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Effect of Mental Health Programmes on the Attitudes and Awareness of Mental Illness among Students and Teachers of Secondary Schools in Benue State

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Abstract

This study investigated the effect of mental health programme on attitude and awareness of mental illness among students and teachers of secondary schools in Benue State. The study employed Between Subject Factorial design using 180 participants comprising of 60 teachers and 120 students. The study employed the use of stratified random sampling to draw the participants for the study. The instruments used for the intervention in this study were the Attitude towards Mental Illness Scale and the Mental Health Knowledge Schedule. Independent measures One-Way ANOVA was used to test the four hypotheses raised in the study. First, the result shows that there was a significant effect of mental health programme on the attitudes of teachers towards mental illness. Secondly, the result shows that there was a significant effect of mental health programme on the attitudes of students towards mental illness. Thirdly, the result shows that there was a significant effect of mental health programme on the knowledge of teachers concerning mental illness. Fourthly, the result also shows that there was a significant effect of mental health programme on the knowledge of students concerning mental illness. The study thus recommended that, there is urgent need to minimize the level of stigma and discrimination against people with mental illness.

Keywords: Attitudes, Awareness, Mental health, Mental illness, Students and Teachers.

Introduction

Mental health is one of the most ignored health needs worldwide. The negligence of this aspect of human health often results to the full blown development of mental illnesses. The conditions of people with mental illnesses are however worsened by the attitude and lack of awareness on mental illnesses among people around them. The burden associated with these conditions is ever increasing and poses a huge danger to human health and social interactions especially in developing countries. There exist different forms of mental illnesses that are characterized by a combination of maladaptive thought processes, emotional abnormalities, and deviant behaviours (World Health Organization [WHO], 2016). Mental illness is described by a range of disorders including anxiety disorders, developmental disabilities, autism, depression, schizophrenia, psychosis, post-traumatic stress disorders and

dementia amongst others. Globally, up to 14% of the burden of disease is apportioned to mental illnesses, with the onset of most mental illnesses beginning before the age of 25years. The prevalence of mental illnesses among students and teachers in low and middle income countries (LMICs) is similar to that in developed countries; however, reliable data are unavailable in most countries especially in sub-Saharan Africa.

Given that substantial numbers of young people both students and teachers worldwide spend the majority of their time in school, and the school have become a natural place to implement activities focused on mental health promotion, prevention and intervention (Kieling, Baker-Henningham, Belfer, Conti, Ertem, Omigbodun, Rohde, Srinath, Ulkuer & Rahman, 2011; McGorry, Purcell, Goldstone & Amminger, 2011). Mental health awareness is rudimentary for improving access to care and reducing stigma related to mental illness (Kutcher & Wei, 2014; Wei, Hayden, Kutcher, Zygmunt & McGrath, 2013) and was initially defined by Jorm as 'knowledge and beliefs about mental disorders which aid their recognition, management and prevention. Informed by recent developments in the evolving definition of health literacy (World Health Organization, 2014) and cognizant of considerations related to mental health (Kutcher & Wei, 2014; Jorm, 2012), this definition has now been expanded to include four components: (i) enhancing capacity to obtain and maintain good mental health; (ii) enhancing understanding of mental disorders and their treatments; (iii) decreasing stigma related to mental illness; (iv) enhancing help-seeking efficacy.

Global efforts to address the attitudes and awareness of mental illness in schools have been initiated by calls to action from international agencies such as the World Health Organization (WHO) and the United Nations Educational, Scientific and Cultural Organization (UNESCO) and have focused on introducing programmes into schools which address the promotion of mental health, suicide prevention and specific mental disorders, such as Depression and Substance Use Disorders (Wei & Kutcher, 2012). However, a sustained positive impact of these programmatic interventions on mental health literacy has not been widely nor consistently demonstrated (Wei *et al*., 2013; Wei & Kutcher, 2012).

