

**KNOWLEDGE AND ATTITUDES TOWARDS MENTALLY ILL PATIENTS AMONG  
PEOPLE IN ISHAKA – BUSHENYI MUNICIPALITY**

**BY**

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**BMS/0038/61/DF**

**THE RESEARCH DISSERTATION SUBMITTED TO THE FACULTY OF MEDICINE  
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**DECLARATION**

I SERA NDUTA BOTELA declare that this work titled KNOWLEDGE AND ATTITUDES TOWARDS MENTALLY ILL PATIENTS AMONG PEOPLE IN ISHAKA – BUSHENYI MUNICIPALITY is of my own effort and has never been published before and in case of any consultation, the references are quoted.

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KIU-WC

Signature.....Date.....

**SUPERVISORS APPROVAL**

This research report has been done under my supervision and is ready to be submitted for examination with my approval.

**NAME OF THE SUPERVISOR**

**DR.KAMYUKA FREDERICK**

**Department of Psychiatry**

**KIU-WC**

Signature.....

Date.....

## **DEDICATION**

I dedicate this document to my Parents Rev. James Botela Muthui, Pst. Keziah Wabiri Botela,

To my Sister Susan Kaswii Karagu and her Husband Kevin Karagu Chege,

To my brother Anthony Muthui Botela and his wife Emma Muthui,

And to my nieces Tahirah Wakiyu Karagu, Tanasha Wangari Karagu and Tegan Wangari Muthui

## **ACKNOWLEDGEMENT**

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## **DEFINITIONS OF TERMS**

AMREF – Africa Medical Relief Fund

WHO – World Health Organization

NGOs – Non Governmental Organizations

## **CHAPTER ONE**

### **1.0 INTRODUCTION**

There is no exact definition to the word mental illness, although researchers and publications have tried to define it. Mental illness is any disturbance of emotional equilibrium, as manifested in maladaptive behavior and impaired functioning, caused by genetic, physical, chemical, biological, psychological, social and cultural factors. It's also known as mental disorders/emotional illness/psychiatric disorders.

### **1.1 BACKGROUND INFORMATION**

People's knowledge and attitudes towards mental illness is different, and coping with the challenges is different. Some of the challenges include financial constraints, women being raped and end up with unwanted pregnancies leading to end of school life and death of such patients.

Mental illness in Africa is viewed as a disease that is associated with witchcraft, and the people who suffer from mental illness get stigmatized. Here in Uganda it is not different either, as mental illness is not looked at as a normal kind of illness like heart problems or hypertensive disorders.

Even as we look at most clinics, psychiatry departments either are not offered at all, or even if they are there, they are the most neglected department.

People shun mentally ill patients and tend to isolate them. Even families that are affected with this disease, if we take Ishaka as an example, you will find that the mentally ill are chased away, mistreated and treated as lower individuals.

People go as far as dumping their children by the roadside or leaving their relatives and friends who are admitted in psychiatric hospitals to survive on their own. So it seems like people's attitudes towards mental illness is very negative and they don't have enough knowledge to truly judge.

The mental ill patient also due to psychological or physiological vulnerability compounded with exposure to situations resulting into “wear and tear” of the body systems; the community thinks that such people are bewitched; others tend to isolate them and others take their relatives who have the same mental problem to mental hospital for treatment. But most people have a negative attitude towards mental ill patients. But most of these can be overcome by appropriate measure put in place to reduce or eliminate them, and health educate the community to have positive attitude towards mentally ill patients (**Geddes and Grosse 1996**).

## **1.2 STATEMENT OF THE PROBLEM**

Mentally ill patients have been observed to be the major problem among the human population. It generally destabilizes good human interaction of the world population with the environment. More than 90 percent of the world population undergoes stress in one way or the other but when it's not controlled or managed well, it will lead to mental illness (**WHO 2010**)

It goes ahead to say that of this 90 percent of the population over 60 percent fall within the age bracket of 16 – 46 years. This is where most of the youth fall. It's upon this background that it's necessary to establish the perception of the community to mentally ill patients, because most of the youth are the back bone for the development of the society and the country at large.

Mental illness was found to be the leading cause of engaging in this habit of substance abuse, school dropout, unwanted pregnancies and rise in crime among others. Therefore after all this happening in the community, what do people still think of mentally ill patients? (**WHO 2010**)

## **1.3 OBJECTIVES OF THE STUDY**

### **1.3.1 BROAD OBJECTIVE**

To establish knowledge and attitude of mental illness among the people of Ishaka – Bushenyi Municipality

### **1.3.2 SPECIFIC OBJECTIVES**

- To establish people's attitude towards mental illness.
- To determine people's knowledge on the causes of mental illness.
- To determine the effect of mental illness on people.
- To establish the preventive measures of mental illness.

### **1.4 SIGNIFICANCE OF THE STUDY**

- i) This study will help the government of Uganda in providing information as literature review about mental illness.
- ii) For further research to be carried out on the same topic.

## CHAPTER TWO

### 2.0. LITERATURE REVIEW

#### 2.1. Attitude towards mental illness

People's attitude towards mental illness differs among different people. Most people perceive mental illness in relation to poverty, others in terms of witchcraft and currently they associate with HIV/AIDS infection as a sign of late stage of HIV/AIDS (**Pat Haward 2003**).

When mental illness is not well managed, by specialists in special units, it can lead to death. Most people are in third world countries and cannot afford to manage mental illness because the facilities and health services needed are too expensive and due to poverty they cannot afford, and such patients die or they don't recover from this mental status at all. This has led to a majority of the people in the developing world to believe that mental illness is untreatable (**Harter 1998**).

#### 2.2. Knowledge on mental illness

According to **Parker and Rurid (1998)**, People have in one way or another come into contact with a mentally ill person and they attribute this to excessive consumption of alcohol, smoking, stress and drug abuse which are the pre disposing factors to mental illness.

They also observed that alcohol drinking is a disease that cannot be cured or treated by any psychiatrist. It instead develops and becomes a habit and at the end it's either abused or combined with other drug abuse that at the end of everything it pre-exposes the person concerned to mental illness.

Mental illness is a common problem in the community due to many factors, and it has several effects to the community, among the effects that are pronounced and seen in the community includes; unstable families or break up of families, people who are mentally ill are exposed to dangers like infection of dangerous diseases, death, loss of respect and dignity and affects the income of the caretakers and guardians (**Benjamin 1999**).

### **2.3. The effect of mental illness**

Most mentally ill patients have brain damage. Hence they have no ability to pass judgment and make decisions. Most of the crime and antisocial actions are committed by mentally ill patients. Most of them appear to be normal and even the community thinks that they are normal until they undergo mental check up or until the problem is severe that attracts the attention of people around the person. The antisocial acts include; Rape, urinating in public places, fighting and quarreling, murder and many others. This is due to brain damage or failure to function properly and make sensible and correct judgment. **(Bolger K.E 1996).**

According to **Victor (2003)**, family stigmatization and agony dealt a major blow to a family status in the community. Financial constrain and abandonment were the other factors that affected families with mentally ill persons.

