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Research Article

Knowledge and Perception on the Socio-Cultural Causes of Mental Illness in Northern Nigeria

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Abstract: *Objective*: The purpose of this study was to find out the knowledge and perception about the psycho-social causes of mental illness in northern Nigeria. *Method:* The study used qualitative method; in-depth one-on-one interview with ten (10) participants between the ages of 20-60 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. *Result:* A key finding in this study indicated that family/home and spiritualwas the cause of mentalillness. Other findings includes: relationship, resources, and occupations. *Conclusion:* Further study could be done on the same subject using large number of participants and it was also recommended that health care providers should create an avenue to enlighten their clients on causes of mental illness.
Keywords: Mental Illness, Causes, Knowledge, Perception.

INTRODUCTION

According to World Health report 2001, mental and behavior disorders are not choosy; hence, they can affect anybody from any country or society irrespective of gender, age, income or social status. The problem is common such that it's affecting more than 25% of all people at some times during their lives. In United States an estimated 26.2 percent of Americans from 18 years and above, about one out of four adults suffer from a diagnosable mental disorder yearly ,as applied to 2004 US census with population estimate of 57.7 million people. Mental illnesses are ranked to be the major cause of disability in Canada and US (NIMH 2012). In African continent the occurrence of mental illnesses remains unidentified due to lack of reliable records in facility- based information systems. The data available can only be found in form of estimate figures (Duncan 2012).Furthermore, (WHO 2010) pointed out that it was difficult to get clear picture as data collection was sporadic.

Mental and psychosocial disabilities are associated with rates of unemployment as high as 90 % (WHO, 2010). Meanwhile, those with severe mental illnesses are more likely to have other health risk factors. In United States, about 22% of the general population smokes, more than 75% of people with severe mental illness are tobacco-dependent. And people with depression or bipolar disorder are about twice as likely to be obese as the general population (Hugo et, al.,2003).The causes of mental illnesses differs from each other from inborn chemical imbalance responsible for the development of illnesses like depression, bipolar disorder, and schizophrenia, to brain diseases, to psychosocial causes. A survey carried out in Japan found that the most often cause of mental illness was problems in interpersonal relationships (Chikomo 2011).Correspondingly, a survey done in South Africa among 55% Afrikaans speaking, showed that 83% stated that schizophrenia was caused by difficulties in work or family relationship, or life stressful events (psychosocial stress).Whereas 42.5% thought it was brain disease or hereditary (medical disorder) (Chikomo 2011).

Women and the poor people are more vulnerable to mental problems as their disorders are exasperated by social and cultural vulnerability (Ofori-

Atta *et al.,* 2010). Despite the significant global prevalence of mental disorders, however, there is a recognized gap in funding for treatment, especially in developing countries where patients are left on their own and face social stigmatization (WHO, 2010).

Research conducted in India on knowledge and attitude of mental illness among the general public of Southern India reveals that, most of the respondents have poor knowledge regarding causes of mental illness and believes that mental illness could result from punishment from God. More than half of the respondents had good knowledge on signs and symptoms of mental illness (Ganesh, 2010).

Another research conducted by Shyangwa, Singh, and Khandelwal (2003) on the knowledge and attitude about the mental illness show that, majority of respondents believed that mental illness could be caused by financial constraint (68.2%), genetic heritability (65.4%) and biochemical disturbances in the brain (90.0%). Also, Ganesh (2010) reveals that, some respondents did not believe that old age, sin or disregard for religion (89.0%), evil spirits, ghost, witchcrafts, and black-magic (86.3%) or promiscuity (60.0%) could cause mental illness. Another research shows that most of respondents had poor knowledge regarding causes of mental illness and believed that mental illness could result from punishment from God (Jorm, Christensen, &Griffiths, 2005).

In African countries, mental health disorders are gaining considerable attention. Of the global burden of disease, 14% is attributed to neuropsychiatric disorders, indicating a 2% growth increase from the year 2000 (WHO, 2010). It is believed that these figures will increase by five percent by the year 2020. According to World Health Organization (2010), one in every five individuals will suffer from a diagnosable mental disorder in their lifetime. Among the adults who suffer from these disorders, 75% are found to have developed them in their youth ages.