Nearly a decade ago in Europe and America, interventions in Norway and Canada that have focused on addressing mental health awareness through school implemented curriculum demonstrated positive results (Milin, Lewis, Kutcher, Walker & Ferrill, 2013; Skre, Friborg,

Breivik, Johnsen, Arnesen & Wang, 2013). Available Canadian data indicated that providing secondary school teachers with a mental health curriculum resource as well as training teachers on mental health led to sustained improvements in mental health literacy (Wei & Kutcher, 2012). The positive impact of the intervention was also extended to students. When teachers applied the mental health curriculum in their class-rooms as part of usual school curriculum, significant, substantial and sustained (improvements maintained over time in the absence of additional interventions) positive results were found in enhancing awareness, reducing discrimination and improving healthcare-seeking behaviours for secondary school students (Kutcher & Wei, 2014; Milin *et al*., 2013). The evidence clearly suggests that activities aimed at improving mental health literacy through curriculum integration may be an effective approach for enhancing the attitude and awareness of mental illness among teachers and students.

In Africa, mental disorders account for approximately 5% of all reported illnesses and around 1 in 5 inhabitants are reported to suffer with a mental disorder. Furthermore, it is estimated that 200 million Africans may become afflicted by a mental disorder at some point in their lifetime (Spooner, 2014). In Nigeria, the prevalence of mental disorders is estimated to be approximately 20% (64 million Nigerians). In Lagos state, approximately 14.1% of residents (around 2.5 million) are suffering from a mental illness (Eaton & Gureje, 2014).

In Benue state particularly, the services for mental disorders have historically been available through one tertiary facility and a small number of heavily overburdened community rehabilitation facilities run by local faith-based organizations. The Benue State Comprehensive Community Mental Health Programme (CCMHP) was initiated in 2011 as a public-private partnership to scale-up services in primary care. Trained community psychiatric nurses (CPNs) operate outpatient clinics in special primary care facilities known as Comprehensive Health Centres, which offer an enhanced package of health services. CPNs also conduct outreach visits to patients' homes, raise awareness in communities, and support local self-help groups. Community health extension workers (CHEWs) at other primary health care facilities are trained in World Health Organization mental health Gap Action Programme (mhGAP) intervention guidelines for Nigeria, and are also equipped to detect, manage and treat cases (Osakwe, Otte & Alo, 2014).

Studies have indicated that teachers are however in a vantage position to help with early identification and early intervention related to symptoms of mental health among students (Williams, Horvath, Wei, Van Dorn, & Johnson-Reid, 2017). Other previous studies have identified that further exploration into teacher characteristics is necessary in order to understand why children are not accessing mental health services related to their mental health symptoms (Auger, 2014). One of these characteristics happens to be the teacher's attitude and perception of the problem. If teachers do not perceive mental health to be a concern, the likelihood of them identifying or even referring a child to get help will be limited. Some of these teachers have the knowledge of mental illness but their attitude towards the mentally ill is negative. Other teachers have a positive attitude towards mental illness but they lack the knowledge and awareness of the nature, causes and treatment of mental illnesses.

This study hinges on the Negative cognition theory developed by Beck (1967, 1976) who opined that negative attitudes towards mental illness may result from a tendency to interpret everyday events in a negative way. The major critique of this theory in relation to the present study is that it fails to explain how the society forms negative attitudes towards people suffering from mental illness. Thus this study investigates the effect of mental health programmes on the attitudes and awareness of mental illness among students of teachers of secondary schools in Benue State.

Statement of Problem

The impact of the stigmatizing attitude and poor knowledge of mental illness among Nigerians have shown to be a major hurdle to improving mental health in Nigeria. Schools can be a great resource of free and convenient mental health services for students and teachers in need, particularly since children spend a large proportion of their time in school. Since children do not typically self-identify as needing mental health services, they must rely on the adults in their lives for access to such treatment, particularly their teachers, parents, and other caring adults. This highlights the role of teachers and other school personnel in identifying students who may benefit from such services.

As professionals, teachers are in a good position to notice when a student is having a problem and refer this child to the appropriate services. Unfortunately, most teachers do not receive training in identifying mental health issues or their appropriate treatments and, consequently, are not always accurate in their referrals. Furthermore, teachers report

discomfort with the responsibility of referring children for mental health services because of this lack of training. Considering teachers' importance in children's access to mental health services, it is unfortunate that there is little research available investigating their beliefs about who needs mental health services and how they decide whether or not to make a referral for services.

Many researches have been conducted on the roles of psychological factors on students and teachers perception of mental illness. However, few if any of these studies have addressed the possible effect of an intervention that may serve as a catalyst for the attitude and awareness on mental illness among the community of people in Benue State. Therefore, the present study investigated the effect of mental health programme on attitude and awareness of mental illness among students and teachers of secondary schools in Benue State.