### **2.4. Causes and preventive measures.**

Mental illness has many causes, others are genetically related, infections can also lead to mental illness, accidents that cause the brain damage also lead to mental illness, and dangerous infection or diseases like HIV/AIDS also cause or predispose a person to mental illness especially late stages of HIV/AIDS. In our African Community we believe that even witchcraft also causes mental illness. And above all the most predisposing factor to mental illness among the youth is drug abuse; these predisposing factors mostly can be avoided by health education to the community about the cause of mental illness. **(Peter 1997)**

## **CHAPTER THREE**

### **METHODOLOGY**

#### **3.0 STUDY AREA**

##### ***3.0.1 DISTRICT OF STUDY/AREA OF STUDY***

The study area is Ishaka – Bushenyi Municipality which is found in Bushenyi District Western Uganda. Bushenyi district is in the South Western of Uganda. It's bordered by Kasese in the North, Kamwenge in the North East, Mbarara in the East, Rukungiri in the West and Ntungamo in the South.

The district has a total land of 3949 square kilometer and a population density of 181 persons per square kilometer and a total population of 738,355 (as per 2002 population and housing census). It's mainly inhabited by Banyankole.

Ishaka has a tropical type of climate with rain season in January, April, May, June, September, October, November and half of December.

Dry season is in February, July and August. The soils are fertile for food crops like Matooke, Beans, Maize, and Tea, Coffee, Cotton are main cash crops for the District.

Ishaka – Bushenyi Municipality which is the specific area of study is in Igara County.

#### **3.1 STUDY DESIGN**

Cross - Sectional survey where both qualitative and quantitative techniques will be used and the questionnaires availed to the respondents to fill.

### 3.2 SAMPLE SIZE.

The sample size will be determined by the use of fisher's formula basing on the population of the study area. To obtain sample size fisher's et al (1990) formula will be used.

$$N = \frac{Z^2 PQ}{D^2}$$

Where N= Desired sample size

Z= Standard normal deviation taken as 2.0 at a confidence level  
Of 95%

P= Proportion of target population estimated to have similar Characteristics.

If there is no measurable estimate, we use 50% (constant) or 0.5. Therefore P=0.5

Therefore Q= is standardized 1.0- P= 0.5

D= Degree of accuracy desired 0.05 or 5%

In this case 95% confidence level has 5% errors. Therefore 0.05 is a level of significance

$$N = \frac{2^2 \times 0.5 \times 0.5}{(0.05)^2}$$
$$N = 400$$

Given a limited period and funds, a sample size of **100** participates will be considered. Though this may have an impact on the results produced due to the change in sample size.

### 3.3 SAMPLING TECHNIQUES

Clustering sampling technique will be used where 20 participants randomly selected from five wards in Ishaka – Bushenyi Municipality, by simply tossing a pen from LCI home and where the pen faces, the research begins at that home by interviewing adult until 20 members are done. Some procedure applied to all other wards.



### **3.4 DATA COLLECTION**

Data will be collected concerning the community perception about mentally ill patients using open and closed ended questionnaires.

### **3.5 QUALITY CONTROL**

The test questions will be first given to KIU students to assess the acceptability of data collection tool, (questionnaire) to the participants and necessary adjustments will be made to ensure adequate data quality, the research assistants will be trained on how to collect data.

### **3.6 RESEARCH ETHICS**

To ensure acceptability of the student researcher to the community, a letter will be given by the University addressed to the administrative authority of the area under study, questioners which doesn't bear the names and other particulars of the respondent will be used as confidentiality and the consent will be explain and given to the participant to consent before the beginning of the research.

### **3.7 DATA ANALYSIS**

The data will be analyzed and presented in epidata and SPS in form of tables, Bar Graphs and Pie charts for easy interpretation. The data will be analyzed by use of scientific calculator.

### **3.8 LIMITATIONS**

- Man power will be limited, since the populations under study live in rented houses hence I will involve the research assistants.
- Language barrier by using local research assistant, whereby the assistant will translate the questionnaire to the local language
- Time limitation will be solved by having a scheduled timetable for completing a task at every level.
- Lack of funds will be solved by putting important tasks as priorities.

**CHAPTER 4**

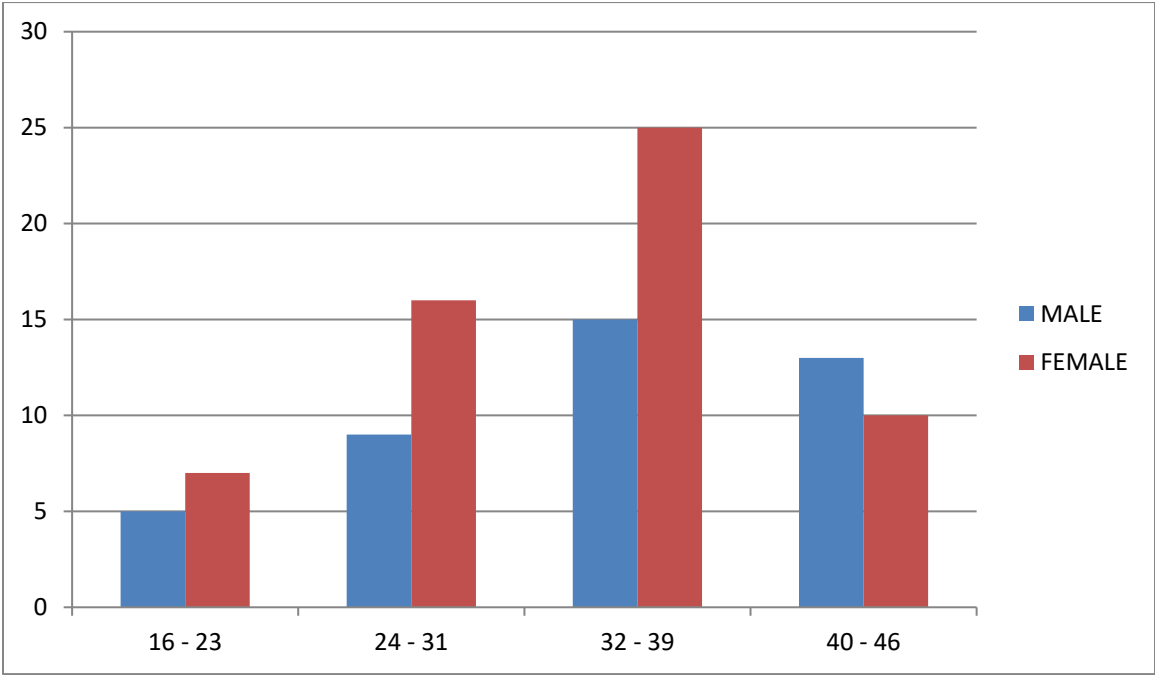
**4.0 DATA ANALYSIS**

**4.1 INTRODUCTION**

This chapter analyzes data collected from the field, and presents it in form of pie charts, tables and graphs.

