IOSR Journal Of Humanities And Social Science (IOSR-JHSS)
Volume 25, Issue 4, Series. 2 (April. 2020) 01-06
e-ISSN: 2279-0837, p-ISSN: 2279-0845.
www.iosrjournals.org

Prevalence and Nurses' Perceived Predictors of Mental Illness among Young Adult Admitted Between 2015-2018 In Neuro Psychiatry Hospital Akure, Ondo State

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Abstract
Background: The burden of mental illness is becoming increasingly worrissome affecting all segments of the population throughout Africa. The study aims to explore the prevalence and nurses' perceived predictors of mental illness among young adult.
Materials and Methods: This is a cross-sectional descriptive study. The research study adopted a cross-sectional descriptive design to assess the prevalence and nurses' perceived predicators of mental illness among young adult admitted between 2015-2018 in Neuro-psychiatry Hospital Akure.
Results: Results indicated a pervasive prevalence of mental health problems among young adult in Neuro-psychiatry hospital Akure Ondo State. Result shows that one of the causes of mental illness is depression. Mental illness is also caused by lack of sleep, accident, poor nutrition, drugs such as cocaine, marijuana and amphetamines, stress is also one of the cause of neurosis. Result also show that majority believed that mental illness can reoccur. The prevalence of mental illness was at its peak in January and February 2015 in Neuro-psychiatry hospital, Akure. Result also showed that the prevalence of psychosis in male and female is 58.7% and 41.3% respectively. The prevalence of neurosis in male and Female is 47% and 53%. . The prevalence of psychiatry illness in male is more than that of female 58.9% and 41.1% respectively. Result also shows that there is significance difference in prevalence of Neurosis and Psychosis among young adult, $p<0.05$. in addition, there is significance difference between nurses' years of experience and perceived predictors of mental illness, , $p<0.05$.
Conclusion: The prevalence of mental health problems among young adult estimated in this study was high than that of many other countries. Therefore, efforts should be made to control this alarming increase through the joint efforts of health care department and government
Key Word: Mental Health; Nurses; Prevalence; Predictors; Young Adult.

Date of Submission: 23-03-2020 Date of Acceptance: 10-04-2020

I. INTRODUCTION

Mental illness is considered a silent epidemic throughout most parts of Africa. Owing to structural and systemic barriers such as inadequate health care infrastructure, insufficient number of mental health specialists, and lack of access to all levels of care,[1, 2] Mental illness has been characterized as a neglected and increasingly burdensome problem affecting all segments of the population throughout Africa. Prioritizing mental health has also been difficult due to lack of resources, limited funding and no or ineffective mental health policies. Most governments, health policy- makers and funders historically have focused on communicable diseases that plague the continent, such as malaria, tuberculosis, HIV/AIDS).[3] In addition, due to stigma and discrimination, many people suffer in silence and fail to reach their full potential.[4,1] Furthermore, a considerable segment of the population in African countries is vulnerable to mental illness due to psychosocial and socioeconomic stressors such as poverty, migration, war, conflict and disasters.[5]

Researchers, international health and policy bodies, and advocacy groups have launched various calls to action to address the mental health crisis, not only in Africa, but globally. Much of the focus has been on the disproportionate burden of mental illness in developing countries in terms of loss of life and productivity and stunted development in health, education, and economic growth, as highlighted by the United Nations' (U.N.) Millennium Goals. [6,7] Proposed solutions articulated in these calls include: integrating mental health into primary health care; developing clear national mental health policies and focusing on practical implementation

of those policies; training mental health paraprofessionals; expanding community health care; and making links with traditional healers, among others.[8,9] However, the societal burden of mental illness continues to rise internationally and in Africa and ongoing work to document the prevalence and severity of mental illness and improve access to appropriate care is necessary. There is dearth of literature evidence on prevalence and predictors of mental health in Neuropsychiatry hospital in Akure, Ondo State hence this study.to assess the prevalence and predictors of mental health among young adult in Neuropsychiatry hospital in Akure, Ondo State

II. MATERIAL AND METHODS

The research study adopted a cross-sectional descriptive design to assess the prevalence and nurses' perceived predicators of mental illness among young adult admitted between 2015-2018 in Neuro-psychiatry Hospital Akure. The facility of research study was Neuro-psychiatry hospital Akure, located in Akure South Local Government. The hospital is being managed by the State government; it serves as a referral centre for primary health care in the State. The populations used for this study were records of all young adult admitted between 2015-2018 in Neuro-psychiatry Hospital Akure and all staff nurses in Neuro-psychiatry hospital Akure.

Study Design: The research study adopted a cross-sectional descriptive design to assess the prevalence and nurses' perceived predictors of mental illness among young adult admitted between 2015-2018 in Neuro Psychiatry Hospital Akure.

Study Location: The facility of research study is Neuro-psychiatry hospital Akure, located in Akure south Local Government. The hospital is being managed by the state government; it serves as a referral centre for primary health care in the state.

Study Duration: July 2018 to Julyr 2019.

Sample size: Patients' records of mental illness between January 2015 and December, 2018. .40 Nurses working in the hospital.

Sample size calculation: Using Taro Yamane's formula to calculate the sample size.