Literature Review

Mental Health Programme and Attitude of Teachers towards Mental Illness

Basu, Sau, Saha, Mondal, Ghoshal and Kundu (2021) validated the Community Attitude to Mental Illness (CAMI), to assess the different socio-demographic factors among the study population, to assess the KAP regarding mental illness among the study population. It was an observational, descriptive study with cross-sectional design carried out at Amdanga Community Development Block, North 24 Parganas, West Bengal, India from 2015-2016. Questionnaire validation to assess the KAP was the primary objective with obtaining the descriptive data were the second one. CAMI questionnaire was used which was validated for the given area by validation methods such as Cronbach's alpha and structural equation modeling. The resultant questionnaire was used in the field on adult population after a single-stage survey design to collect 730 samples. The test statistics showed that the questionnaire was reasonably valid after a few tweaking. SEM identified well-defined domains in the attitude part. 94.9% says that they are willing to live with a people with mental illness. 14.9% has actually done so. Health-care seeking behavior shows that 19.2% will go to a GP in case of any mental illness. Furthermore, attitude toward mental illness showed mixed picture as knowledge. This study correlated with various studies of developing countries and it was seen that these population showed markedly different attitudes for probability of the patients getting cured than many other countries. Furthermore, stigma was gradually decreasing, as evident from various other studies. This study provided valuable insights into the cognitive

and affective aspect of mental illness among these population and thus help in implementing better policies in this regard, as this is fast becoming the talk of the day. This study contributed enormously to knowledge but failed to assess the role of mental health programme on attitudes and awareness of mental illness among teachers.

Sindhu, Phadnis, Chouhan, Saraswat and Maheshwari (2021) quantified the awareness about common mental health problem, ii) to assess attitude of community members and healthcare providers towards mental health patients and identify the factors contributing to their stigma and iii) to assess perception of health care providers about National Mental Health Program in Udupi Taluk, Karnataka. A mixed method observational study was done, in 212 community members of above 18 years of age through two-stage cluster sampling. Participants were presented with 2 vignettes defining individuals suffering from symptoms of mental disorders (psychosis and depression) and in-depth interviews were conducted from healthcare providers (n=11). Statistics were calculated by bivariate statistical analysis to describe the responses to the variables from the questionnaire. Result indicated that the most commonly recognized causes of the mental health problems were unemployment, separated or divorced, among other socioeconomic factors. Psychiatrist and physician were believed to be the most helpful for providing treatment of mental health problems. The discrimination of people with a mental illness diagnosis of psychosis (74.8%) was more as compared to depression (25.2%). The stigmatizing attitude was found to be more in males (22.3%) of social distancing as compared to females (8.47%). More than 60% of the community members had knowledge and awareness about causal factors of mental health problems in this region. However, there was need to raise awareness in the community about the National Mental Health program, and services provided by the government for mental health problems. This study also shares the limitation of being carried out without any form of mental health intervention. Moreover, the targeted population was community members and health workers as opposed to teachers.

Mental Health Programme and Attitude of Students towards Mental Illness

Puspitasari, Garnisa, Sinuraya and Witriani (2020) examined perception, knowledge, and attitudes toward mental health disorders and their treatment among students in a university in West Java, Indonesia. A cross-sectional study which measures perceptions, knowledge, and attitudes of 427 university students using convenience sampling through a

53-item self-administered questionnaire was conducted in January 2020. Either a chi-square test was employed to analyze the association between student characteristics and variables. Furthermore, Spearman rank correlation coefficient was utilized to evaluate the relationship between variables. A total of 51.29% students had negative perceptions, 50.23% had good knowledge, and 52.46% had positive attitudes toward mental disorders and their treatment. The differences in the experience of visiting a psychologist or psychiatrist were associated with perceptions, knowledge, and attitudes. A positive correlation was observed between perception and attitude and between knowledge and attitude. The students obtained most information about mental health from social media (92.74%). They concluded that students demonstrated good knowledge and positive attitude toward mental health disorders. However, some continue to hold negative perceptions regarding approaching someone with a mental disorder, encouraging doubt and fear. They recommended that health promotion about mental health disorders and their treatment must be conducted to increase positive perceptions, good knowledge, and positive attitudes of the students. Social media tools can be considered to enhance mental health promotion and prevention of mental health problems. This study differs with the present study in that, it adopted cross-sectional survey design as opposed to the between subject design to be used in the present study.

