

*Research Article***Knowledge, Attitude and Practices Regarding Mental Health Disorders among Social Work Students at Selected Universities in Mogadishu, Somalia**Abdullahi Ahmed Tahlil¹, Henrietta Newton Martin²*Received, 17 October 2022**Accepted, 5 November 2022**Available Online, 30 November 2022*¹*National Institute of Health, Federal Ministry of Health, Somalia*²*Lecturer, Department of Social Science, Accord University, Mogadishu Somalia***Author for Correspondence ORCID ID: <https://orcid.org/0000-0001-5079-3879>; tahlil090@gmail.com***ABSTRACT**

Background: Mental health issues are becoming more of a public health concern. It's one of the top ten causes of disability worldwide, accounting for roughly a third of all disabilities, and is widely acknowledged as a significant contributor (14%) to the global burden of disease. Mental illness has always been a significant problem, and it is becoming increasingly so in today's fast-paced world. Depression, bipolar disorder, schizophrenia, substance abuse, and dementia are all major contributors.

Objective: The objective of this study is to assess KAP regarding mental health disorders among social work students at selected universities in Mogadishu, Somalia.

Methodology: Descriptive, cross-sectional study with a quantitative approach was used to measure knowledge, attitude and practices of 278 social work students at selected universities using non-probability sampling through a 35-item self-administered questionnaire was conducted January 2022 to April 2022 with a predesigned, pretested schedule. Data was entered and analysed using Statistical Package for social Science (SPSS).

Results: Of the 278 respondents, 76.9% respondents were within the ages of 18-25 years. In terms of academic level, 217 students (78.1%) were enrolled in an undergraduate program. Majority of the respondents 81.3% had heard of mental illness, with 50.7% having heard about mental illness from hospitals. Only 32.3% of those with mental illness in their families concealed it. Only 20.5% avoided people with mental illness. 62.9% are unwilling to marry someone who has mental problems. Majority of the respondents 52.5% could not feel comfortable being seen in public with someone with mental illness. Only 13.3% said they could employ people with mental illness.

Conclusion and recommendations: The study concludes that most of respondents had aware of mental illness and hospitals were the main why they are aware. The study also revealed that stress and depression was the main cause of mental illness. Schizophrenia was identified as the

most common type of mental illness in this study. One of the major challenges faced by people with mental illness is stigma and discrimination. The study recommends that this issue be addressed through education in order to increase awareness and positive attitudes and practices of people toward mental illness.

Keywords: Knowledge, Attitude, Practice, Mental Health Disorders

INTRODUCTION

Mental illness has always been a major challenge, and it is increasingly important in today's fast-moving world. The World Health Organization (WHO) defines mental health as "a state of well-being in which a person is aware of his or her own abilities, can cope with normal life stress, is able to function productively and productively, and can contribute to improving his community" (1). Mental health issues are becoming more of a public health concern (2). It's one of the top ten causes of disability worldwide, accounting for roughly a third of all disabilities, and is widely acknowledged as a significant contributor (14%) to the global burden of disease (3).

Although mental diseases are quite common (17.6% globally), they are usually ignored and surrounded by misconceptions and stigmatization attitudes (4). According to the National Survey of Mental Disorders in Egypt, the total prevalence of mental disorders among adults was estimated to be 16.93%. The most common disorders in this study were mood disorders (6.43%), anxiety disorders (4.75%), and multiple disorders (4.72%) (4).

In Somalia, the field of mental health has received insufficient funding and has been neglected due to inefficient resource distribution by the international donor community and local public health authorities. The entire burden of caring for mentally ill people is placed on families and consequently on local communities, costing the entire society in terms of resources and development. According to estimates, Somalia has a higher prevalence of mental health issues than other low-income, conflict-ridden nations (one person out of three is or has been affected by some kind of mental illness). There are numerous factors that contribute to the high rate, including: general instability (including violence and displacement), war traumas, poverty, unemployment, and substance abuse (5). Mental illness carries a stigma attached to Somali society, where those with severe mental illness are often stigmatized and discriminated against. These patients are considered less qualified, and in many cases, no respect is shown to them. According to a Somali proverb, "the lost mind does not return easily" (6).