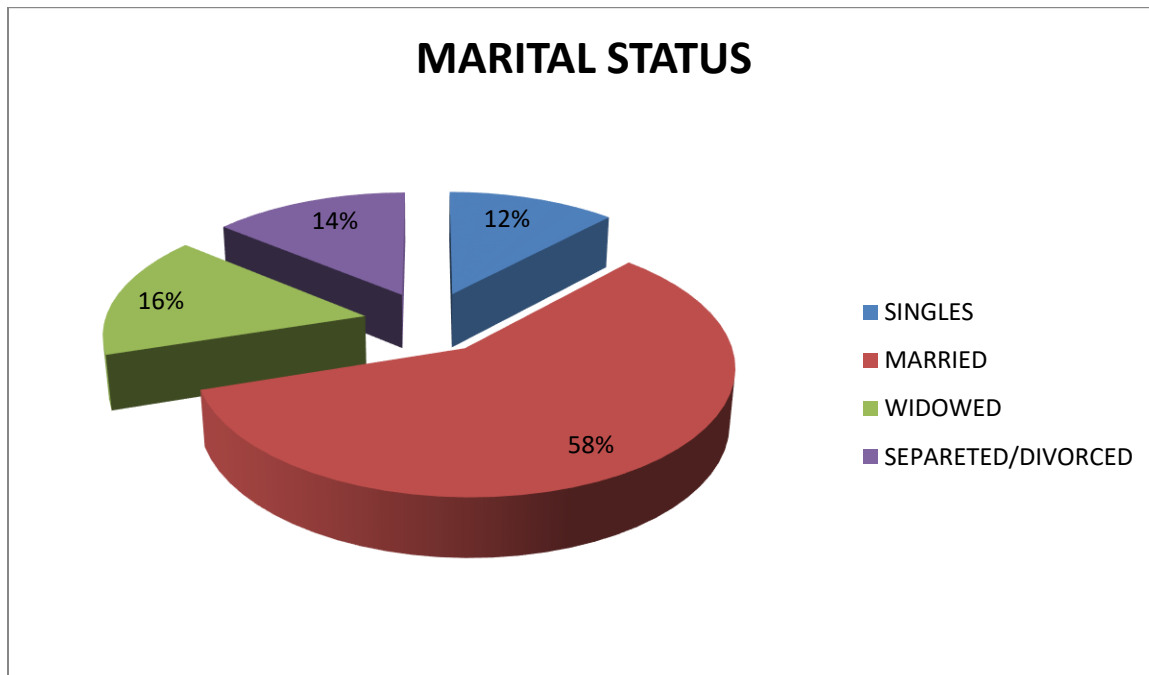
**4.2 SECTION A: SOCIAL DEMOGRAPHIC CHARACTERISTICS.**

**1) AGE AND SEX**



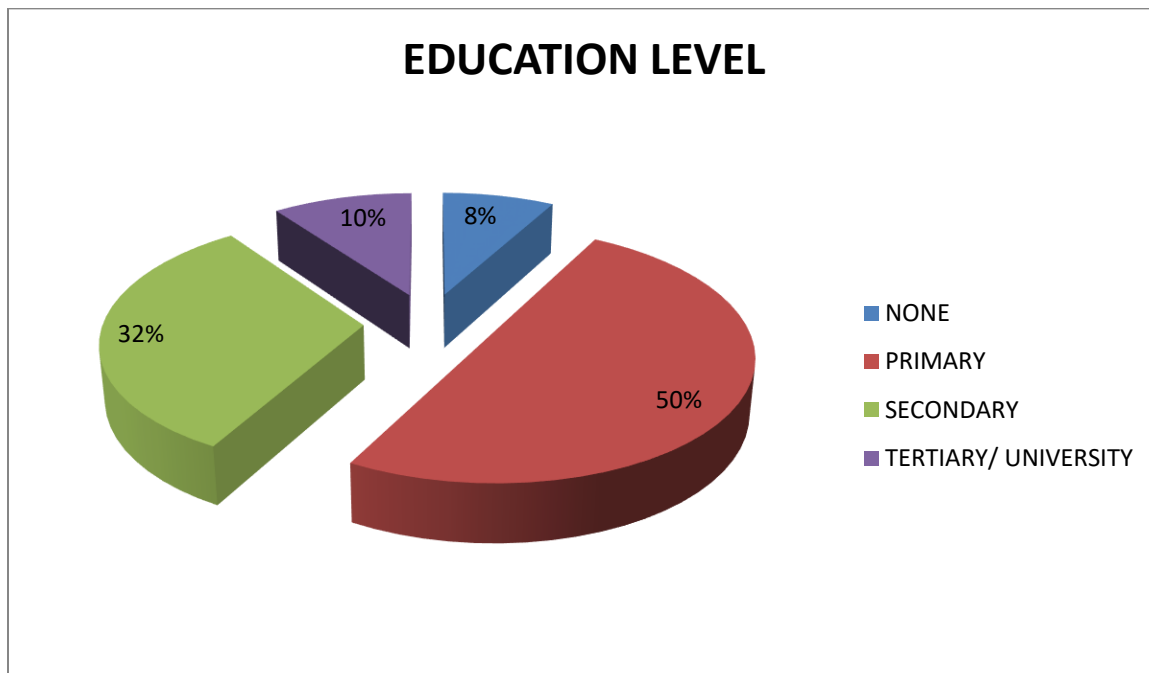
Majority of the respondents I interviewed were aged between 32 years and 39 years of age, with the female being the majority of the respondents.

## 2) MARITAL STATUS



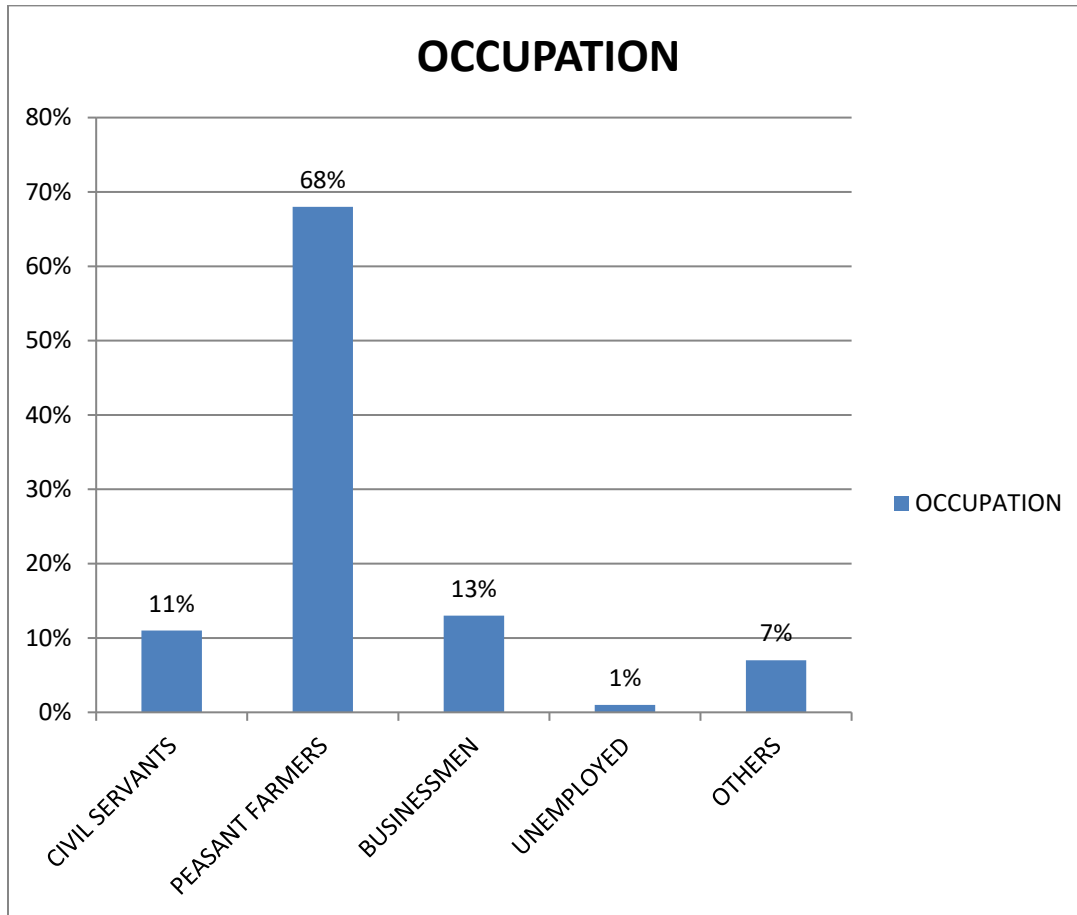
Majority of the respondents (58%) who were interviewed were married.