Nepal, Rayamajhi, Shrestha and Aryal (2020) assessed the attitude of senior secondary level students towards mental illness. Descriptive cross-sectional study was conducted amongst senior secondary level students to investigate about their attitude towards mental illness. They recruited a sample of 138 students from classes 11 and 12 from a conveniently sampled school of Dharan Sub-metropolitan. Semi-structured questionnaire was used to elicit the information. Their study group consisted of 53.6% females while 46.4% were males. Equal numbers of students were sampled from each grades with their ages ranging from 14-18 years. The mean for total of BMI scale was 52 and the standard deviation was observed to be 12.810. The t-tests revealed males had more negative attitude than the female students which was statistically significant with a p-value of 0.048. The study revealed that there was a significant negative correlation between the attitude scores and the grade the respondents were studying and also between the gender of the respondent, father's and mother's education level and in students having a family member or neighbor suffer from mental illness. Most of the students in the senior

secondary level were found to have negative attitudes towards mental illness though none of the variables were found to be contributing towards such perceptions from their research.

Mental Health Programme and Awareness of Teachers on Mental Illness

Sinha, Manna and Roy (2020) assessed knowledge regarding mental illness and to find out the relationship between knowledge and attitude among adults in selected rural community, WB. A co-relational survey approach was adopted. A self-report questionnaire was developed and adopted for collecting information regarding background data, knowledge and attitude regarding mental illness. 100 samples were selected through purposive sampling technique for the study from Narayanpur village under B.P.H.C Sarisha. Data obtained regarding background of respondents was analyzed in terms of frequency and percentage distribution. Mean knowledge score was 12.63±4.51 and most of the respondents scored had an average knowledge on mental illness. Knowledge was measured in the cause, signs and symptoms of mental illness, nature and types of mental illness and treatment, prevention and prognosis area. The mean attitude score was 112.8±15.11. In attitude, the study revealed that community people held more had benevolent views 36.39 and tolerant attitude towards community mental health ideology 34.66. There was a positive relationship between knowledge and attitude of mental illness. There was also association between knowledge with three selected variables i.e. education, religion and family history of mental illness and attitude with education. Based on these findings, it was concluded that awareness regarding mental illness is increasing and people are becoming tolerant towards mentally ill people. The study is of obvious importance of any policy aimed at promoting better knowledge and tolerance of mental illness by the public. However, this study was a correlational survey as opposed to the factorial design to be used in this study. Moreover, it failed to incorporate teachers in the study.

Mojiminiyi, Balogun and Ogunnowo (2020) assessed the knowledge of adults residing in an urban local government area in Lagos, South-West Nigeria, with regards to mental health and investigate their attitudes towards this condition. This was a descriptive cross-sectional study. Multi-stage sampling was used to select 242 adults who were subsequently interviewed with a structured questionnaire. Data was collected and analyzed using Epi Info statistical software version 7. Associations between socio-demographic variables and the knowledge and attitudes of subjects with regards to mental disorders were

assessed using chi-square tests at a significance level of 0.05. Almost all respondents (95.5%) in this study were aware of mental disorders while 31% were related to someone with a mental disorder. Approximately half of the respondents (51.2%) had poor knowledge of mental disorders while the majority (90%) had positive attitudes. There was a significant and positive association between having a relative with a mental disorder and the level of knowledge. Conclusion analyses identified knowledge gaps in the community in terms of mental disorders in the community. They recommended that health workers should develop ways to educate the community with regards to the causes, symptoms, effects and treatment options for mental disorders. This study was carried out in Nigeria, however, it was not conducted among a teacher sample.