Mental health care remains a hidden responsibility in many lands, including Somalia, as the number of people suffering from mental illness continues to grow. After the outbreak of the civil war in Somalia in 1990, the country's mental health system was severely disrupted. Due to the lack of resources in Somalia and the lack of information on the Somali people about how to better help those with mental illness, it has led to the confinement of those who are mentally ill in beds or rocks with chains (7). The need for this research study therefore explores the knowledge, attitudes and practices regarding mental health disorders among Social Work students at selected universities in Mogadishu, Somalia.

MATERIALS AND METHODS

The research design was descriptive cross-sectional study with a quantitative approach was used. The study was conducted from January 2022 to April 2022. The sample size for the study was calculated using Cochran's formula, and a total of 278 social work student in selected universities were recruited by simple random sampling method through a 35-item self-administered questionnaire with a predesigned, pretested schedule. The schedule was divided into two sections: The first section included socio-demographic information, and the second included questions about mental illness knowledge, attitude, and practice (KAP). The researcher created a knowledge questionnaire based on facts about mental illness. The questionnaire included "Yes" or "No" type questions about attitudes and practices toward mental illness. All participants who agreed to participate were then given the biographical questionnaire as well as the Knowledge, Attitudes, and Practice toward Mental Health Problems Scale. The questionnaire took about 15-25 minutes to complete, and the researcher was available to answer any questions and provide clarifications as needed. The inclusion criteria were met by a social work student who are mentally and physically capable of being interviewed during the time frame specified, while those refusing to participate in the study, non-social work students, and student with mental illness and severely ill patients were excluded. Data was entered, cleaned and analysed using SPSS (Statistical Package for social Science) tool Version 25.0 statistical software. Tables, graphs and text were used for the interpretations the results of the present study.

Ethical Issues and Confidentiality Consideration

The institutional review board and ethics committee (IRBEC) of Accord university and Somalia National Institute of Health provided ethical permission for this study. The rectors of the chosen universities also approved the study permit in order to welcome the researcher and give approval for the research to be conducted at their respective institutions. For participants taking part in the study, consent was obtained and confidentiality and privacy were respected. All procedures were carried out in conformity with the health ministry's ethical requirements.

RESULTS

The students selected for this study consisted of a total of 278 students, all of whom were approached and consented for participation. A total of 278 questionnaires were correctly completed, creating a response rate of 100%.

Socio-demographic Characteristics of Participants

A greater number of the respondents were male 159 (57.2%) and Female were 119 (42.8%). Majority of the 229 (82.3%) respondents were within the ages of 18-25 years. The majority of the participants 209 (75.2%) were single. Filled up survey forms were evenly collected from the selected student level of studies, 217 (78.1%) were enrolled in an undergraduate program. Majority of the respondents, 197 (70.9%) were unemployed. (*See Table 1*)

Table 1: Socio-demographic Profile of the Participants

Variables		Frequency (N)	Percentage (%)
Age	18-25	229	82.3
	26-30	49	17.7
Sex	Male	159	57.2
	Female	119	42.8

Marital Status	Single	209	75.2
	Married	49	17.6
	Divorced	12	4.3
	Widowed	8	2.9
Level of Study	Undergraduate	217	78.1
	Postgraduate	61	21.9
Occupation	Unemployed	197	70.9
	Employed	81	29.1

Respondent's Experience towards Mental Illness

In terms of previous experience, 151 (54.3%) of the participants had known someone with mental illness, while 127 (45.7%) had no prior experience with mental illness. The majority of the participants 195 (70.1%) had no family history of mental illness, while 83 (29.9%), had a family history of mental illness. Only 65 (23.4%) had visited mental health professionals, and 27(9.7%) had been diagnosed with a mental health disorder. (See Table 2)