Limited knowledge and devastating perceptions about mental illnesses remains a concern in various countries of the world especially in developing countries. This Lack of knowledge about mental illnesses has been found by various studies as a key cause of devastating beliefs people have about causes of mental illnesses. Different Studies have shown that beliefs about causes of mental illnesses may affect patterns of seeking help, follow up and responses to treatment. For example, a study conducted in Nigeria showed that the negative attitude towards mentally ill persons is fuelled by lack of public knowledge concerning mental illnesses. The study went on by stating that, the help seeking behavior of mentally ill persons is widely affected by public attitude and beliefs about mental illnesses (Kabir, Iliyasu, Abubakar, &Aliyu 2004). Although the knowledge and perception

of mentally ill patients and their relatives regarding mental illness has been reported from southwest Nigeria (Deribew&Tamirat, 2005). Little has been done in the northern part of the country.

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 knowledge and perception on the socio-cultural causes of mental illnessin northern Nigeria.

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 knowledge and perception on 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 in Kebbi State, Nigeria.

Participant

The population for this study were ten (10) participants between the ages of 20-60 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 decreased and can now function like any other human being (NIMH, 2011) in Kebbi State, Nigeria. Purposive sampling technique was used to select the participants for this study. Purposive sampling is a non-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).

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 Kebbi State, ministry of health 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 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 20-60 years old. Eight (8) of the participants did not have any formal education and two (2) out of these eight were house wives, three (3) were farmers and three (3) were petty traders. Two (2) were literate, and one (1) out of these literate were secondary school graduate. 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. One of the major themes identified in exploring the knowledge and perception on the causes of mental illness was psychosocial aspect as a cause of mental illness. Family/Home, Occupation, Resources,Spiritual e.g. Witchcraftand Relationship

was mentioned by some participants as causative agents. The five (5) subthemes are:

Family/Home

Lack of support from family, family pressure and death of loved ones among the family or spouse was noted by some participant as a cause, lack of communication in the family was also revealed by some participant as a contributor to mental distress.

Participant Lack Of Support From Family Can Lead To Mental Illness:

"Well, if you don't have a supportive family or when your families are not appreciating all you are doing for them, or when they show hatred on you, you will become a black sheep of the family and you're trying to do things, it always makes it harder on somebody if they don't agree with what you're doing".
(Participant 1)

Death Of Loved Ones Among The Family Members Can Result To Madness:
". . . the death of a loved one . . . a loss of somebody . . . a loss of a spouse . . . from somebody, a family member . . ." when I was in secondary school my English teacher lost his wife and since then he never return to his normal senses, but I think loss of mum or dad is more painful and can easily makes someone mad".(**Participant 2**)

Occupations

The occupations of work were considered to be a source of mental illness. Many participants specified work as a contributing factor to mental distress. Some referred to the workplace or stress within the workplace or at work, others mentioned problems at work, with one mentioning problems with a co-worker as a cause. It was clear from the number of participants that mentioned work and work-related problems were seen as causes of mental distress.

Participant Perceived That, Tedious Work As Well As Stress In Workplace Can Lead To Madness:
"Stress within the workplace, when people you are working are not good or even your employee may decide to maltreat you. Tedious work also contributed toward causing of mental illness . . .

Frustration From Colleagues Or Boss In Work Place Can Lead To Mental Illness:
" I was frustrated by my boss for no reason, my co-workers too does not like me I felt like a black sheep among them. I wasn't able to control myself, I do closed work at 7 pm and as early as 6 am, I will make sure I leave my house so as to get down to the office at exactly 8 am".
(Participant 4)

Resources

Lack of resources or loss of wealth was indicated by participants as a cause of mental distress. Many participants mentioned money and financial problems as a cause. Similar to the idea of lack of people to lean on, a lack of guidance was reported as a contributing factor.