Mental Health Programme and Awareness of Students on Mental Illness

Dessie, Techane, Tesfaye and Gebeyehu (2021) examined the knowledge and factors affecting elementary school teachers about ADHD. An institutional-based cross-sectional study design was conducted in Gondar town and other towns nearby Gondar from February 24 to March 24, 2020. Data were collected through structured self-administered questionnaires using the Knowledge of Attention Deficit Disorders Scale and ADHD-specific attitudes measurement tools. Then, it was entered into Epi-info version 7 and exported to SPSS version 20 for analysis. Bivariable and multivariate logistic regressions were fitted to identify factors associated with the knowledge and attitude of elementary school teachers. Variables having a p-value <0.05 at 95% CI were considered statistically significant. Of 636 respondents, about 44.8% and 84.1% of elementary school teachers had good knowledge and a favorable attitude towards ADHD, respectively. Having a diploma and above, reading ADHD leaflets and search ADHD on the internet were significantly associated with teachers knowledge to ADHD; whereas, working experience in teaching a child with ADHD and watching ADHD on mass media were positively predicts teachers attitude towards ADHD. Conclusions were that the proportion of teachers' knowledge towards ADHD was low; in contrast, their attitude was relatively satisfactory. Strengthening teachers' educational upgrading system, frequent and fair distribution of leaflets written to address ADHD, installation of an internet system to the schools, and continuous ADHD awareness creation programs through mass media are highly recommended. This study is criticized for being cross-sectional in nature. This opposes the factorial design employed in the present study.

Alsahali (2021) assessed pharmacy students' attitudes toward people with MIs and seeking help for mental health, as well as their knowledge about the causes of MIs. A cross-sectional survey was conducted on pharmacy students at Unaizah College of Pharmacy, Qassim University, Saudi Arabia. Out of the 460 distributed questionnaires, 330 complete questionnaires were received, giving a response rate of 71.7%. Overall, the mean total score for attitude towards people with MIs was 60.16 ±10.48 (maximum attainable score: 105). In this study, 51.12% believed that people with MIs are more likely to harm others than a person without MIs and 66.9% mentioned that they did not trust the work of a mentally ill person as part of their work team. However, only 35.45% believed that it is difficult for mentally ill individuals to follow social rules. In terms of attitudes toward help-seeking, the mean total score of was 12.83 ±3.16 out of the maximum score of 25. In addition, the mean total score for knowledge about causes of mental illness was 2.92 ±1.76 out of the maximum score of 8. The participants reported that MIs could be due to genetic inheritance (56%), substance abuse (54.5%), or brain disease (66.1%). The findings showed that there are some negative attitudes toward people with MIs and negative attitudes towards seeking help for mental health. In addition, some misconceptions about the causes of MIs are prevalent. Consequently, the incorporation of more topics concerning mental health in pharmacy curricula could help improve the awareness of and knowledge about mental health. This study was however not conducted in Nigeria.

Hypotheses

i. There will be a significant difference in attitudes of teachers towards mental illness in schools with mental health program and schools without mental health programs in Benue State.
ii. There will be a significant difference in attitudes of students towards mental illness in schools with mental health program and schools without mental health programs in Benue State.
iii. There will be a significant difference in awareness of teachers towards mental illness in schools with mental health program and schools without mental health programs in Benue State.
iv. There will be a significant difference in awareness of students towards mental illness in schools with mental health program and schools without mental health programs in Benue State.

Design

This study employed Between Subject Factorial design to investigate the effect of mental health programme on the attitude and awareness of mental illness among teachers and students of secondary schools in Benue State. This design was adopted because the researcher manipulated mental health programme across the teachers and students used in the study and also measured their attitudes and awareness after the intervention. The independent variable is mental health programme while the dependent variables are attitude and awareness on mental illnesses.

Participants

The participants for this study were 180. They comprised of 60 teachers and 120 students. In the teacher sample, 30 (50%) were male while 30(50%) were female. Their ages ranged from 24-54years with a mean age of 35.45(SD=8.846). Considering their ethnic groups, 18 (30%) were Tiv, 30 (50%) were Idoma while 12 (20%) were from other ethnic groups. In terms of their marital statuses, 24 (40%) were Single, 18 (30%) were married while another 18 (30%) were either divorced or separated. As for their religions, 36 (60%) were Christians, 18(30%) were Muslims while 6 (10%) were practicing other religions. As for their schools, 10 (16.7%) were from New Jerusalem Academy, 10 (16.7%) were from St. Ann's Secondary School Adikpo, 10 (16.7%) were from Lady Victoria Academy, 10(16.7%) were from Saviour Model College, 10 (16.7%) were from St. Francis Secondary School Otukpo while another 10 (16.7%) were from Odumu Ocheibe College. Lastly, 30 (50%) were in the experimental group while another 30 (50%) were in the control group.