Table 2: Respondent's Experience towards Mental Illness

Variables		Frequency (N)	Percentage (%)
Any previous exposure with mentally ill patient	Yes	151	54.3
	No	127	45.7
Any family member suffering with mental illness	Yes	83	29.9
	No	195	70.1
Have been diagnosed with a mental health disorder	Yes	27	9.7
	No	251	90.3
Have visited a psychologist or psychiatrist	Yes	65	23.4
	No	213	76.6

The Level of Understanding of Mental Illness among the Respondents

Majority of 226 (81.3%) had heard of mental illness, with 141 (50.7%) having heard about mental illness from hospitals. The most commonly reported mental illnesses were drug-related mental illness, schizophrenia, and mania, accounting for 45 (16.2%), 32 (11.5%), and 32 (11.5%), respectively. 64(23.0%) had ever heard of mental illness but didn't know what kind it was. Only 65(23.5%) of study participants said they had heard of a family member suffering from mental illness, with 13 (4.7%) saying schizophrenia was the illness they had heard about (See Chart 1)

Most of respondents, 202 (72.7%), had an idea on the causes of mental illness. Stress and depression, as well as drug abuse, were the leading causes of mental illness, accounting for 70 (25.2%) and 54 (19.4%), respectively, of those with ideas on the causes of mental illness (See Chart 2).

Majority of respondents 174 (62.6%) knew that mental illness can be prevented, with 93 (33.5%) of them receiving information from the hospitals. Majority 186 (66.9%) had an idea on how to manage metal illness and counselling, psychotherapy, and seeking medical attention were the most commonly suggested prevention measures, accounting for 81 (29.1%), 37 (13.3%), and 29 (10.4%), respectively (See Chart 3)

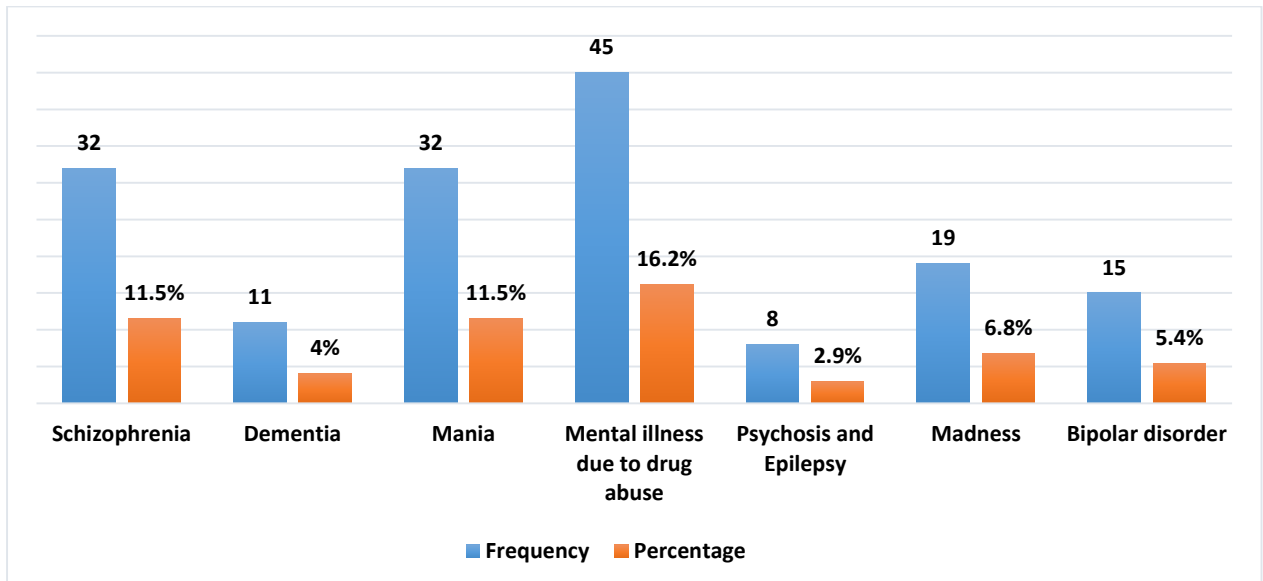


Chart 1: Distribution of Study Participants by Knowledge on Types of Mental Illness

