CONCEPTION AND MISCONCEPTIONS ABOUT MENTAL HEALTH IN GWAFAN COMMUNITY OF JOS NORTH NIGERIA

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ABSTRACT
Mental health difficulties faced by individuals all over the world have been on the increase since the outbreak of covid-19 pandemic. Some of these difficulties are easily identified while others are not because the challenges are internalized, yet many individuals in that state do not receive treatment. This paper framed from a social psychological perspective is an attempt to gauge the conception and misconception of mental health in Gwafan community, Jos North Plateau State, Nigeria. The aim is to ascertain which side of the scale the pendulum swings; whether authenticity, hearsay or speculations. This is necessary because there is no available data to show the perception of mental health in Gwafan community. In a broad sense, mental health education and awareness is necessary for a healthy community development. However, in a society such as Nigeria, that is not knowledge base, information thrives faster than its authenticity, people easily embrace hear-say, speculations, superstition and supernatural. This paper sets out to examine the level of awareness of the people on mental health, or the lack of it. Additionally, it seeks to ascertain their access to mental health services and good practices. Data collected through field study by the use of descriptive research design, sampling both literate and illiterate persons for an interview in Gwafan Community by a purposive sampling technique. The study found a high level of misconception about mental health in the community and recommends Psychoeducation, awareness raising and campaigns to raise the awareness level on mental wellbeing and triggers that serves as stressors to mental health challenges as well create psychological safe spaces where people can disclose and discuss issues that are related to their mental health.

Keywords: Concepts, Misconceptions, Mental Health, Mental health problems and illness

INTRODUCTION
For long, developments in the area of mental health have been side-lined and professionals upheld an impression that traditional health service systems are relatively impervious to change, resisting innovations which has slowed growth process in mental health (Mechanic, 1987). It was observed that as at 1955, the episodes treated in mental health facilities was 1.7 million globally. Few years down the line, mental illness was the third most expensive disorder, accounting for $20 billion of health care expenditures in the US (Dennison, 1985 and U.S. Department of Health and Human Services 1983 as cited in Mechanic, 1987). Mechanic (1987) added that this level of expenditure was made possible by the growth of mental health coverage in both public and private health insurance programs. In 2001, mental and behavioural disorders represented 11% of the total disease burden in 1990 and were predicted to increase to 15% by 2020 (WHO, 2001).
Therefore, there has been a growing concern about mental health and the need for sustaining an optimal mental health level. This includes a widespread of knowledge on topics relating to mental health and a strong advocacy for improving mental health. Health policies have been rooted beyond creating awareness to identifying and helping people with mental health issues recover (Ou et al., 2023). Mental health promotion have also been effective via public heath interventions e.g. attention to environment, tobacco and nutrition polices, non-health policies and practices such as housing, education and childcare have also been encouraged to improve mental health and a climate that respects and protects basic civil, political, economic, social, and cultural rights of people is fundamental to the promotion of mental health (World Health Organisation [WHO], 2003). The expanse of knowledge on the interdependency between mental and physical activities in terms of thoughts and actions, suggests that there is a relationship between mental, social and physical health with professionals emphasizing that mental health is vital to enduring social and physical health and overall wellbeing. In 2004, “the World Health Organisation” emphasized that there is no health without mental health thereby inculcating with mental health as an integral part of the definition of health (p. 13). Meanwhile the paralytic attention mental health issues have received globally calls for serious intervention as only physical health concerns

have been given priority (WHO, 2003). The outbreak of COVID – 19 which put the health sector worldwide in a state of emergency poses similar or more severe threats to individuals' mental health. For instance, Bazghina-werq and Socci, (2020) highlighted that the experience of the disease (COVID – 19), physical distancing, stigma and discrimination, and job losses led to many mental health problems which demand urgent attention as well. Nevertheless, the attention rather on mental health has been sequel to an overt display of abnormalities which necessarily would not have occurred if mental health is taken seriously.