In the student sample, 60 (50%) were male while 60 (50%) were female. Their ages ranged from 12-20years with a mean age of 16.43(SD=2.519). Considering their ethnic groups, 45 (37.5%) were Tiv, 60 (50%) were Idoma while 15 (12.5%) were from other ethnic groups. In terms of their marital statuses, all the 120 (100%) were Single. As for their religions, 84 (70%) were Christians, 3 (2.5%) were Muslims while 33 (27.5%) were practicing other religions. As for their schools, 20 (16.7%) were from New Jerusalem Academy, 20 (16.7%) were from St. Ann's Secondary School Adikpo, 20 (16.7%) were from Lady Victoria Academy, 20 (16.7%) were from Saviour Model College, 20 (16.7%) were from St Francis Secondary School Otukpo while another 20 (16.7%) were from Odumu

Ocheibe College. Lastly, 60 (50%) were in the experimental group while another 60 (50%) were in the control group.

Sampling Technique

The study employed the use of stratified random sampling to draw the participants for the study. This is a form of probability sampling method and it was used because the entire population of teachers and students in the selected schools in Benue State were given the chance to be selected in the sample for the study given due consideration to the strata (schools). Since Benue state is made up of three zones; A, B and C, two schools were selected from each zone as seen below:

Student Participants:

Zone "A"	New Jerusalem Academy	= 20
	St. Ann Sec. School Adikpo	= 20
Zone "B"	Lady Victoria Academy	= 20
	Saviour Model School	= 20
Zone "C"	St. Francis College Otukpo	= 20
	Odumu Ocheibi College	= 20

These sums up to 120 students which were used for the study.

Teacher Participants:

Zone "A"	New Jerusalem Academy	= 10
	St. Ann Sec. School Adikpo	= 10
Zone "B"	Lady Victoria Academy	= 10
	Saviour Model School	= 10
Zone "C"	St. Francis College Otukpo	= 10
	Odumu Ocheibi College	= 10

These sums up to the 60 teachers that were used for the study.

Instruments/Materials

The instruments used for the intervention in this study include the demographic information, the Attitude towards Mental Illness Scale and the Mental Health Knowledge Schedule.

Demographic Variables: This study assessed the participants' sex, age, ethnic group, religion, marital status, and school.

Attitude towards Mental Illness Scale: Attitudes towards mental illness was measured using the Attitude towards Mental Illness Scale developed by Hirai and Clum (2000). The scale has 21 items that are measured on a 5-point scale of 1 (strongly disagree) to 5 (strongly agree). In the scale, no items are reverse-scored and the scale has a test re-test reliability coefficient of .87 and an alpha coefficient of .76. The present study found a Cronbach's alpha coefficient of .79 and .70 for the teacher and student samples respectively. The scale has a concurrent validity correlation of .56 with the Mental Health Stigma and Discrimination Scale. Sample of items in the scale include: "there is future for persons with mental illness", "I am very scared of persons with mental illness".

Mental Health Knowledge Schedule: Awareness on mental illness was measured using the Mental Health Knowledge Schedule developed by Thornicroft, Rose, Kassam and Sartorius (2007). The scale has 12 items and is measured on a 5-point scale of 1 (strongly disagree) to 5 (strongly agree). No items are reverse scored in the scale and the author found a convergent validity of .53. The author also found an overall test–retest reliability of .71 and the overall internal consistency of .75. The present study reported an alpha coefficient of .71 and .85 for the teacher and student samples respectively. Sample of items include; "people with severe mental health problems can fully recover", "depression is a mental illness".

Other materials include a comprehensive passage on the nature, extent, causes and treatment of mental illnesses, which was used to educate the experimental groups on mental health.

Result

Table 1: Mean score and standard deviation of teachers on their attitudes towards mental illness in Benue State.

Groups	N	Mean	Standard Deviation
Experimental Group	30	61.800	4.139
Control Group	30	69.000	3.524

Total	60	65.400	10.016

The result shown in table 1 shows that there were 30 participants in the experimental group and their mean score on attitudes towards mental illness was 61.800 (SD=4.139). In the control group, there were 30 participants and the mean score was 69.00 (SD=3.524). Thus, the control group that was not exposed to the mental health programme had more attitudes towards mental illnesses.

Table 2: One-Way Analysis of variance showing the effect of mental health programme on attitudes of teachers towards mental illness in Benue State.