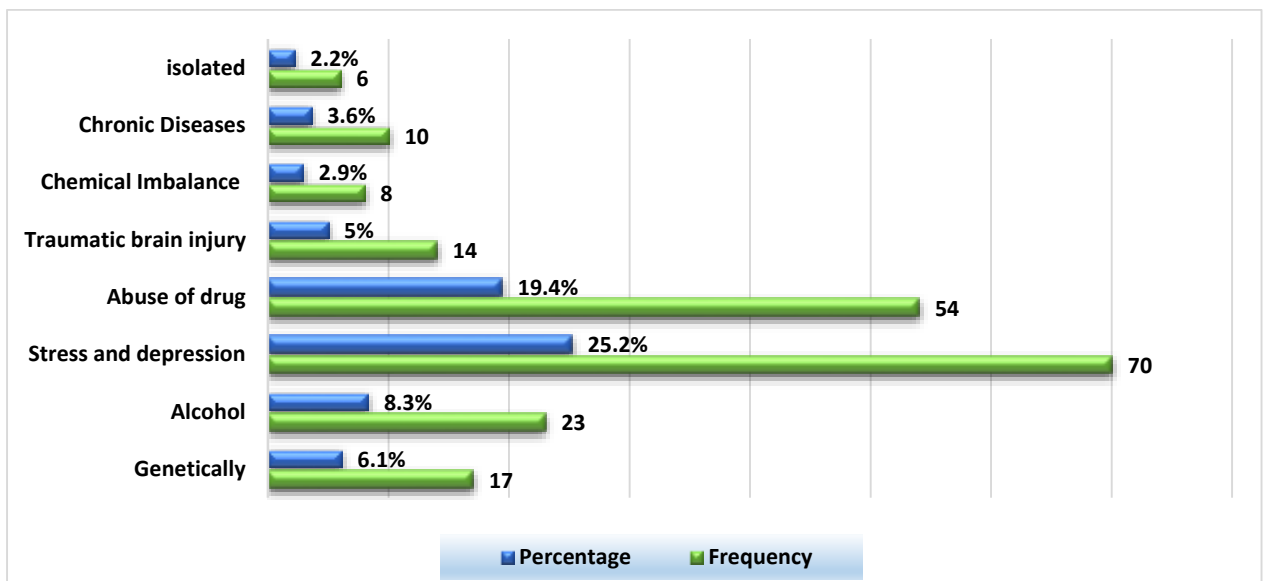


Chart 2: Distribution of the Study Participants by Knowledge on Causes of Mental Illness