Participant perceived insufficient resources can results to mental illness:

". . . insufficient resources Hhmm! You know we are in materialistic era, nowadays if you don't have money even among your family members you are nobody, you will not be respected. And to me resources are everything; it's time, money, people to lean on . . ." **(Participant 5)**

Loss Of Properties Or Wealth Was Considered By Some Participants As The Causative Agent Of Mental Illness:

"If someone lost his properties there is every tendency for him to run mad, I have a relative that had fire out-break in his house and he run mad as a result of that. In our area too we have someone who is very wealthy he has a provision store then, but gradually everything goes down." **(Participant 6)**

Another Participant Expressed That Lack Of People To Lean On Will Cause Mental Illness:

"When you are in need of something, people to lean on when you are in trouble situation or even guidance from people can contribute to mental illness". **(Participant 7)**

Spiritual e.g. Witchcraft

Participant mentioned spiritual problems such as curse by spiritual leaders and charm as a possible cause and had this to say:

"..... Well spiritual leaders may curse someone and this may make him mad. If someone takes [steals] someone else's money or material, the person who lost the money or material may do something like charm in retaliation which makes the person who steals mad. Everyday problems; financial, emotional, uhh spiritual, I guess, also when someone come out at mid-night with no shirt he may get mad because evil spirit will get into him hence that person will become mad and he cannot become normal again"

Participants Perceived That Charm Can Result To Madness:

"If you are dating a girl that many men are chasing her and you happened to be the one she loves much, some of these people may just decide to charm you so that you can run mad. Even in working place if you are not lucky your co-workers can do anything especially if you are

heading an office your subordinate can charm you so they can overtake you".

Another Participant Stated Emphasised On Charm As A Causative Agent In The Cause Of Madness:

"Hhmm! This is very common among women who are rivals, this one happened among our family, my uncle have three wives, the first wife is innocent but the second one was very wicked and she don't like the third one, so she tried by all means to see that the husband divorce that third one but she couldn't. Later she felt the only way out is to charm that girl and so she did, so in the night when everyone is sleeping all of a sudden that third wife start shouting…....."yeeeeeeee"she pulled out all her cloth so when everyone came out they met her naked. Oh my God, it is a pity and up to now that woman never come back to her normal sense". **(Participant 3)**

Participants Mentioned Witchcraft as A Causal Factor and Had This to Say:
Idi Perceived That, When Someone Is Bewitched It Can Result To Madness:

"Well, at times, a person could say, well, maybe you're bewitched, or maybe someone put a curse on you. That's why you're that way . . ."

The Same Participant Also Added That:

"If you have problem with someone, and if that is wicked he may do some witchcraft on him which may make him mad. For example I have a friend and that my friend has a step mum so, the step mum is very wicked to the extent she charmed his own mum and she become mad".

Participant Also Relates Charm To Be By Witchcraft Which Can Result To Madness:

"Gosh! Witchcraft is terrible; someone can easily charm you especially now that we are in political era. Most of these politicians you are seeing are devils they can do anything just to achieve their desire. This is very common because they know even if you get better nobody will vote for since you have history of mental illness".

(Participant 10)

Relationship

Relationship were referred to by some participants as causal agents. Participants talked about sudden breakup in relationship can lead to mental illness.

(Participant 8)

Tasallah Believed In Relationship Causation of Mental Illness and Said:

> *"Relationship is common cause of mental illness going through a breakup. When you arein love with someone seriously and all of a sudden the man said let's call it off. Emotional problems caused by other poor relationship".* (**Participant 1**)

Another participant perceived that divorced can lead to mental illness:

> *"Gosh! It happens to me when my husband asked me to go home for no reason, he divorced me and he knew I have nowhere to go because I lost my entire parent. I had a sleepless night which led me to start talking irrationally. You see I do that not because I cannot withstand pressure but because I never expected that from him because he is my last hope he is my happiness the only person I can lean on, the man I expect can stand for me no matter what but, to my utmost surprise this man send me away from his house when he knew I don't have anybody. It was a great dilemma to me that is why I don't trust any man now".* (**Participant 5**)

DISCUSSION

Findings on the socio-cultural causes of mental illness were discussed based on the following: family/home, relationships, occupations, resources and witchcraft.