More so, studies (Leighton & Dogra, 2009; WHO, 2003; WHO, 2004) have shown that to regard an individual as healthy is beyond the absence of disease, or illness of any kind. Health is a complete state of physical, mental and social wellbeing. Therefore, issues regarding mental health are as important as other forms of health. Mental health is determined by socioeconomic and environmental factors such as poverty, level of education, and housing among other factors. It has been a major determinant of behaviour. Researchers (e.g. Bazghina-werq & Socci, 2020; Granlund et al., 2021; Thakker et al., 2012) have exemplified the interactions between mental, social and behavioural health and the proceeding effect on behaviour and well-being.

Consequently, it is common to find ill conceptions of mental health and illness most especially in rural communities where there are few formally educated persons. This is because these concepts not until recently began to gain recognition across cultures with the absorption of knowledge largely tied to literacy and in urban centres (Chowdhury et al., 2001). In Nigeria for instance, Okpalauwaekwe et al. (2017) noted that there is a large misconception and misinformation on the context of the subject of mental health and illness amongst Nigerians. Yeap and Low (2009) argued that across the population who claim to be knowledgeable on mental health, only a few have displayed a positive attitude towards mental health issues partly because of the paucity of information they have received on mental health.

Meanwhile, one importance of investing in metal health is to generate enormous returns in terms of reducing disability and preventing premature deaths (WHO, 2003). For instance, Chowdhury et al. (2001) exemplified that the traditional means for healing of physical and mental health problems that stems from cultural ideas about healing and health, poverty and illiteracy have led to more health troubles and consequently death. In order to forestall future loss, it is important to examine appropriate conceptions and misconception on mental health and ensure that mental health is given the urgency it deserves. Gwafan community which is a hybrid developing community in Plateau State is heralded by certain factors which can exert negative impact on mental health such as poverty and socioeconomic disparities, unemployment and underemployment, stress, lack of community resources and cultural and linguistic barriers. Therefore, the study examines the kind of conceptions and misconceptions about mental health predominant in Gwafan.

The Concept of Mental Health

In 2022, "World Health Organisation (WHO)" redefined mental health as "a state of mental well-being that enables people to cope with the stresses of life, to realize their abilities, to learn well and work well, and to contribute to their communities. It is seen as an integral part of health and well-being that underpins our individual and collective abilities to make decisions, build relationship and shape the world we live in. Mental health in essence implies fitness rather than freedom from illness. Common conceptions around mental health includes subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence and recognition of the ability to realize one's intellectual and emotional potential.

Yeap and Low (2009) argues that when mental health is left unattended to, it could escalate to minor or major forms of mental health problems or illness which have serious detrimental consequences. Granlund et al. (2021) attempted to clarify distinction between these concepts; mental health problems, mental illness and mental disorder. While all mental illness (e.g. anxiety,

depression) are categorised as mental health problems or mental disorders, not all mental disorders are seen as mental health problems or mental illness (e.g. neurodevelopmental disorders). Mental health problems refer to changes in thinking, mood and behaviour that occur over a period of time and significantly affect a person's ability to cope or function (Yeap & Low, 2009). Granlund et al. (2021) argued that having persistent mental health problems in childhood increases the likelihood of being diagnosed with mental illness in adulthood. Mental health problems are usually a normal part of people's life (e.g. peer pressure, conduct problems) so also is well-being (a state of mental healthiness). For this reason, mental health problems overlap with well-being as shown in Figure 1. Furthermore, disparities and similarities between concepts on mental health are illustrated in Figure 1.

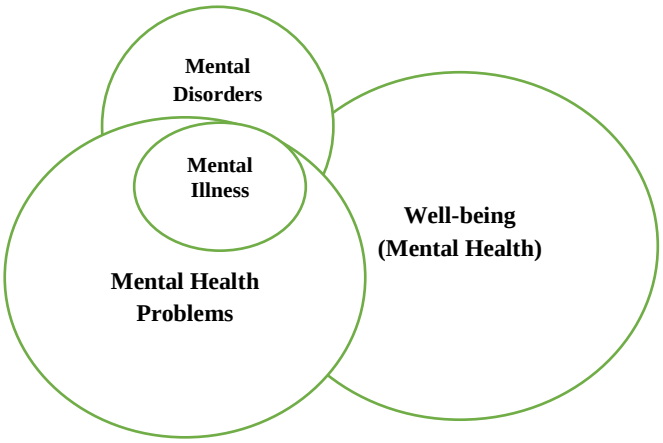

Figure 1: Relations between different concepts used when discussing mental health
Source: Adopted from "Definitions and operationalization of mental health problems wellbeing and participation construct in children with NDD distinction and clarifications. By Granlund et al. (2021). *International Journal of Environmental Research and Public Health, 18* p1671