## 3) EDUCATION LEVEL



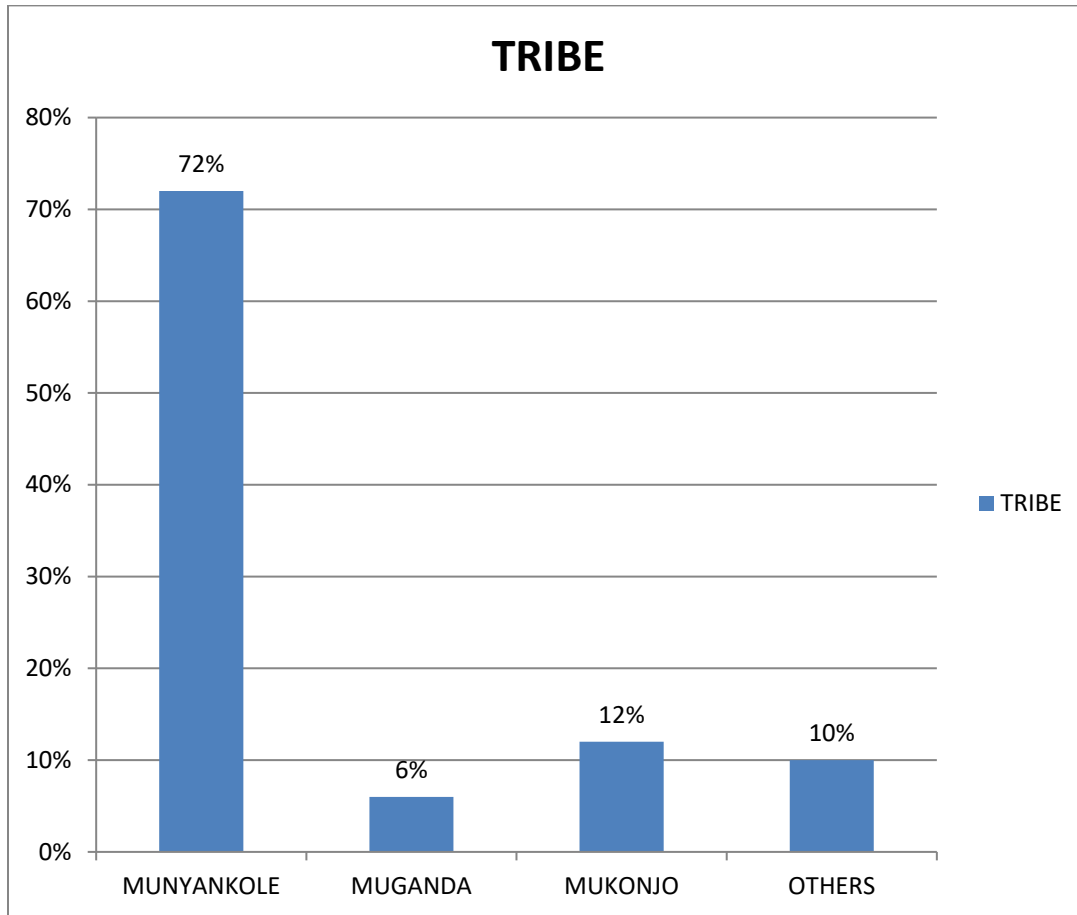
Majority (50%) of the respondents had basic primary level education.

#### 4) OCCUPATION



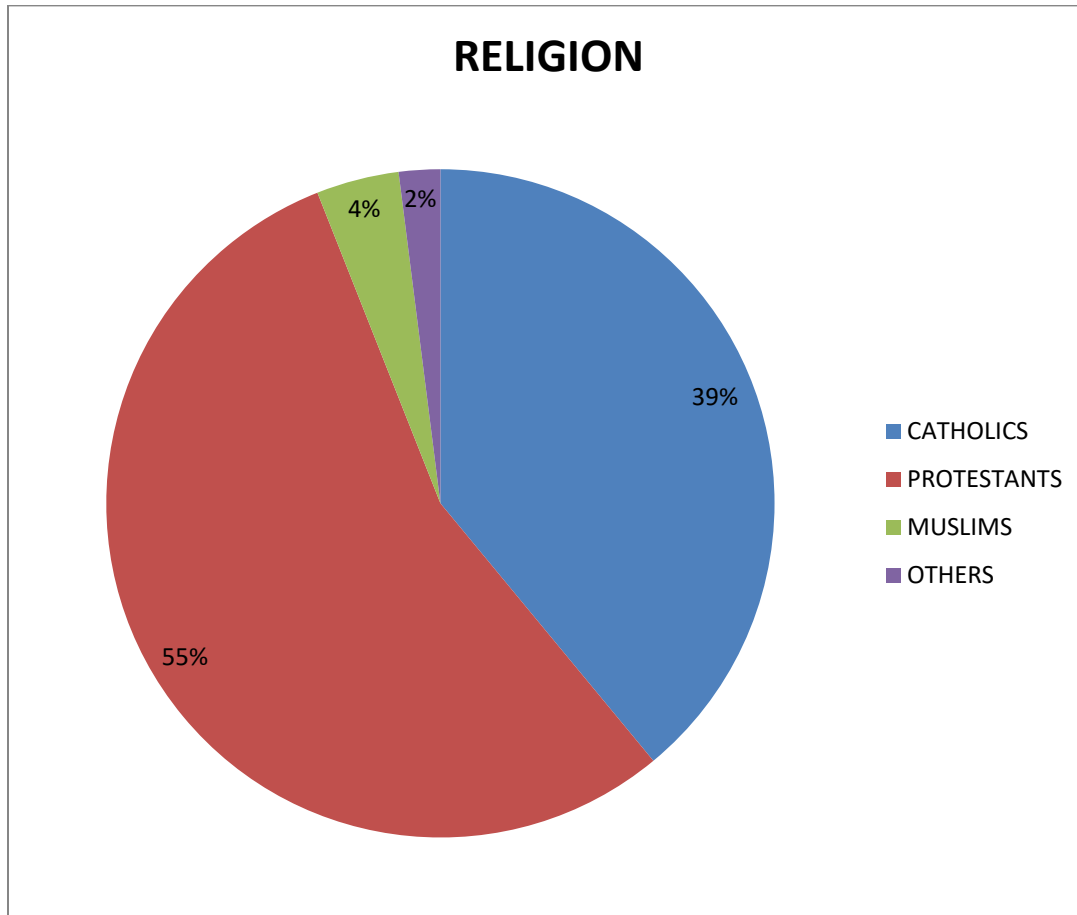
Majority of the respondents (68%) were peasant farmers.