Groups	Sum of Squares	df	Mean Square	F	Sig
Between Groups	1117.600	1	1117.600	13.502	.013
Within Groups	4800.800	58	82.772		
Total	5918.400	59			

The result displayed in table 2 shows that there was a significant effect of mental health programme on the attitudes of teachers towards mental illness; $F(1,58)=13.502$, $p<.05$. The result further indicated that participants in the control group (M=69.00, SD=3.524) who were not exposed to the mental health programme had more attitudes towards mental illness than those in the experimental group (M=61.800, SD=4.139) who were exposed to the mental health programme. This implies that the mental health programme reduced the negative attitudes towards mental illness among teachers. Thus, hypothesis one was supported.

Table 3: Mean score and standard deviation of students on their attitudes towards mental illness in Benue State.

Groups	N	Mean	Standard Deviation
Experimental Group	60	65.350	13.353
Control Group	60	76.450	11.754
Total	120	70.900	12.538

The result shown in table 3 shows that there were 60 participants in the experimental group and their mean score on attitudes towards mental illness was 65.350 (SD=13.353). In the control group, there were 60 participants and the mean score was 76.450 (SD=11.754). Thus, the control group that was not exposed to the mental health programme had more attitudes towards mental illnesses.

Table 4: One-Way Analysis of variance showing the effect of mental health programme on attitudes of students towards mental illness in Benue State.

Groups	Sum of Squares	df	Mean Square	F	Sig
Between Groups	3036.300	1	3036.300	22.863	.003
Within Groups	15670.500	118	132.800		
Total	18706.800	119			

The result displayed in table 4 shows that there was a significant effect of mental health programme on the attitudes of students towards mental illness; $F(1,118)=22.863$, $p<.01$. The result further indicated that participants in the control group ($M=76.450$, $SD=11.754$) who were not exposed to the mental health programme had more attitudes towards mental illness than those in the experimental group ($M=65.350$, $SD=13.353$) who were exposed to the mental health programme. This implies that the mental health programme reduced attitudes towards mental illness among students. Thus, hypothesis two was also supported.

Table 5: Mean score and standard deviation of teachers on their knowledge of mental illness in Benue State.

Groups	N	Mean	Standard Deviation
Experimental Group	30	43.800	9.528
Control Group	30	30.200	6.880
Total	60	35.000	8.328

The result shown in table 5 shows that there were 30 participants in the experimental group and their mean score on knowledge of mental illness was 43.800 (SD=9.528). In the control group, there were 30 participants and the mean score was 30.200 (SD=6.880). Thus, the experimental group that was exposed to the mental health programme had more knowledge of mental illnesses.

Table 6: One-Way Analysis of variance showing the effect of mental health programme on knowledge of teachers on mental illness in Benue State.

Groups	Sum of Squares	df	Mean Square	F	Sig
Between Groups	1086.400	1	1085.400	20.964	.012
Within Groups	3005.600	58	51.821		
Total	4092.000	59			

The result displayed in table 6 shows that there was a significant effect of mental health programme on the knowledge of teachers concerning mental illness; F(1,58)=20.964, p<.05. The result further indicated that participants in the experimental group (M=43.800, SD=9.528) who were exposed to the mental health programme had more knowledge of mental illness than those in the control group (M=30.200, SD=6.880) who were not exposed to the mental health programme. This implies that the mental health programme increased knowledge of mental illness among teachers. Thus, hypothesis three was also supported.

Table 7: Mean score and standard deviation of students on their knowledge of mental illness in Benue State.

Groups	N	Mean	Standard Deviation
Experimental Group	60	43.150	9.167
Control Group	60	32.800	9.848
Total	120	37.475	9.479

The result shown in table 7 shows that there were 60 participants in the experimental group and their mean score on knowledge of mental illness was 43.150 (SD=9.167). In the control group, there were 60 participants and the mean score was 32.800 (SD=9.848). Thus, the experimental group that was exposed to the mental health programme had more knowledge of mental illnesses.

Table 8: One-Way Analysis of variance showing the effect of mental health programme on knowledge of students on mental illness in Benue State.

Groups	Sum of Squares	df	Mean Square	F	Sig
Between Groups	2012.675	1	2012.675	27.364	.009
Within Groups	8679.250	118	73.553		
Total	10691.925	119			

The result displayed in table 8 shows that there was a significant effect of mental health programme on the knowledge of students concerning mental illness; F(1,118)=27.364, p<.01. The result further indicated that participants in the experimental group (M=43.150, SD=9.167) who were exposed to the mental health programme had more knowledge of mental illness than those in the control group (M=32.800, SD=9.848) who were not exposed to the mental health programme. This implies that the mental health programme increased knowledge of mental illness among students. Thus, hypothesis four was also supported.