According to the World Health Organisation (WHO, 2022), mental health problems can affect the entire society and no group of persons is immune to mental disorders or other mental health problems. However, the risk is higher among the poor, homeless, the unemployed, persons with low education, victims of violence, migrants and refugees, indigenous populations, children and adolescents, abused women and the neglected elderly. The greater percentage of those at high risk is found in rural communities. Such communities have been noted to engage traditional healing practices for mental health issues and recorded low positive outcome (Musyimi et al., 2017; Raguram, et al., 2002). Therefore, it is imperative that mental health promotion programs be channelled more towards rural dwellers.
The interest in mental health in communities revolves around enhancing competencies of individuals and communities and enabling them to achieve their self-determined goals. In the long run, mental health promotion can serve to decrease the burden of mental disorders/illness, disabilities or death – which often manifest through suicides (Ndambo et al., 2023; WHO, 2003).

Typical Misconceptions of Mental Health

Mechanic, (1987) observed that misconceptions about mental health emerged as a result of the slow growth and development in the area of mental health amongst professionals and practitioners. Typical misconceptions about mental health are often made up by a crop of people who have directly/indirectly observed persons with mental health problems or mental illness and are quick to label such based on hearsays. According, Leighton and Dogra (2009) misconceptions

sometimes arise because of the label of serious mental illness such as schizophrenia and major depression as 'mental health problems' meanwhile, same mental health professionals regard mental health problems/issues as an everyday event. Hence, misconceptions could also arise out of the invariable expressions of stigmatization those with mental health problems suffer (Al-Rawashdeh et al., 2021; Leighton & Dogra, 2009; Okpalauwaekwe et al., 2017). In 2014, the "Canadian Mental Health Association" provided certain myths about mental illness and health, some of which includes;

1. Mental illness are not real illness
2. Mental illness are an excuse for poor behaviour
3. Bad parenting causes mental illness
4. People don't recover from mental illness
5. People with mental illness are violent and dangerous
6. People who experience mental illness can't work
7. People who experience mental illness are weak and can't handle stress

Nowadays extent of conceived misconception on mental health varies across cultures to the extent that researchers across the globe have begun to develop certain standardised measurement scales for the extent of cultural misconception on mental health prevalent in their domain (Al-Rawashdeh et al., 2021). In the study of Al-Rawashdeh et al. (2021) across a population of Jordanian University students, mental illness was believed to be caused by an evil eye *Hasad, Seher, Jinn* and a punishment from 'Allah'. In addition to believing mental illness could be treated either by the Sheik, prayer or by *Rukai*. The study stressed that misconception about the causes of mental illness might lead to further misconceptions about treatment.

Chowdhury et al. (2001) out of an examination in rural community uncovered that the people had misconceptions and speculations that mental problems may result from the frustration that comes with unemployment among other causes which includes diet, possession and smoking cannabis. In a community in Malawi, it was observed among the laymen that mental health problems is not regarded as a disease because it is thought to have occurred due to drugs or marijuana, excessive beer drinking due to stress and witchcraft manifested through epilepsy or madness (Ndambo et al., 2023). Okpalauwaekwe et al. (2017) observed in among the lay men in Nigerian that it is believed that preternatural or supernatural forces, witches, evil spirits and even God can cause mental health problems.

Mental Health and Physical Health

Mental health and physical health are mutually dependent health concepts. Mental health influences physical health as much as physical health can lead to distorting mental health issues (Bazghina-werq & Socci, 2020; Feiss & Pangelinan, 2021; Rosado, n.d). Rosado (n.d) pointed that poor mental health is a risk factor for physical conditions. People with serious mental health conditions are at a high risk of experiencing chronic physical conditions, as much as people with chronic physical conditions are at risk to developing poor mental health.