Family/Home

Most participants designated Family/Home as a cause of mental illness. Some simply listed family conflict; others generally stated family problems or family issues or problems with a family member. Others listed lack of support from family, while family pressure was noted by another participant as a cause and lack of good communication in the family. Family values were also listed as a contributor to mental distress. This finding shows the role of strong family support in ensuring good mental health and wellbeing. This findings support the findings of Taylor and Repetti (2005) who reported family conflict and pressure are perceived as the cause of mental illness by many patients.

Lacks of children were mentioned by some participant as a cause of mental distress. Some participants reported that primary infertility and its associated blame on women can affect their mental function which invariable lead to mental disorders. Therefore, there is need for the family health practitioners to incorporate psychological aspect of women in the treatment of infertility (Rhoades *et al.,* 2011). This may improve the mental health of the Nigerian population and promote positive health seeking behaviour.

Some participants mentioned problems with spouses as a cause of mental illness; while other participants' specified divorce and separation with spouse can cause mental disability. This findings support the findings of Taylor and Repetti, (2005) which shows that if relationships are occupied by conflict or care giving demands, then psychological distress is present. In same study it revealed that, marriages that end up in divorce, separation or the loss of a loved one also produce psychological distress (Taylor and Repetti, 2005). This finding also support another finding which shows that people who go through break-ups are also at risk for experiencing mental distress (Rhoades *et al.,* 2011).

Relationships

Some participants indicated people/relationships as cause of mental illness. Most participants mention that a breaks-up in relationship with their partners can lead to mental illness among people because of emotional instability. One participant stated that racism was a cause, but did not go into depth. Several participants listed relationships, and friendships were mentioned by two participants as a source of mental distress. One participant talked about mental distress caused by *going through a breakup*. Husband problems were listed by one participant as a potential cause; another simply listed poor communication. The findings from this study support Tanaka, Inadomi, Kikuchi, and Ohta, (2005) from their study in Japan, majority of participants believed schizophrenia to be caused by relationship problems. It also supports the findings of Cabassaet al. (2007) which shows that some Hispanic immigrants believed that depression resulted from relationship/family problems.

Occupations

The findings from this study revealed that some participant's perceived occupations on work and school were considered to be a source of mental distress. Many participants specified work as a contributing factor to mental distress. Some referred to the workplace or stress within the workplace or at work, others mentioned problems at work, with one mentioning problems with a co-worker as a cause. It was clear from the number of participants that mentioned work that work and work-related problems were seen as causes of mental distress. Fewer participants indicated school as a cause of mental distress. This findings support the study by Meleis *et al.,* (1996), in which the 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. This also support findings of Santos, Bohon, and Sánchez-Soza, (1998) in their study in which they revealed that for

Mexican, conflicts in the workplace caused strain in marital relationships, thereby increasing mental distress.

Resources

Most participant expressed lack of basic life resources as the cause of emotional instability which may lead to mental distress. Such as joblessness which may cause of mental distress and disturbances if individual has low coping mechanisms. Some participants mentioned inadequate money and financial crisis may lead to anxiety disorders or depression, and one participant mentioned the economic crisis may lead to possible suicide attempt which is a probable cause of mental illness. Another mentioned lack of resources in general like housing, basic amenities and clothing. Lack of people to lean on, lack of guidance was reported as a contributing factor. This support the study of Brown *et al.,* (2003) who found that people who were unemployed experienced mental distress more often than people who were employed. Similarly De Toledo PizaPeluso *et al.,* (2008) found in Brazil that a large percentage (89.2%) of respondents believed that schizophrenia is caused by unemployment. This perception is true because unemployment and lack of basic resources can lead to anxiety or depression which is mental disorders.

