causes of mental illness (de Toledo Piza Peluso & Blay, 2004). Urdaneta et al. (1995) stated that their results believe the frequently encountered medical stereotype attributing such beliefs to Mexican Americans.

Intra-psychic causes

Life stress is associated with illnesses including acute and chronic illness development, and depression (Christiansen & Matuska, 2006). Gender-based attributions have been found to be important in some populations, such as in India where women were significantly more likely to agree that excessive worry was a causative element in depression (Kermode, Bowen, Arole, Joag, & Jorm, 2010). The fear of deportation has brought about increased mental distress for Latinos (Arbona et al., 2010; Garcia and Lindgren, 2009; Shattell, Hamilton, Starr, Jenkins, & Hinderliter, 2008). This constant fear prevents families from searching for health care services and employment or language skills assistance (Arbona et al., 2010). Hopelessness in Hispanic Americans has

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also been a predictor for depression and correlated with anxiety disorders (Blume, Resor, Villanueva, & Braddy, 2009). Recently immigrated Mexican-American adolescent's perceived lack of positive emotions and thought patterns as contributing to suicide (Garcia & Saewye, 2007).

Chemical imbalance/chemicals

Public perceptions have connected substance use with a range of elements. In a study by Hugo, Boshoff, Traut, Zungu-Dirwayi, & Stein (2003), substance abuse was most likely attributed to weak character (p.717), while Link et al. (2004) found that the public's perception of causes of alcohol and cocaine dependence was that they were a result of stressful circumstances in a person's life (p, 1330). In a Norwegian study, participants identified five main categories of causal beliefs regarding illegal substance use: biological, chance, lack of control, positive experience, and social (Wynn, Karlsen, Lorntzen, Bjerke, & Bergvik, 2009). A study conducted in the colonias near the U.S.–Mexico border found that participants who met the criteria for alcohol dependence experienced increased anxiety and post-traumatic stress, and that anxiety was correlated with alcohol use disorders (Blume et al., 2009).

Studies have also indicated that substance abuse is often seen as a cause of mental illness. For example, a study in the Netherlands found that over 70% of participants believed that mental illness is regularly or often caused by substance abuse (van't Veer, Kraan, Drosseart, & Modde, 2006), while a study in Brazil found that 94.2% of respondents agreed or partly agreed that schizophrenia was caused by drug use (de Toledo Piza Peluso, de Araújo Peres, & Blay, 2008). Urdaneta et al. (1995) found that Texan Mexican-American family members of persons with severe mental illness sometimes blamed the abnormal behaviours their family member was exhibiting on the use of substances. Cabassa et al. (2007) report that some Hispanics believed that mental distress can be both a cause and a result of substance use, in that individuals may use substances like alcohol as a means of coping with financial or family problems, and that the failure of this coping tool results in guilt and finally depression.

Acculturation

Research has found that acculturative stress is positively associated with psychological distress (Arbona et al., 2010). According to Thoman and Suris (2004), acculturative

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stress experienced by Hispanic psychiatric patients significantly predicted psychological distress. Mexican adolescent immigrant students described mental health problems resulting from difficulty adjusting to life as an immigrant in the U.S. and the related isolation (Garcia & Saewye, 2007). Males and undocumented immigrants reported higher levels of stress related to work and economic difficulties (Arbona et al., 2010). A major source of stress for adolescent Latino males was undocumented status, making them unable to obtain a driver's license or employment (Garcia & Lindgren, 2009). Decreased English language skills, retaining traditional values and being separated from family members also contributed to stress from financial or occupational problems for both documented and undocumented Mexican immigrants (Arbona et al., 2010). According to Hovey and King (1997) "some acculturating Mexican-Americans may be at increased risk for suicide" (p, 101).