The COVID – 19 out-break typically demonstrates how physical health condition leads to mental health problems. Bazghina-werq and Socci (2020)'s review of the mental health impact of COVID – 19 pandemics showed that significant number of adults across Europe and America experience stress and anxiety including; posttraumatic stress symptoms, depressive symptoms and insomnia. Doctors and other health care workers working in emergency room were found with greater predispositions to mental health problems due to factors such as increased workload, lack of sleep, fear and discrimination. The study added that high level of stress due to inability to access timely care cause mental illness in older adults. In addition, Rosado (n.d) added that chronic physical conditions such as diabetes, arthritis, heart disease and cancer are associated with major depressive disorders, mood disorders, panic disorders, bipolar disorders/schizophrenia respectively.

On the other hand, depression and psychological distress has been shown to instigate physical health problem behaviours to severe health problems such as smoking behaviours, inactivity, obesity, diabetes and eventually asthma (Rosado, n.d).

Mental health in developing Communities

Most locals preferable adopt the layman's' understanding of sicknesses and disease to conceptualise mental health issues. Studies conducted in sub-urban and developing regions have examined mental health and illness paying specific interest to hypothetical resolutions on the nature mental illness and disorders. In the study of Yeap and Low (2009) on mental health knowledge, it was observed that the lay people have a poor understanding of mental illness and were unable to recognise and identify mental health problems as well the causal factors.

Chowdhury et al. (2001) conducted an epidemiological study into a remote rural region known as Sundarban delta of West Bengal. In the study, it was uncovered that commuters have had certain interferences with tigers which dwell within their surrounding and have resorted to old traditional measures to deal with accompanying fear and anxiety. Low priority was given to serious psychotic disorders. Families often abandon person's extreme mental illness having little faith in the possibility of a cure while the young ones constantly tease extremely mad persons. The core characteristics of extreme mental illness to commutate were people talking nonsense or behaving in a hostile aggressive manner. It is believed to be caused by diet, possession, a traumatic shock, and smoking cannabis (*ganja*). More so, Chowdhury et al. (2001) added that government health services were poorly equipped and often lacked capacity to deal with mental disorders. Meanwhile, they reported cases of suicides, problem with drugs and alcohol intake and general madness.

Furthermore, in a study among low income earners in rural communities, a prevalence of elevated physical and internalised mental burdens was found among adolescents. The study advocated the need for targeted programs to enlighten on the link between physical and mental health which was rare in rural dwellings (Feiss & Pangelinan, 2021). It further revealed that body composition had a positive relationship with mental health symptoms. People with high body fat and low body satisfaction expressed anxiety and depressive symptoms.

Other Relevant Empirical Studies

VanderLind (2015) attempted to draw connections between mental health and students learning reviewing articles across the subject. The study showed that depression and anxiety are the basic mental health problems that eventually lead to decreased academic success and degree completion. It recognised the need for mental health support across student campuses to facilitate their learning. Furthermore, the Department for Education (2018) surveyed mental health and behaviours in schools and reported that schools have a central role to play in enabling their pupils to be resilient and to support good mental health and wellbeing. The survey further stressed that the school's approach to mental health should be consistent and inculcated into the curriculum of the school. It added that, identifying children with mental health problems is crucial to resolving mental health issues and to prevent stressor/distressing factors from recurring.

From a collection of literatures which were synthetically analysed, Rebar and Taylor (2017) revealed that physical activities are linked to mental health and could be effective to initiate behaviour change. According to Rebar and Taylor (2017), "people with mental health issues have unique facilitators and barriers to physical activity, which change over time, and are dependent on contextual and person factors" *p11.* This implies that physical activity does not directly lead to mental health and wellbeing benefits. Rather, the efficacy of these efforts is entirely reliant on a person's current, past or contextual state.