## 5) TRIBE



The majority of the respondents (72%) belonged to the Wanyankole Tribe

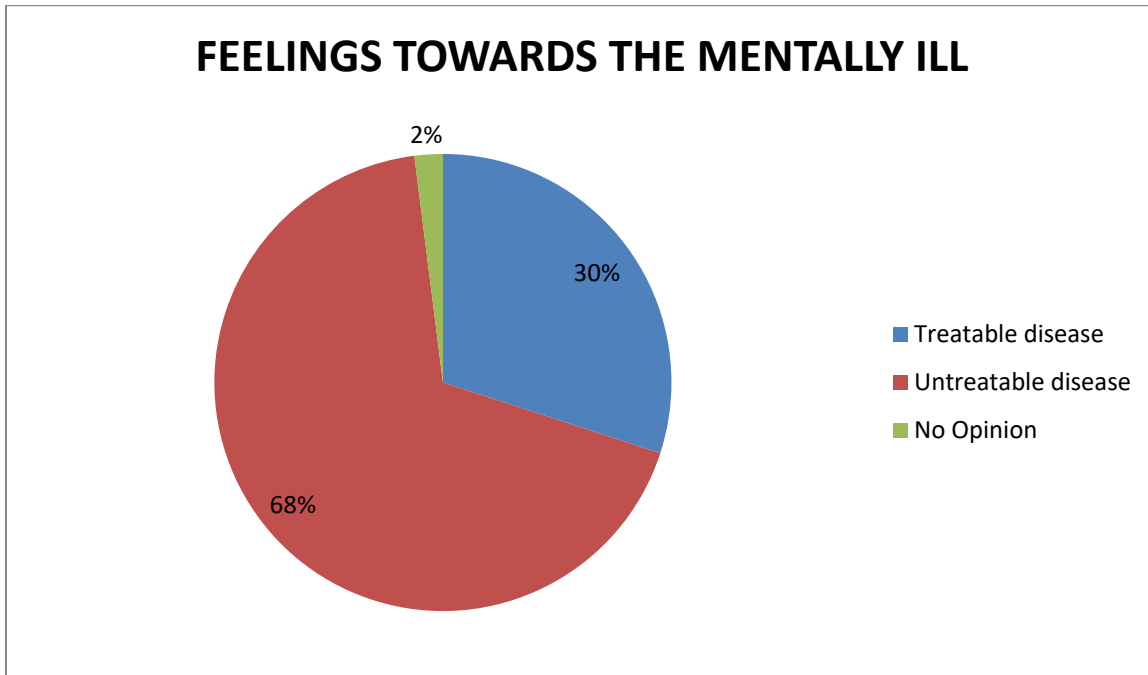
## 6) RELIGION



Majority of the respondents were Christians of whom the largest group were the Protestants (55%), followed by the Catholics at 39%.

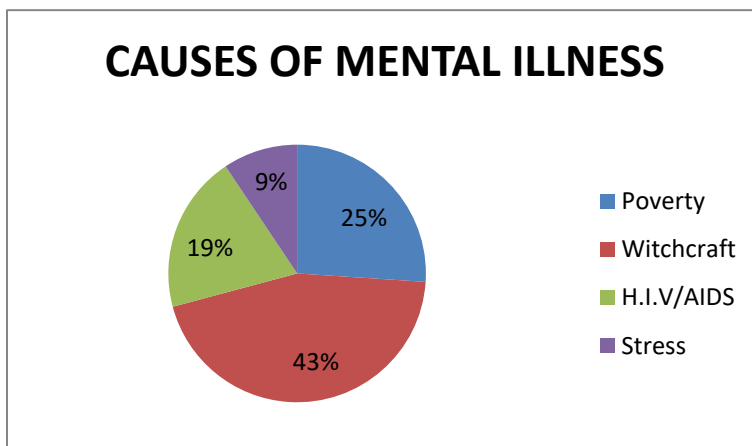
## SECTION B: DETERMINING ATTITUDE TOWARDS MENTAL ILLNESS

### 1) FEELINGS TOWARDS THE MENTALLY ILL



Majority of the respondents (68%) believed that mentally ill persons could not be treated.

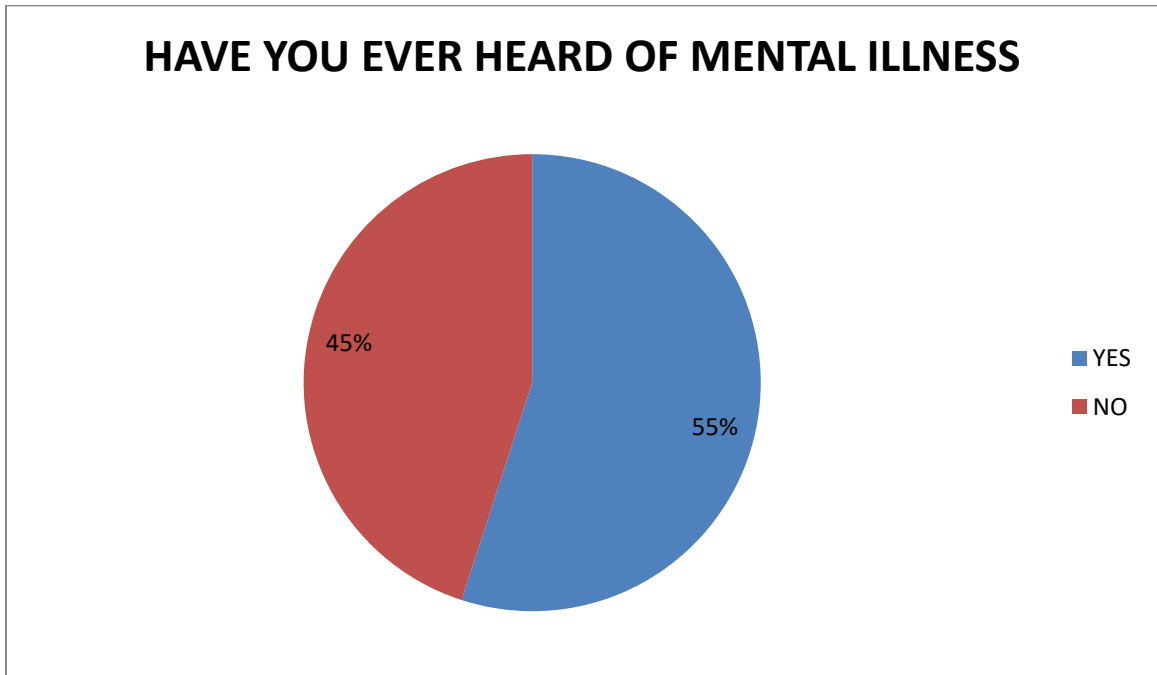
### 2) CAUSES OF MENTAL ILLNESS



Majority of the respondents (43%) believed that witchcraft was the major cause of mental illness followed by poverty at 25%.