Role conflict

Parents of both genders report role conflict between their work roles and parenting and marriage roles (Simon, 2007). For married professional women in the United States with children, depression is associated with role conflict (Reifman, Biernat, & Lang, 1991); working Korean women who view their maternal roles and their career role as incompatible can experience increased depression (Lee, Um, & Kim, 2004). In Meleis, Douglas, Eribes, Shih, & Messias, (1996), Mexican women reported that in their maternal role they worried about the stress of having to work while their sick child was in the care of another person, and that in their spousal role they experienced stress from overload from responsibilities and time demands coupled with lack of assistance from their spouses to respond to these demands (pp, 85-87). Latino parents also reported that lack of family communication and time was due to work demands (Garcia & Lindgren, 2009).

Age

Harmful childhood experiences have been shown to have a negative impact on adult mental health. Edwards, Holden, Felitti, and Anda (2003) found that "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" (p, 1453) (i.e., poorer mental health). According to a Brazilian study, 94.2% of

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respondents stated that schizophrenia was caused by old age problems (de Toledo PizaPeluso et al., 2008), while Mexican-American family members in Texas of persons with severe mental illness sometimes believed that abnormal behaviour exhibited by family members with mental illness was due to an accident in childhood (Urdaneta et al., 1995). Psychological stressors such as sexual abuse, domestic violence, and traumatic border crossings were frequently reported by Latinos in their personal histories (Shattell et al., 2008). For Mexican-American women, a history of sexual abuse as a child was significantly related to adult onset depression (Roosa, Reinholtz, & Angelini, 1999). According to Fornos et al. (2005), some Mexican-American adolescents felt that stressful life experiences could bring on depression.

Relationships and family

Research shows that if relationships are occupied by conflict or care giving demands, then psychological distress is present. Furthermore, marriages that end up in divorce or the loss of a loved one also produce psychological distress (Taylor & Repetti, 2005), and people who go through break-ups are also at risk for experiencing mental distress (Rhoades, Kamp Dush, Atkins, Stanley, & Markman, 2011). In a study in Japan, the majority of participants belief schizophrenia is caused by relationship problems (Tanaka, Inadomi, Kikuchi, & Ohta, 2005), while de Toledo PizaPeluso et al. (2008) found that, in Brazil, a large percentage (93.2%) of respondents believed that schizophrenia is caused by family problems. Latino parents describe parental conflict, domestic violence, and separation/divorce as mental health stressors (Garcia & Lindgren, 2009). Cabassa et al. (2007) found that some Hispanic immigrants believed that depression resulted from relationship/family problems, from being separated from family members, or from loss of a loved one.

Occupation and life attainment

According to Lerner, Levine, Malspeis, & D'Agostino (2004), "job strain. . . [is] significantly negatively associated with . . . health-related quality of life: physical functioning, role functioning related to physical health, vitality, social functioning, and mental health" (p. 1580). Brown et al. (2003) found that people who were unemployed experienced mental distress more often than people who were employed. People who do not feel secure in their job or feel as if they are not moving up the career ladder fast enough may also experience high levels of psychological stress (Taylor & Repetti, 2005).

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In a study in Malaysia, over 73% of participants felt that depression was caused by failure in achievements (Khan et al., 2009), while de Toledo PizaPeluso et al. (2008) found in Brazil that a large percentage (89.2%) of respondents believed that schizophrenia is caused by unemployment. Poor English speaking skills has been reported as an obstacle to obtaining work (Shattell et al., 2008). For Mexican immigrants, conflicts in the workplace caused strain in marital relationships, thereby increasing mental distress (Santos, Bohon, & Sánchez-Soza, 1998). Economic stress among Mexican-American parents is related to symptoms of depression, which are related to marital problems (Parke et al., 2004).

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' perceptions about the causes of mental illness.

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' perception about 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 Psychiatric Out Patient Department of Zauro General Hospital, Kebbi State Nigeria.

PARTICIPANT

The population for this study were ten (10) 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-

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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.

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.

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

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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.

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. Seven of the participants did not have any formal education and two (2) out of these seven were house wives, two (2) were farmers and two (2) 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 six (6) 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 perceptions about the causes of mental illness was biological causes of mental illness. Participants expressed mental illness can be inherited from the fore-fathers or ancestors, chemical imbalance as well as chemical was mentioned by some participants as causative agents, age and physical sickness was another causative agents laid by some participants. The four (4) subthemes are:

Genetics/Hereditary

Genetics were referred to by some participants as causal agents. In this study participants perceived that mental illness can be inherited from fore-fathers or ancestors, they also expressed that someone can be born with it.