Discussion

Hypothesis one was tested to find out if there will be a significant difference in attitudes of teachers towards mental illness in schools with mental health program and schools without mental health programs in Benue State. Findings indicated that teachers who were exposed to mental health programme had lesser attitudes towards mental illness than those who were not exposed to mental health programme. This means that when people are educated on mental health issues, they tend to adopt a rather positive attitude towards mental health. This finding tallies with Basu, Sau, Saha, Mondal, Ghoshal and Kundu (2021) who revealed that attitude toward mental illness showed mixed picture as a function of knowledge. Similarly, Sindhu, Phadnis, Chouhan, Saraswat and Maheshwari (2021) revealed that the discrimination of people with a mental illness diagnosis of psychosis was more as compared to depression. The stigmatizing attitude was found to be more in males of social distancing as compared to females. Furthermore, more than 60% of the community members had knowledge and awareness about causal factors of mental health problems in this region.

Hypothesis two was tested to find out if there will be a significant difference in attitudes of students towards mental illness in schools with mental health program and schools without mental health programs in Benue State. Findings indicated that students who were exposed to mental health programme had lesser attitudes towards mental illness than those who were not exposed to mental health programme. This finding tallies with Puspitasari, Garnisa, Sinuraya and Witriani (2020) who found a positive correlation between perception and attitude and between knowledge and attitude towards mental illness. In another study, Nepal, Rayamajhi, Shrestha and Aryal (2020) revealed that most of the students in the senior secondary level were found to have negative attitudes towards mental illness.

Hypothesis three was tested to find out if there will be a significant difference in awareness of teachers towards mental illness in schools with mental health program and schools without mental health programs in Benue State. Findings indicated that teachers who were exposed to mental health programmes had more knowledge of mental illness than those who were not exposed to mental health programmes. This finding tallies with Sinha, Manna and Roy (2020) who revealed that community people held more benevolent views and tolerant attitude towards community mental health ideology. In their study, there was a

positive relationship between knowledge and attitude of mental illness. Mojiminiyi, Balogun and Ogunnowo (2020) found approximately half of the respondents (51.2%) had poor knowledge of mental disorders while the majority (90%) had positive attitudes. They also found a significant and positive association between having a relative with a mental disorder and the level of knowledge.

Hypothesis four was tested to find out if there will be a significant difference in awareness of students towards mental illness in schools with mental health program and schools without mental health programs in Benue State. Findings indicated that students who were exposed to mental health programmes had more knowledge of mental illness than those who were not exposed to mental health programmes. This finding tallies with Dessie, Techane, Tesfaye and Gebeyehu (2021) who revealed that of the 636 respondents, about 44.8% and 84.1% of elementary school teachers had good knowledge and a favorable attitude towards ADHD, respectively. They also found that having a diploma and above, reading ADHD leaflets and searching ADHD on the internet were significantly associated with teachers' knowledge of ADHD; whereas, working experience in teaching a child with ADHD and watching ADHD on mass media were positive predictors of teachers' attitude towards ADHD. Alsahali (2021) and Ndubisi, Bassey, Igwe, Olose and Abasiubong (2020) showed that there were some negative attitudes toward people with MIs and negative attitudes towards seeking help for mental health.

Conclusion

i. Mental health programme significantly affects teachers' attitudes towards mental illness in Benue State.
ii. Mental health programme significantly affects students' attitudes towards mental illness in Benue State.
iii. Mental health programme significantly affects teachers' awareness of mental illness in Benue State.
iv. Mental health programme significantly affects students' awareness of mental illness in Benue State.

Recommendations

The study recommends that there is urgent need to minimize the level of stigma and discrimination against people with mental illness. This can be achieved by manning the attitudes of teachers and students via sensitization programmes, campaigns, rallies and the introduction of school clubs that educates students and teachers on mental health. In addition, clinical psychologists and other concerned bodies should continue to persuade the federal government of Nigeria to pass the "Psychology Bill" into law so that psychologists will be employed in all health ministries across Nigeria. This will increase the presence of mental health practitioners and enhance the recognition of their roles in human wellbeing.

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