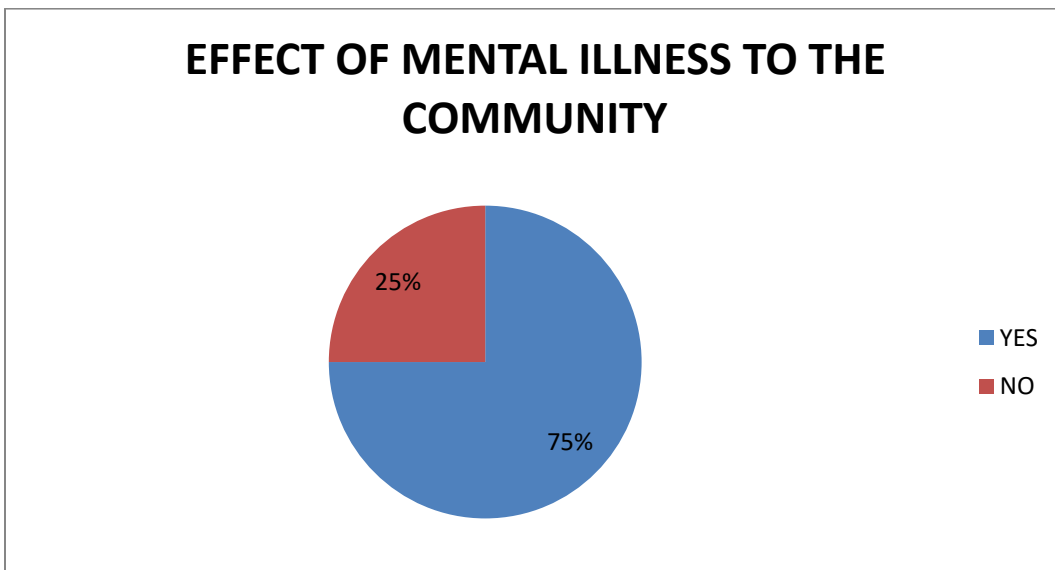
## SECTION C: KNOWLEDGE TOWARDS MENTAL ILLNESS

1) Have you ever heard about mental illness



Majority of the respondents (55%) had previously heard about mental illness while 45% of the respondents had never heard of mental illness.

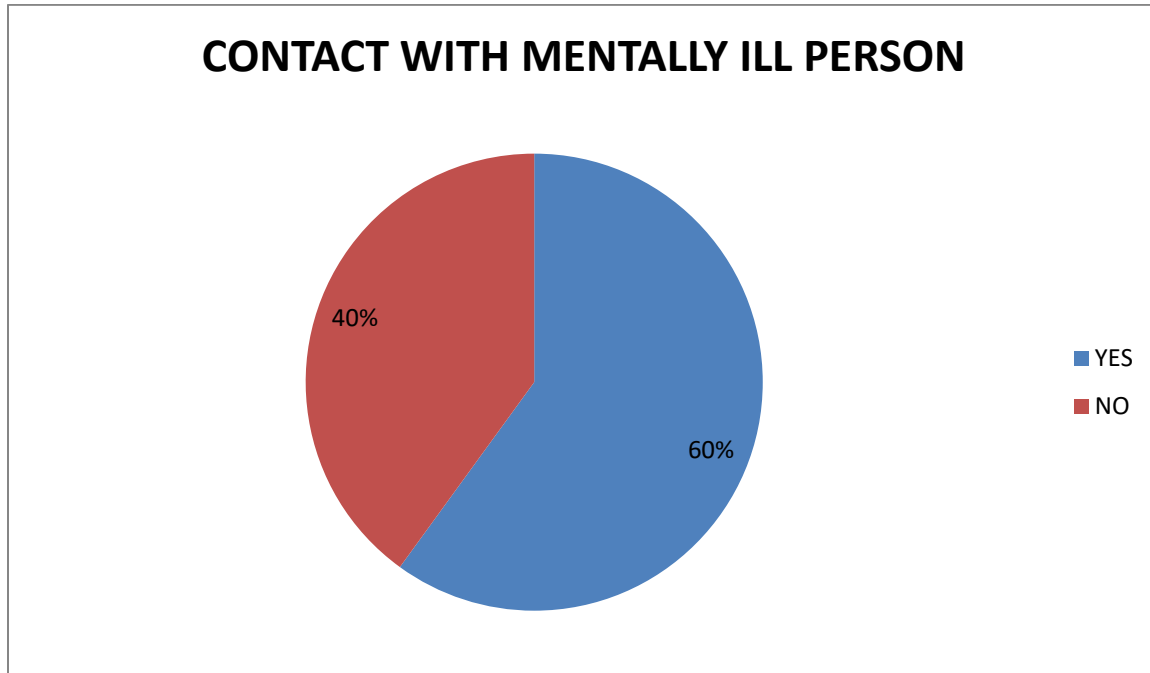
2) EFFECT OF MENTAL ILLNESS IN THE COMMUNITY



Majority of the respondents believed that mental illnesses have an effect in the community/family. The major reason was declined economic productivity due to loss of manpower.