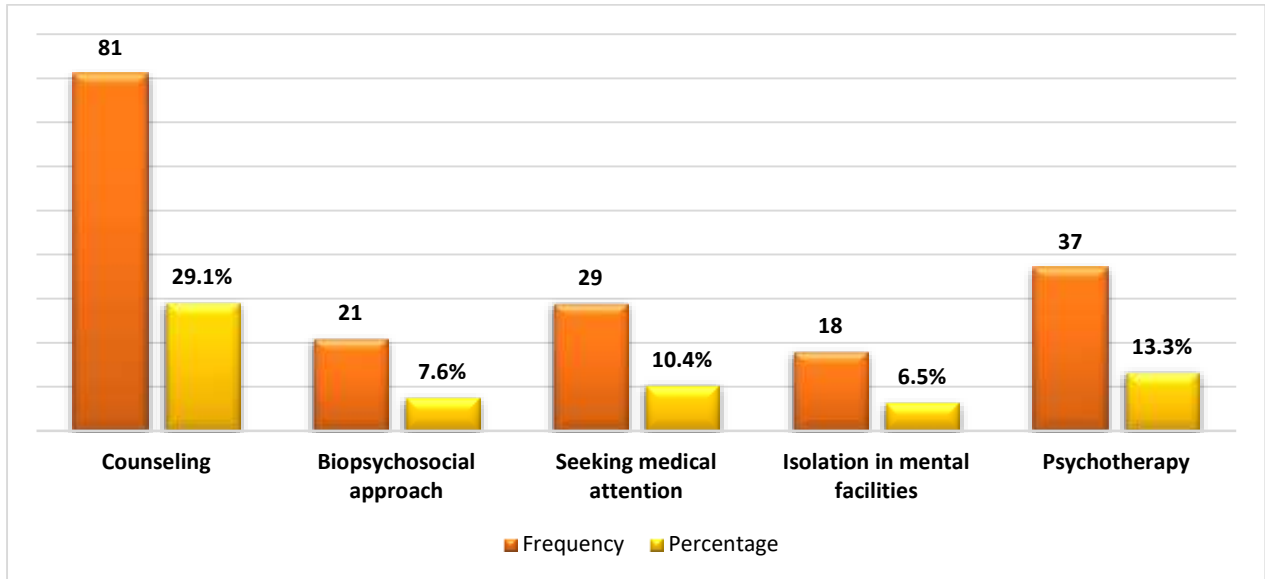


Chart 3: Distribution of Participants’ knowledge on treatment measures of mental illness

Attitudes of the Respondents toward Mental Illnesses

Majority of respondents 56 (20.1%) believed that people with mental illnesses are human beings. Followed by those who said they are bewitched, need special consideration, are aggressive, are mad people, are destructive, are not mentally okay, need to be treated with passion, are talkative, need to be cared for and cater for, should be taken to hospital, and those who said they are dangerous. Majority of respondents 57 (20.5%) thought mental health services were very important. followed by 49 (17.6%) who said it offers treatment for mental illness and 41 (14.3%) who said it offers counselling. Only 87 (32.3%) of those with mental illness in their families concealed it, citing reasons such as that it can be treated. 221(79.5%) said they can’t avoid people with mental illness, while only 57 (20.5%) avoided people with mental illness. Majority of the respondents 175 (62.9%) are unwilling to marry someone who has mental problems. Majority of the respondents 241 (86.7%) said they could not employ someone with mental illness. (See table 3)

Table 3. Attitudes toward Mental Illness among the Respondents in the Study

Variables		Frequency	Percentage
Concealing a mental illness in the family	Yes	87	31.3
	No	191	68.7
Avoiding someone with mental illness	Yes	57	20.5
	No	221	79.5
Willingness to marry someone you know has a mental illness	Yes	103	37.1
	No	175	62.9
Feeling comfortable being seen in public with some with MI	Yes	132	47.5
	No	146	52.5
Employing someone with a mental illness	Yes	37	13.3
	No	241	86.7

Practices Put in Place by the Respondents to Counter Mental Illnesses

Majority 198 (76.0%) suggested seeking help from hospitals in case of mental illness with many 201 (72.3%) saying they would use the mental health unit. Majority 187 (67.3%) said hospital medical improve the mental conditions because many 41 (14.6%) saying they had seen patients improve. Of 24 (8.6%) who said hospital medical cannot improve the mental conditions majority 3 (25.0%) gave increased patients as a reason lack of qualified psychiatrists.

DISCUSSION

This study showed that 81.3% of social work students had ever heard of mental illness. This finding is contrary to a similar study in Dodoma, Tanzania shows that 94.3% the respondents reported to have had ever seen a MIP (8). Another similar study in Kampala reveals that 83.4% of medical students were aware of mental illness and hospitals were the main why they are aware (9). Furthermore, this study reveals hospitals as the major places where they heard about mental illness. Regarding the cause of mental illness, drug abuse and (stress and depression) were revealed as the main causes' mental illness in this study. This concurs with study in Dodoma, Tanzania showed that substance abuse was identified by 75.3% as a cause of MI (8).