To further buttress on the impact of mental health on behaviours, a study conducted among persons with intellectual disabilities revealed that mental health has a complex relationship with

challenging behaviour, which is a behavior which is dangerous, frightening, distressing and annoying and threats the quality of life or physical safety of the individual and/or others (Thakker et al., 2012). Consequently, the study added that challenging behavior may be typical presentation of psychiatry illness or a secondary feature of mental illness or disorder.
Since numerous literatures (Bazghina-werq & Socci, 2020; Chowdhury et al., 2001; Feiss & Pangelinan, 2021; Rosado, n.d ; Thakker et al., 2012) have demonstrated the importance of mental health typically in everyday living, it is important to advocate for interventions for promoting mental health and realign misconceptions about mental health. Therefore, the following research questions emanated in the study to uncover conceptions and misconceptions on mental health in Gwafan community, Jos North, Plateau State – Nigeria;

1. What is the predominant concept of mental health in Gwafan community of Jos North?
2. How are problems with mental health conceptualized among locals in Gwafan community of Jos North in terms of causes and symptoms?
3. What are the common misconceptions about mental health in Gwafan community of Jos North?

METHODS

Research Design*:* The study is a qualitative study deploying a descriptive research design to uncover trends about its variable; conceptions of mental health/illness and misconceptions on mental health an illness.

Participants Recruitment and Selection: The researcher with the help of the Chief usually called *"Mai Angwa"* in Hausa language identified some residents in the community who have lived in the community for long and requested for their participation in a mental health research. From the number of inhabitants who consented, the total participants selected in the study were five (5) comprising of two (2) Male and three (3) Females who have lived in Gwafan community for more than 25 years. The community predominantly harboured by afizere ethnic tribe in Plateau State and has a mix of medical professionals. The participants were selected via purposive sampling technique. Their age ranged from 32 to 60 years and mean age is 43.6 years.
Instrument: The study deployed the use of semi-structured interviews to collect data from participants in Gwafan community. The structured interviews items consist of the research questions proposed in the study. The researcher included relevant questions where necessary. A voice recorder was used to record the interview sessions which were conducted in mix language of *Hausa* and English.

Data Collection Procedure: The researcher had two research assistant who consulted the consent of the Chief of Gwafan Community of Jos North. The Chief served as a point of entry for the researcher to be welcomed by the residents. The researcher outright the purpose of the research to the residents engaged and sought for their consent to participate. The residents who consented were scheduled to have 30 minute maximum interview with the researcher. The interview was conducted and recorded on a voice recorder on the scheduled date and time for each participant. The outcome of the interview was transcribed and presented for thematic analysis.

FINDINGS AND DISCUSSIONS

The findings for the study were obtained through the mechanism of interviews conducted. The outcome was analysed through thematic analysis and presented based on research question. The thematic analysis process adopted for the study is the Braun & Clarke (2006) six phase frame

for doing thematic analysis. The frame includes; becoming familiar with the data, generating initial codes, search for themes, review themes, define themes and write up.

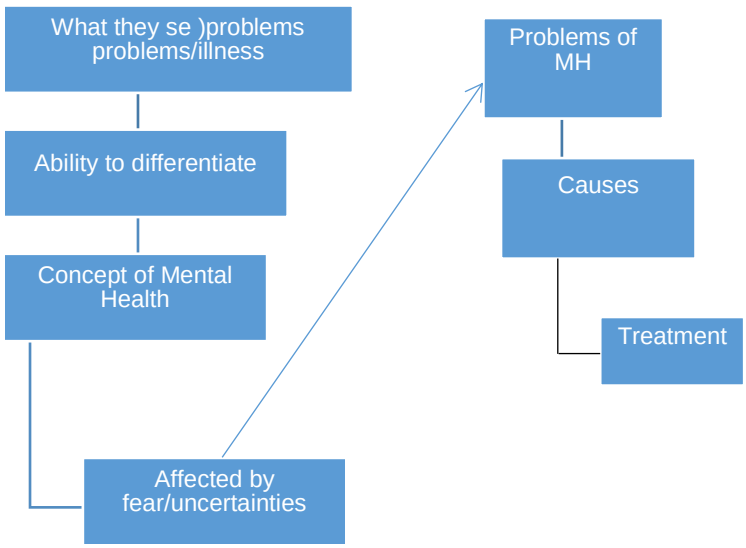

Figure 2: **Thematic map on the concept and relationships in mental health**

The thematic map shows themes and subthemes derived out of the transcribed interviews to capture conceptions and misconceptions of mental health. The presentation of the themes shows its interconnectedness as used to present findings.