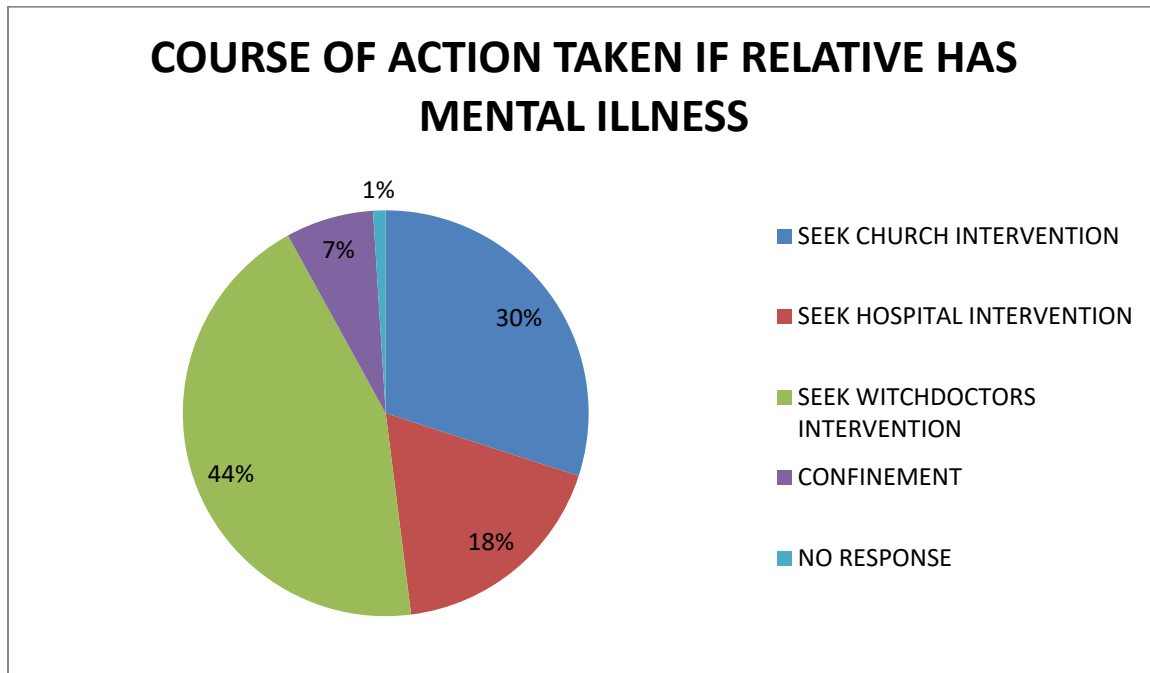


### 3) CONTACT WITH A MENTALLY ILL PERSON



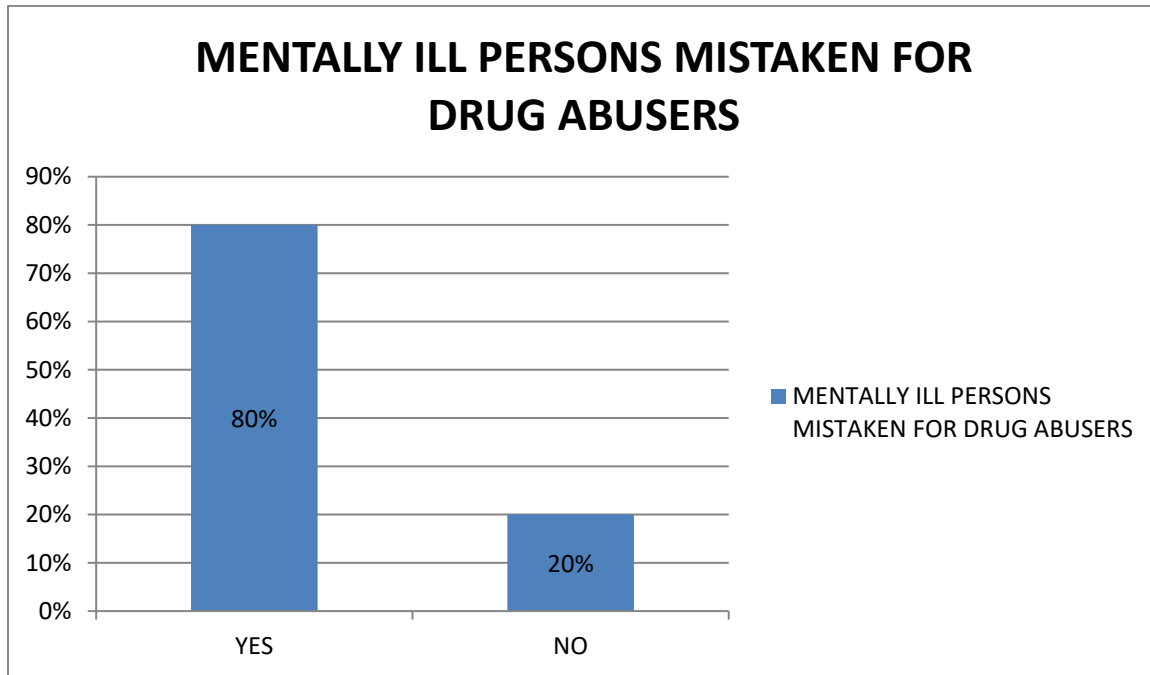
Majority of the respondents (60%) had come across a mentally ill person

### 4) COURSE OF ACTION TAKEN IF RELATIVE HAS MENTAL ILLNESS



Majority of the respondents (44%) would seek witchdoctors' intervention, while 30% would seek spiritual intervention. Only 18% of the respondents would seek medical attention.

5) **MENTALLY ILL PERSONS ARE MISTAKEN FOR DRUG ABUSE**



Majority of the respondents 80% believed that it was easy to mistake mental illness with drug abuse, while the minority, 20% were able to differentiate between mental illness and drug abuse.

6) **RECOVERY FROM SEVERE MENTAL ILLNESS WITH TREATMENT**

RESPONSE	PERCENTAGE
YES	22%
NO	78%

Majority of the respondents, 78%, believe that severe mental illness cannot be treated effectively.

## SECTION D: EFFECTS OF MENTALLY ILL PATIENTS

### 1) A) EFFECT OF MENTAL ILLNESS AT FAMILY LEVEL

FAMILY LEVEL	Responded	Did not respond
Family Agony	68%	32%
Stigmatization	92%	8%
Financial Constrains	70%	30%
Abandonment	40%	60%

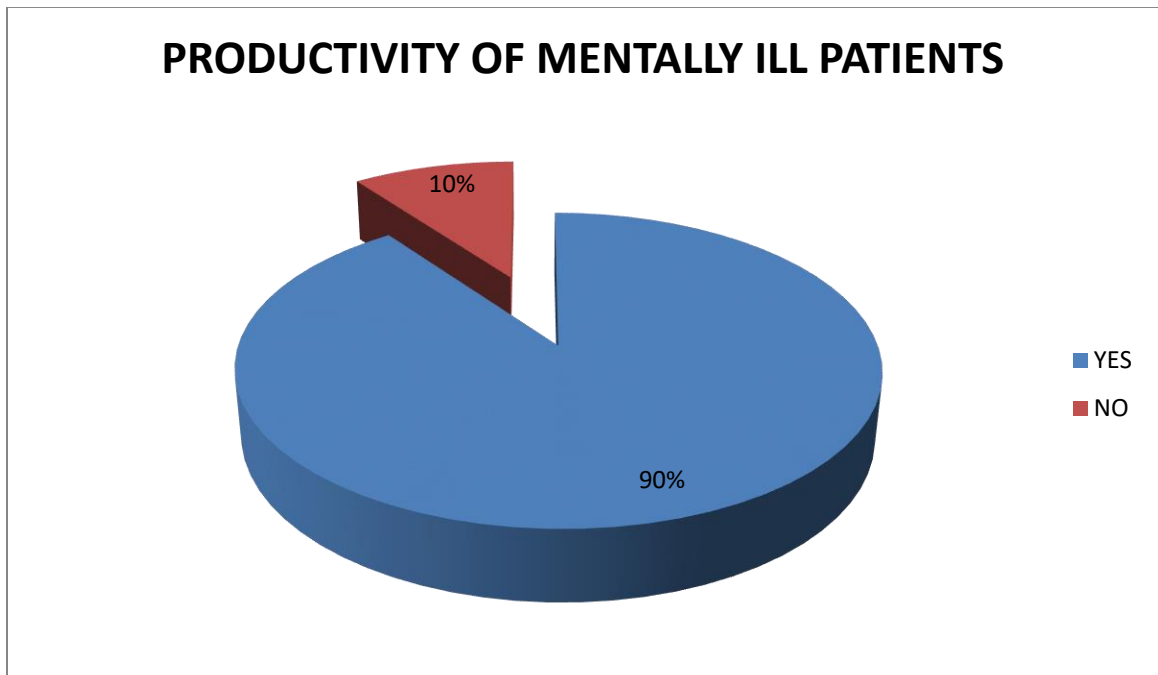
Majority of the respondents agreed that Family agony, Stigmatization and Financial constrains were the major effects of mental illness effect on the family unit.

### B) EFFECT OF MENTAL ILLNESS AT COMMUNITY LEVEL

COMMUNITY LEVEL	Responded	Did not respond
Reduced productivity	87%	13%
Channeling funds	72%	28%
Stigmatization	89%	11%

Majority of the respondents agreed that Stigmatization, reduced productivity and redirection of funds were the major impacts of mental illness to the community.

## 2) PRODUCTIVITY OF MENTALLY ILL PATIENT



Majority of the respondents (90%) agreed that the mentally ill patients are not productive in the society.

## SECTION E: PREVENTIVE MEASURES.

Majority of those who responded to both questions believed that the consultation of witchdoctors or alternative medicine was the key in treatment and prevention of mental illness.

## CHAPTER 5

### DISCUSSION

#### 5.0 INTRODUCTION

This chapter discusses the analyzed result in comparison to the literature review.