Schizophrenia and mania were the most heard type mental illness and of the 23.5% who heard a family member with mental illness, 4.7% said schizophrenia was type of illness with their family members. This finding disagrees with a study that was conducted in Dodoma, Tanzania suggested drug induced psychosis as the main type of MI (8). Mental illness was majorly known as preventable disease with 33.5% getting this information from the hospitals. More to that this study counselling was suggested most prevention measure. This agrees study in Dodoma, Tanzania who suggests counselling as one the major treatment options for MI (8). But another study in South Delhi identified keeping surroundings friendly and sharing problems with others as the important preventive measures against mental illness (10).

According to this study majority perceived mental ill patients as bewitched, need special consideration, aggressive, mad people, destructive, not mentally okay, need to be treated with passion, talkative, need to be cared for and cater for, and that they should be taken to hospital. This is supported by study in South Delhi showed that change in the behavior was perceived as the most common symptom of mental illness (10). This study further reveals that majority took mental health services to be of great importance unlike a study from Uganda reveals mental disorders were recognized to be treated by traditional healers (11).

According to study in England reflecting that, the mentally ill face immense social stigma and discrimination in many societies (12). This disagrees with this study since many 79.5% said they can't avoid people with mental illness, and only 32.3% concealed with having mental illness in their families, but agrees with study in England since many 52.5% could not feel comfortable being seen in public with someone with mental illness and 86.7% said they could not employ someone with mental illness. Another agreement was showed by the study in Dodoma, Tanzania shows that 66.1% could not make friendship with a mentally ill patients and 50.5% could not allow them do a regular job (8). Suggesting making mistakes and ruin the job as the main reason which concurs to this study since thinking they can something that is not needed, can make bring loses and don't perform well were the main reasons in this study. According to this study majority 71.2% suggested seeking help from hospitals in case of mental illness and even 72.3% knew that mental health unit is responsible for such cases. This is supported by study in Australia who suggested treatment to be provided where it promotes or maintains the person's mental health (13). This study disagrees with study in Uganda where

traditional healers were seen as the priority (11). More to that this study shows that 67.3% said hospital medical improve the mental conditions which is supported by a similar study in Dodoma, Tanzania where it was reported that mental patients will feel good if a mental health facility was set up in their community suggesting saving mental patients as main reason (8).

CONCLUSION

Knowledge about mental illness is better among the subjects in the present study. Majority of social work students were aware of mental illness and hospitals were the main why they are aware. Stress and depression were suggested to be the main cause of mental illness and also drug abuse were also recognized. Though Schizophrenia was not recognized by many studies, in this study it was seen to commonest type of mental illness. Many took mental illness as a treatable condition suggesting counselling and taking mentally ill patients to the hospital as the best prevention measures. Taking mental patient to the hospital i.e., mental health department was common practice suggested by many. Furthermore, medical treatment was seen to improve mental conditions and considered to be very important.

There was change in attitude revealed by study since majority no longer related mental illness to spiritual forces and MIP were perceived as bewitched, need special consideration, aggressive, mad people, destructive, not mentally okay, need to be treated with passion, talkative, need to be cared for and cater for, and that they should be taken to hospital. Though many could accept MIPs as their family member and could not avoid them. Stigma and discrimination were seen to affect mental as they are making friends and looking for employment suggesting making mistakes, making loss and not performing well as the main reasons.

In additionally, differences in interactions with people who suffer from mental illnesses were also linked to perceptions and attitudes. The students' perceptions, knowledge, and attitudes were influenced by their visits to a psychologist or psychiatrist. To improve students' perceptions, knowledge, and attitudes about mental health disorders, awareness programs and campaigns to increase awareness regarding mental illness, to improve access to psychiatric care for mentally ill persons, decrease stigma and unfavourable attitude towards mental illness must be implemented. Social media can also be used to disseminate mental health information and prevention efforts.