Exemplar Quotes under genetics were:

Indo, believed in genetic causations of mental illness and said:

"Sometimes it's hereditary. I believe it's passed from generation to generation between genes .If one of your fore-fathers was mad you have every tendency of being mad. Sometimes you are born with it."

(Participant 1)

Another participant perceived that mental illness runs in families

"When either of your parent or both have madness, you will also become mad or if not you, then your children. I have seen one woman who is mad, her late mum was mad and she also gave birth to mad son."

(Participant 2)

A perception that mothers or one parent can give birth to mad children was also expressed:

"There was an old lady who was married to a man who wanted to have children. She gave birth to two children and the children were all mad because the old lady was mad"

(Participant 6)

Chemical Imbalance and chemicals

Majority of the participants mentioned chemical imbalance and chemicals as a casual agent of mental illness. Findings revealed that excess intake if alcohol and chemical imbalance in the brain can lead to mental illness.

The perception of chemical imbalance was reported as follows:

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"It could just be a chemical imbalance in the brain, that if everything around you is fine but you're feeling this way and there's no reason why, then I would think you probably need like some type of medication to control whatever imbalance you have in your brain."

(Participant 3)

Alcohol was perceived as poison which can lead to mental illness:

"Alcohol is a poison. God gives rain one day, and at other times it becomes dry. Just like that people may not always get alcohol. If they get money to buy alcohol in excess, they may become mad"

(Participant 4)

The madness associated with alcohol can lead to an attempted murder:

"As far as this alcohol is concerned, the person who drinks this thing is already mad. There is some guy who attempted to kill his mother when he is intoxicated with alcohol. He had to leave his mother alone, but he wouldn't do so. This is madness caused by alcohol. Drinking alcohol is madness".

(Participant 7)

Physical Sickness

Participants laid more emphasis on the physical sickness especially the sickness that cannot be cured example Human Immune Virus (H.I.V) and cancer and had this to say:

"It might be physical health that does not have anything to do with the mind, a sort of disability that cannot be cared. This can lead to mental illness'.

(Participant 5)

Physical illness like H.I.V/AIDS or cancer was associated with madness:

"Yeah! Physical sickness like H.I.V can cause mental illness especially to women because of their attitudes. Cancer can also make someone to become mad because there is one woman in our area who was diagnosed with breast cancer, she was hospitalized and eventually the breast was removed, so she became mad."

(Participant 8)

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Mental illness occurred at the time of diagnosis of H.I.V/AIDS:

"I have a cousin who had H.I.V/AIDS She has been going to hospital for drugs but when he was told that the disease has no cure he collapsed instantly and since that time he never came back to his normal senses."

(Participant 10)

Age

Aging was related to abnormal behaviour, forgetfulness and wrong accusations:

"As you age your mind just deteriorates . . .when you age you are not mentally healthy anymore; you forget people's names." My grandmother was one hundred and two years before she died she lost all her senses, she could not recognize me anyone, she can defecate and urinate on her cloth, talking irrationally and abusing everyone in the house. Sometimes she called people to come to rescue her from killers which never existed in reality."

(Participant 9)

DISCUSSION

One of the major finding that accounted for the patients perception about the causes of mental illness was biological causes of mental illness was been divided into genetic, chemical imbalance/chemicals, physical sickness and age.

Genetics/Hereditary

The participants indicated that mental illness can be transferred from one generation to another generation. Interestingly, this study echoes many of the findings of Cabassa et al.'s (2007) study on depression, in which participants were mostly female. In their study, when participants were provided a vignette of a depressed person, they described one of the causes of mental illness as genetics (Cabassa et al., 2007). This study also support the finding of Gureje et, al. (2005) in which it was reported that majority of the participants held the biopsychosocial causes such as drug and alcohol misuse, traumatic event/shock, stress, physical abuse and genetic inheritance as the causes of mental illness. This finding also support the findings of Solomon and Teshome (2004) in which some participants reported that mental illness could be inherited from parents to children. This study also support the finding of Shyangwa, Singh, and

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Khandelwal (2003) which revealed that majority (65.4%) of respondents believed that mental illness could be caused by genetic factor (Solomon & Teshome, 2004). This finding also goes in line with the study of Angermeyer & Deitrich (2006) where majority of the participants linked their perceptions on the causes of Schizophrenia as genetics. Findings also affirmed the on public beliefs about the causes and risk factors in which majority of the participants are of the beliefs that schizophrenia and depression is caused by genetic factors (Jorm et, al., 2005).