#### 5.1 DISCUSSION

Despite the fact that majority of the correspondents were Christians and practiced farming they attributed poverty and witchcraft as the main factors responsible for mental illness. This is in agreement with **Pat Haward 2003** research that showed a correlation between poverty and witchcraft in the causation of mental illness. The research is in agreement with **Harter 1998** in which the majority of the respondents believed that mental illness is untreatable.

This can be attributed to inaccessibility to psychiatric specialists and mental health facilities and or lack of information.

Through this research I observed that majority of the respondents have knowledge on mental illness due to established contact with the mentally ill persons. It further established that mentally ill persons are mostly mistaken to be drug abusers. This qualifies the research done by **Parker and Rurid (1998)** which showed that the predisposing factors for mental illness included drug abuse.

**Benjamin (1999)** observed that the community was affected when its members fell sick mentally. This is a fact that has been proven right through the research in which it established that though the majority of the respondents are Christians they still would seek help from witch doctors and believed one cannot recover from severe illness.

Family agony, stigmatization, reduced productivity and financial constrains affected most of the families in the communities in agreement to research done earlier by **Victor 2003** in which same factor were identified as affecting the society.

Communities in the study area could not identify the preventive measure such dealing with depression, excessive alcohol consumption and stress. They heavily relied on witchcraft to protect themselves.

## **CHAPTER 6**

### **CONCLUSION AND RECOMMENDATIONS**

#### **6.0 INTRODUCTION**

This chapter is involved with giving a summary wrap up of the findings and providing the necessary recommendations based on the findings of this research.

#### **6.1 CONCLUSION**

Based on the findings of this research I came to the conclusion that the residents of Ishaka-Bushenyi district despite the fact that a majority are Christians they still believe that mental illness is a consequence of witchcraft and through the same can it be cured.

They are aware that there are other known treatable causes of mental illness but despite this they still take it to be similar to drug abuse. Thus they do not seek professional Health care services for their relatives who have mental illness.

#### **6.2 RECOMMENDATIONS**

1. The ministry of Health for Uganda should conduct a large scale research survey to determine how they can assist the vast majority of people who have mental illness
2. Provision of proper funding for mental health facilities
3. Provision of scholarships to medical doctors to pursue further studies in Psychiatry so as to improve the manpower and increase access to specialist services
4. Carry out health education talks during public functions to increase awareness of treatment options for mentally ill persons in the community

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## APPENDIX I

### QUESTIONNAIRE

Your participation is voluntary and the information you give is confidential. You may also stop the interview at any time you wish Hoping that this information will be used in improving the welfare of our children.

**NB:** Tick the correct answer and answer where necessary.

#### SECTION A: SOCIAL DEMOGRAPHIC CHARACTERISTICS.

1. Age of the respondent. (*tick as appropriate*)

16 – 23 [ ]

24 – 31 [ ]

32 – 39 [ ]

40 – 46 [ ]

2. Marital status of the respondent

(a) Single [ ]

(b) Married [ ]

(c) Widowed [ ]

(d) Separated/divorced [ ]

**3. Educational level of the respondent.**

(a) None [ ]

(b) Primary [ ]

(C) Secondary [ ]

(d) Tertiary/University [ ]

**4. Occupation of the respondent**

(a) Civil servant [ ]

(b) Peasant/farmers [ ]

(c) Businessman [ ]

(d) Unemployed [ ]

(e) Others [ ]

**5. Tribe of the respondent.**

- (a) Munyankole [ ]
- (b) Muganda [ ]
- (c) Mukonjo [ ]
- (d) Others [ ]

**7. Religion of the respondent.**

- (a) Catholic
- (b) Protestant [ ]
- (c) Muslim [ ]
- (d) Others [ ]

**SECTION B: DETERMINING ATTITUDE TOWARDS MENTAL ILLNESS**

- 1. How do you feel about the mentally ill person?
  - a) Normal illness that requires treatment [ ]
  - b) Untreatable disease [ ]
  - c) No opinion [ ]
- 2. What do you think causes mental illness [ ]
  - a) Poverty [ ]
  - b) Witchcraft [ ]
  - c) H.I.V [ ]
  - d) Stress [ ]

**SECTION C: KNOWLEDGE TOWARDS MENTAL ILLNESS**

- 1. Have you ever heard about mental illness?
  - (a) Yes [ ]
  - (b) No [ ]

2. Do you think that mental illness have any effect in the community/family?

(a) Yes

(b) No

If YES give reasons?

.....  
.....  
.....

3. Have you ever come across a mentally ill person?

(a) Yes

(b) No

4. If a relative is sick mentally what will you do?

a. Take to church to be prayed for

b. Take to hospital for treatment

c. Take to witchdoctor to be treated

d. Lock him/her in the house

e. I don't know

5. People with mental illness are often mistaken for having taken drugs

a. YES

b. NO

If No, explain

.....  
.....

6. Most people with severe form of mental illness wount get better even with treatment.

a. YES

b. NO

## SECTION D: EFFECTS OF MENTALLY ILL PATIENTS

1. What is the effect of mental illness in the community at

a) FAMILY LEVEL (*tick as appropriate*)

- 1) Family Agony
- 2) Stigmatization
- 3) Leads to Financial constrains
- 4) Abandonment by relatives

b) COMMUNITY LEVEL(*tick as appropriate*)

- 1) Productivity affected
- 2) Channeling of resources towards disease treatment rather than on developmental projects
- 3) Stigmatization of community

...

2. Can the mentally ill patient be productive in the society?

- a) YES
- b) NO

If Yes, explain

.....  
.....

**SECTION E: PREVENTIVE MEASURES.**

1. How do you prevent the mental illness from occurring in the society after knowing the causes?

.....  
.....  
.....  
.....

2. How do you protect those who have not affected from the effects of mental illness/exposure to mental illness?

.....  
.....

THANKS.

**APPENDIX II : CONSENT FORM**

**The type of consent form was as shown below.**

Centre                                      Number:.....  
Study                                        Number:.....  
Patient Identification Number for this trial:.....

**SAMPLE CONSENT FORM FOR RESEARCH STUDY**

**Title of Project:**.....  
Name of Researcher: .....

**Please tick to confirm.**

I confirm that I have read and understand the information sheet dated.....  
(Version .....) for the above study.

I have had the opportunity to consider the information, ask questions and have had these answered satisfactorily.

I understand that my participation is voluntary and that I am free to withdraw at any time, without giving any reason, without my medical care or legal rights being affected.

I understand that relevant sections of any of my medical notes and data collected during the study, may be looked at by responsible individuals from [company name], from regulatory authorities or from the NHS Trust, where it is relevant to my taking part in this research. I give permission for these individuals to have access to my records.

I agree to my GP being informed of my participation in the study.

I agree to take part in the above research study.

Centre                                      Number:.....  
Study                                        Number:.....  
Patient Identification Number for this trial:.....

### Appendix III :PROPOSED BUDGET

ITEMS	QUANTITY	COST PER ITEM	TOTAL
Typing and printing 1 <sup>st</sup> draft	2	6,300	12,600
2 <sup>nd</sup> draft	2	6,300	12,600
Questionnaires print	1	300	300
photocopies	99	100	9,900
Transport	4 days	10,000	40,000
Meals while in the field	10days	5,000	50,000
Notebooks	3	4,000	12,000
Pens	4	1,000	4,000
Flask disk	1	30,000	30,000
Binding	4	3,000	12,000
Internet services	25	2,000	50,000
Miscellaneous			50,000
Total			283,400