RECOMMENDATIONS

The following recommendations are made based on findings of the study:

1. The government and potential private investors to improve and create more mental health units.
2. The government, communities, and family to regulate the rate of drug abuse.
3. The students and other people to take mental illness as treatable like any other disease and that being patient doesn't make your different from others.
4. Studies can be conducted among college students about their knowledge and attitudes about mental illness.
5. The researcher also suggests that future studies try to identify and reduce research biases like social desirability bias, which occurs when respondents answer questions in a way that they believe will make them more popular.
6. The researcher also made a recommendation for future research that could be useful to social work students, such as the creation of guidelines to help students improve their knowledge and attitudes about mental illness.

LIMITATIONS AND IMPLICATIONS OF THE STUDY

The findings of this study, which was conducted in just a few universities as a single-center study, cannot be generalized to the entire nation. All Somalian universities should implement a systematic follow-up study to evaluate students' knowledge, attitudes, and practices about Mental Health Illness by taking into account a number of distinct characteristics that may affect their knowledge, attitudes, and practices.

ACKNOWLEDGEMENT

The authors would like to thank the students who participated in the study.

FINANCIAL SUPPORT

Nil

CONFLICT OF INTEREST

There are no conflicts of interest that the authors can declare regarding the writing and publication of this paper.

REFERENCES

1. Bagchi A, Sarkar P, Basu R. Knowledge, attitude and practice towards mental health illnesses in an urban community in West Bengal: a community based study. *Int J Community Med Public Heal*. 2020;7(3):1078.
2. Sagvekar S, Devi B. Assessment of Knowledge, Attitude and Practice Related to Mental Illness among Selected Population in Order to Develop a Self Instructional Module. *Int J Sci Res*. 2017;6(7):9–13.
3. Phuke M, Mohite V, Salunkhe AH, Patil S. Assess the Knowledge , Attitude & Practices about Mental Illness among General Population. 2017;7(January):174–8.
4. Gabra RH, Ebrahim OS, Osman DMM, Al-Attar GST. Knowledge, attitude and health-seeking behavior among family caregivers of mentally ill patients at Assiut University Hospitals: a cross-sectional study. *Middle East Curr Psychiatry*. 2020;27(1):4–11.
5. WHO. A Situational Analysis of Mental Health. 2010;
6. Mohamed U. Amongst the Somali Community : Interviews From Garissa. 2018;(November).
7. Farhia Ali Abdi. Unchained Minds: Somalis Mental Health State. <https://www.hiiraan.com>.
8. Benedicto M, Mndeme E, Mwakagile DSM, Tumbwene E. Community Knowledge, Attitudes and Perception towards Mental Illness in Dodoma Municipality, Tanzania. *ARC J Public Heal Community Med*. 2016;1(3):10–8.
9. Kennedy Mbah M. Assessing the knowledge, attitude, and practices towards mental health disorder among medical students in KIU-Th Ishaka Town, Bukenyi District.
10. Salve H, Goswami K, Sagar R, Nongkynrih B, Sreenivas V. Perception and attitude towards mental illness in an urban community in South Delhi - A community based study. *Indian J Psychol Med*. 2013;35(2):154–8.
11. Nsereko JR, Kizza D, Kigozi F, Ssebunnya J, Ndyababangi S, Flisher AJ, et al. Stakeholder's perceptions of help-seeking behaviour among people with mental health problems in Uganda. *Int J Ment Health Syst* [Internet]. 2011;5(1):5. Available from: <http://www.ijmhs.com/content/5/1/5>
12. Henderson C TG. Stigma and discrimination in mental illness: Time to Change. *Lancet*. 2009 Jun 6;373(9679):1928-30. doi: 10.1016/S0140-6736(09)61046-1. PMID: 19501729. National Library of Medicine.
13. Brown D (2010). The road to recovery - a history of mental health services in Queensland 1859-2009.