Spiritual e.g. Witchcraft

Findings of this study revealed that most participants considered their mental illness to be caused by spirituality. Patients perceived that mental illness are caused by spirit following a curse by leaders, charms by other people in the struggle for power, wife or tittle. This findings support the findings of Adewuya&Makanjuloa (2008) on their study done in Nigeria in which participants most frequently believed that mental illness is caused by evil spirits. This also goes in line with the study done in Bali, Indonesia, where the majority of the patients held the belief that schizophrenia was caused by spirits disturbance (Kurihara *et al.,* 2006). The finding also support the findings of Teferra, &Shibre (2011) on the study done on the perceived causes of severe mental disturbance and preferred interventions in Southern Ethiopia where majority of the participants attributed evil spirit such as witchcraft as the cause of their illness. The perception of patients that mental illness is cause by spirit is a wrong perception because it contradicts the modern theories of psychiatric illness. This perception may lead the patients to seek for alternative treatment before coming to the hospital for treatment (Kabir *et al.,* 2004).

Findings of this study showed that several participants mentioned witchcraft as a causal factor of mental illness. Participants perceived that mental illness can be cause by witchcraft as a result of wickedness of some people. This finding is in line with the study done in Nigeria by Adewuya and Makanjuloa (2008), where most of the participants frequently believed that mental illness was caused by witchcraft. Furthermore, Solomon and Teshome (2004) on Perceived cause of severe mental disturbance and preferred interventions by the Borana semi-nomadic population in southern Ethiopia: shows that, majority of respondents perceived that, witchcraft were said to be the causes of mental disturbance. The finding also concur the study done in Nigeria by Kabir et al. (2004) where eighteen percent (18%) of the participants believed that mental illness is caused by witchcraft. However, the finding also goes in line with non-western cultures and supernatural phenomena where witchcraft is seen as important causes of mental illness (Razali et al, 1996). On the contrary, the finding of Ganesh (2010) reveals that, eighty six percent (86%) of the participant did not believe that mental illness could cause mental illness. This perception that mental illness is cause by witchcraft is wrong and contradicts the modern theories about the causes of psychiatric diseases.

CONCLUSION

The study investigated the knowledge and perception of socio-cultural causes of mental illness in northern Nigeria. The findings of this study indicated that participants reported family/home as well spiritual as a causal agents of the causes of mental illness. They pressed that mental illness can be occur as a result of relationship, occupationand resources 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. Therefore, it is highly recommended that further research be done on the knowledge and 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 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.

REFERRENCES
1. Adewuya, A. O., & Makanjuola, R. O. (2008). Social distance towards people with mental illness in southwestern Nigeria. *Australian and New Zealand Journal of Psychiatry*, *42*(5), 389-395.
2. Brown, D. W., Balluz, L. S., Ford, E. S., Giles, W. H., Strine, T. W., Moriarty, D. G., ... & Mokdad, A. H. (2003). Associations between short-and long-term unemployment and frequent mental distress among a national sample of men and women. *Journal of Occupational and Environmental Medicine*, *45*(11), 1159-1166.

3. Cabassa, L. J., Lester, R., & Zayas, L. H. (2007). "It's like being in a labyrinth:" Hispanic immigrants' perceptions of depression and attitudes toward treatments. *Journal of Immigrant and Minority Health*, 9(1), 1. Chikomo, J. G. (2011). *Knowledge and attitudes of the Kinondoni community towards mental illness* (Doctoral dissertation, Stellenbosch: University of Stellenbosch).

4. Deribew, A., & Tamirat, Y. S. (2005). How are mental health problems perceivedby a community in Agaro town?. *Ethiopian Journal of Health Development*, 19(2), 153-159.

5. Duncan J. (2012). Africa is a country.The delusions in decontextualizing mental illness. December 14, 2012.Accessed on 26.12.2012

6. Elo, S., & Kyngäs, H. (2008). The qualitative content analysis process. *Journal of advanced nursing*, 62(1), 107-115.

7. Field, P. A., & Morse, J. M. (1985).Nursing research. The application of qualitative approach (1st ed.). aspen Publications, Rockville, M. D.