Chemical Imbalance and chemicals

The participants reported that chemical imbalance in the brain was the cause of mental illness and the use of illicit drugs such as alcohol. This finding support Kabir et, al. (2004) in which it was reported that misuse of drugs ranked highest among the respondents as a perceived cause of mental disorders than most of the other traditional aetiologies. Although drug abuse was acknowledged by Iliyasu and Last (1991) in their work on mental illness in Kano, northern Nigeria as a leading cause of drug dependent psychosis, This finding also support of Cabassa et al. (2007) who reported that some Hispanics believe that mental distress can be both a cause and a result of substance use, in that individuals may use substances as a means of coping with financial or family problems. The findings also concur a study of Link et, al., (2004) where majority of the participants expressed that alcohol and cocaine dependence can cause mental illness. The findings also support the study of done in Netherlands where over 70% of the participants believed that mental illness is regularly or often cause substance abuse (van't veer et, al., 2006). Finding also goes in line with the study in Brazil which found that over 94% of the respondents agreed that schizophrenia was caused by drugs use (de Toledo PizaPeluso et, al., 2008). The finding also cannot be disconnected from the study in Southern Ethiopia where on the perceived causes of severe mental illness where most of the participants reported that mental illness can occur as a result of excess alcohol intake (Teferra & Shibre, 2011). Contrarily, the study of Iliyasu & Last (1991) where some participant's alcohol and drugs abuse were not considered by schizophrenic patients to be the common cause of mental illness.

Physical Sickness

Another physical aspect was physical sickness. Participants stated that, mental illness is caused by physical sickness, physical disability which they termed as physical sickness

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can result into mental illness. This study echoes the finding of Cabassa et al.'s (2007) in which they reported that physical illness is one of the causes of mental illness. At the same time, they indicate that some Hispanic immigrants believe that depression can be caused by having a chronic incurable physical illness such as HIV/AIDS, cancer and tuberculosis (Cabassa et al., 2007). This finding also cannot be unconnected to the study of Chakraborty et al., (2013) where 77.4% of the participants endorsed that physical sickness as the cause of schizophrenia.

Age

Findings of the present study revealed that some participant stated that mental illness can be caused by aging. This finding support the findings of Jacobsson and Merdasa (2002) where they described old age as one of the causes of mental illness in their study done in western Ethiopia on the perception and treatment of mental illness. This finding also support the findings of de Toledo Piza Peluso et al., (2008) on their study on public conceptions of schizophrenia in urban Brazil which revealed that majority (94.2%) of respondents stated that schizophrenia was caused by old age. This findings contradicted the findings of Ganesh (2010) where 89% of the participants did not believed old age can cause mental illness. The finding also goes contrary to the findings of Jorm et al., (2005) where majority of the respondents attributed their beliefs on childhood problems as cause of mental depression.

CONCLUSION

The study investigated the patient's perception about the causes of mental illness in Zauro General Hospital Kebbi State Nigeria. The findings of this study indicated that participants reported genetics as well as hereditary as a causal agents of the causes of their illness. They pressed that mental illness can be transfer from one generation to another or some time individual was born with it which they referred as genetics. Chemical imbalance/chemicals like dopamine, serotonin in the brain, or excess alcohol consumptions 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. Consequently, lack or poor perception on the causes of mental illness can alter the help seeking behaviour of the patients. Therefore, it is highly recommended that further research be done on the patient's perception on the causes of mental illness. Also, since the study was done in the hospital and the sample size was small, it was recommended

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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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