Research Question 1: What is the predominant concept of mental health in Gwafan community of Jos North?
The theme **"What they see – mental illness/problems"** was put up because the understanding of mental health was depicted by what participants see. The theme mental health was not as much relevant to participants who associated any discussion with the theme "mental" to mean mental problem or illness.

> *"Someone that behaves not normal is a mental person and the person who behaves normal is not mental" (Participant 2).*

Research Question 2: How are problems with mental health conceptualized among locals in Gwafan community of Jos North in terms of causes and symptoms?
What participants see as mental illness/problems determined whether they have the "**ability to differentiate**" between concepts; mental health, mental health problems and mental illness. Participants lacked the ability to fully differentiate between concepts. In the community persons are tagged with having a condition known as *Richimi'si grer* in the native *Izere* language, meaning "an abnormal head" – which is a general term for all kinds of mental issues.

> *"A normal person would dress decently while an abnormal person will not dress decently (Participant 1)"*

Some participants in the study were able to use the concept of health to infer upon the "concept of mental health" and the subtheme **"Affected by fear/uncertainties"** indicated that the participants acknowledged that stress, fear of crime and insecurity triggers mental imbalance.

"We are scared when we hear about a neighbour of ours being kidnapped, so we have to ensure that all or family members are at home by 7pm and everything needed to be bought outside is already gotten before then" (Participant 5).

On the subtheme **"causes"** participants believe that problems with mental health or mental illness are caused by caused by diverse sources including the cares of life, burden and hardship. Some believe it is naturally caused that some people are born that way or evil forces may have interfered caused someone to go mentally ill.

"Being in Nigeria alone at this hard time can make you mentally sick, when you consider the cost of sustaining a living, the rice in price daily, you will fall sick and probably get some form of mental sickness" (Participant 4)

"It is some wicked people that do some kind of evil to the people you see mentally sick" (Participant 2)

"People who are mentally sick go to JUTH for treatment" (Participant 1)

Research Question 3: What are the common misconceptions about mental health in Gwafan community of Jos North?

The people of Gwafan community perceive that people muster troubling mental health stimuli, such as fear of crime and insecurity which is more prevalent by prayers. Even people with mental health problems are treated with prayers often offered in accordance with the Christian Faith.

"I remember there was someone I know that started behaving in a way that is not normal. The first thing the family went to call pastor for prayers. I don't know what happened again till the person got well" (Participant 3).

Overall, the study has found that majority of the people of Gwafan community fail to distinguish between mental health, mental health problems and mental illness. Typically, the people neglect their mental health and only pay attention to it when certain symptoms of mental health problems tend to emerge. Thereby confirming what most studies (e.g. Chowdhury et al., 2001; Feiss & Pangelinan, 2021; Okpalauwaekwe et al., 2017) hold about mental health conception in rural and semi-urban communities.

Meanwhile, the risk of mental health problems is high in Gwafan community given the level of insecurity and challenges pertinent with Gwafan community of which WHO (2003) associated greater risk of mental health problems. The ability to overcome general life challenges can be detrimental to individual's wellbeing. These include the high level of poverty, unemployment, low education and victims of violence among others. Other causes of mental illness observed from the community such as evil person afflicting another is similar to Okpalauwaekwe et al. (2017)'s findings that preternatural or supernatural forces, witches, evil spirits and even God can cause mental health problems. Their perception about mental health has so much impact on their ability to seek for help when they are experiencing events that are distressing; even with the presence of mental health services and centres around the community.

CONCLUSION AND RECOMMENDATIONS

Amidst some right inferences made about mental health by the educated proportion of Gwafan community, there has been a prevailing misconception about mental health in Gwafan community. Mental health is seen as Mental illness and therefore mental wellbeing is exclusive. This demands urgent attention as the people of the community are at a great risk of developing serious mental health problems without knowing. It is therefore recommended that psychological interventions such as Psychoeducation, awareness raising and campaigns be provided in the community to raise the awareness level on mental wellbeing and triggers that serves as stressors to mental health challenges as well create psychological safe spaces where people can disclose and discuss issues that are related to their mental health.

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