8. Ganesh, K. (2011). Knowledge and attitude of mental illness among general public of Southern India. *National journal of community medicine*, 2(1), 175-178.

9. Ibrahim Meleis, A., Douglas, M. K., Eribes, C., Shih, F., & Messias, D. K. (1996). Employed Mexican women as mothers and partners: valued, empowered and overloaded. *Journal of advanced nursing*, 23(1), 82-90. National Institute of Mental Health."Statistics." (2011). Retrieved 27 June 2012 from http://www.nimh.nih.gov.

10. Jorm, A. F., Christensen, H., & Griffiths, K. M. (2005). Public beliefs about causes and risk factors for mental disorders. *Social Psychiatry and Psychiatric Epidemiology*, 40(9), 764-767.

11. Kabir, M., Iliyasu, Z., Abubakar, I. S., & Aliyu, M. H. (2004). Perception and beliefs about mental illness among adults in Karfi village, northern Nigeria. *BMC International Health and Human Rights*, 4(1), 3.

12. Kurihara, T., Kato, M., Reverger, R., & Tirta, I. G. R. (2006). Beliefs about causes of schizophrenia among family members: a community-based survey in Bali. *Psychiatric Services*, 57(12), 1795-1799.

13. National Institute of Mental Health. (2012).The Numbers Count: Mental Disorders in America. Modified:December 21, 2012.Accessed on 25thdec 2012.

14. Ofori-Atta, A., Cooper, S., Akpalu, B., Osei, A., Doku, V., Lund, C., ... & Mhapp Research Programme Consortium. (2010). Common understandings of women's mental illness in Ghana: results from a qualitative study. *International Review of Psychiatry*, 22(6), 589-598.

15. Peluso, É. D. T. P., de Araújo Peres, C., & Blay, S. L. (2008). Public conceptions of schizophrenia in urban Brazil. *Social Psychiatry and Psychiatric Epidemiology*, 43(10), 792–799.

16. Polit, D. F., Beck, C. T., & Hungler, B. P. (2001). Nursing Research principles and methods Philadelphia: J. B. Lippincot.

17. Razali, S. M., Khan, U. A., & Hasanah, C. I. (1996). Belief in supernatural causes of mental illness among Malay patients: impact on treatment. *Acta psychiatrica scandinavica*, 94(4), 229-233.

18. Rhoades, G. K., Kamp Dush, C. M., Atkins, D. C., Stanley, S. M., & Markman, H. J. (2011). Breaking up is hard to do: The impact of unmarried relationship dissolution on mental health and life satisfaction. *Journal of family psychology*, 25(3), 366–374.

19. Santos, S. J., Bohon, L. M., & Sánchez-Sosa, J. J. (1998). Childhood family relationships, marital and work conflict, and mental health distress in Mexican immigrants. *Journal of Community Psychology*, 26(5), 491-508.

20. Shyangwa, P. M., Singh, S., & Khandelwal, S. K. (2003). Knowledge and attitude about mental illness among nursing staff. *J Nepal Med Assoc*, 42, 27-31.

21. Tanaka, G., Inadomi, H., Kikuchi, Y., & Ohta, Y. (2005). Evaluating community attitudes to people with schizophrenia and mental disorders using a case vignette method. *Psychiatry and clinical neurosciences*, 59(1), 96-101.

22. Taylor, S. E., Repetti, R. L., & Seeman, T. (1997). Health psychology: what is an unhealthy environment and how does it get under the skin?. *Annual review of psychology*, 48(1), 411-447.

23. Teferra, S., & Shibre, T. (2012). Perceived causes of severe mental disturbance and preferred interventions by the Borana semi-nomadic population in southern Ethiopia: a qualitative study. *BMC psychiatry*, 12(1), 79.

24. The world health report. (2001). Mental Health: New Understanding, New Hope WHO [http://www.who.int/whr/2001/en/]

25. World Health Organization. (2001). Burden of mental and behavioral disorders. Geneva.

26. World Health Organization. (2010).*Culture and mental health in Haiti: A literature review*. Retrieved from http://www.who.int/mental_health/emergencies/