$n= N/(1+Ne^2)$

Where n= sample size

N=Total population

e= margin of error which equals 0.05

Total population of nurses working in Neuro Psychiatry Hospital Akure =40

N=39

$n=39/(1+39(0.05)^2)$

$n=39/1+39(0.0025)$

$n=39/1+(0.0975)$

$n+39/1.0975$

$n=35.53\approx36$

To find it's 10%

10(36)/100

$=3.6\approx4$

$=36+4$

$=40$

Subjects & selection method: the records of young adults admitted between January, 3015 and December, 2018

Were sorted out. In addition total population of 40Nurses working in Nuro-pychiatry hospital were selected for administration of perception questionnaire**.**

Inclusion criteria: All records of young adults ages 18-35 between 2015 and 2018

All nurses working in the Neuropsychiatry hospital Akure , Ondo State

Inclusion criteria: All records of patients admitted outside the age bracket of 18-35 between 2015 and 2018

Instrument for data collection

The instruments used for data collection was checklist to gather the prevalence data of mental illness among young adult admitted between 2015-2018 and factors influencing mental illness and questionnaire to know nurses' perceived predictors of mental illness among young adult in Neuro-psychiatry hospital Akure.

Forty copies of a structured questionnaire was distributed to the sample size selected, out of which 32 was duly filled and returned by the respondents.

Statistical analysis

The data were analysed using simple percentage and chi-square.

III. RESULT

Table 1 contains information on age, gender, qualifications and years of experience of the respondents. Age range 20-30 is predominant with 72.5% of the responding nurses, while age range 30-39 summed up to 17.5%. 40-49 age range is 5.0% and 5.0% in coincidence with nurses of 50 years and above.The two main genders were represented in the respondents. The male respondents has 27.5% while female respondents has 72.5%. The qualifications were RM, RN, RN/RM, BNSc and others with quotas of 32.5%, 37.5%, 2.5%, 25.0% and 2.5% respectively. Also, years of respondents experience which are 0-4, 5-9, 10-14, 15-19 and 20years & above were 65.0%, 22.5%, 7.5%, 5.0% and 0% respectively.

Table 1: Socio demographic data of the respondents

Variables	**Parameters**	**Frequency (n=40)**	**Percentage (100%)**
Age	20-29	29	72.5
	30-39	7	17.5
	40-49	2	5.0
	50 & above	2	5.0
Gender	Male	11	27.5
	Female	29	72.5
Qualification	RM	13	32.5
	RN	15	37.5
	RM/RN	1	2.5
	BNSc	10	25.0
	OTHERS	1	2.5
Years of experience	0-4	26	65.0
	5-9	9	22.5
	10-14	3	7.5
	15-19	2	5.0
	20 & Above	0	0

Table 2 contains assessment carried out on nurses' perceived predictors of mental illness, four parameters were used for the assessments: Strongly Agree; Agree; Disagree and Strongly Disagree. 47.5% believed that mental illnesses are genetic, while 37.5% agreed. 22.5% indicated that mental illness could be linked with family income, while 17.5% disagreed with the theory. 27.5% of the respondents believed chronic/ terminal illness can leads to depression while, 57.5% agreed, 15% disagreed. The question raised that; can mental illness reoccurred? Reflects 30% strongly consented, 62.5% agreed and just 7.5% disagreed. 42.5% also believed that poor sleep has negative impact on mental illness, while 47.5% led the chase with 47.5%, but just 7.5% disagreed. 17.5% strongly agreed that mental illness can be as a result of accident while 30.0% disagreed

Table 2: Assessing nurses' perceived predictors of mental illness

Variables	Strongly Agree F(%)	Agree F(%)	Disagree F(%)	Strongly Disagree F(%)
Mental illness are genetic in origin	19(47.5)	15(37.5)	6(15.0)	0(0)
Mental illness can be as result of family income	9(22.5)	23(57.5)	7(17.5)	1(2.5)
Can a lack of sleep cause depression	13(32.5)	21(52.5)	4(10.0)	2(5.0)
Can chronic/terminal illness cause depression	11(27.5)	23(57.5)	6(15.0)	0(0)
Will someone who has mental illness get it again	12(30.0)	25(62.5)	3(7.5)	0(0)
Can poor sleep have a negative impact on mental illness	17(42.5)	19(47.5)	3(7.5)	1(2.5)
Individual work demand can predispose one to mental illness	11(27.5)	21(52.5)	5(12.5)	3(7.5)
Mental illness can be as a result of accident involving the risk of exposure to HIV	7(17.5)	14(35.0)	12(30.0)	7(17.5)
Can stress and error lead to mental illness	8(20.0)	21(52.5)	10(25.0)	1(2.5)
Mental illness can be as a result of infection	6(15.0)	17(42.5)	13(32.5)	4(10.0)
Defects in or injury to certain areas of the brain have also been linked to some mental illness	16(40.0)	19(47.5)	3(7.5)	2(5.0)
Long term substance abuse has been linked to	13(32.5)	17(42.5)	9(22.5)	1(2.5)

depression, anxiety and paranoia				
Can environment factors contribute to mental illness	10(25.0)	18(45.0)	18(20.0)	4(10.0)
Drugs such as cocaine, marijuana, and amphetamines can cause paranola	15(37.5)	19(47.5)	5(12.5)	1(2.5)
Some traits such as perfectionism or low self-esteem can increase the risk for depression or anxiety.	16(40.0)	16(20.0)	8(20.0)	0(0)

Table 3 contains information concerning prevalence of mental illness among young adult in Neuro-psychiatry hospital Akure, from January. 2015 to December 2018, indicating the psychiatric conditions that were admitted; that is, Psychosis, Neurosis and Substance Abuse. From the table, out of 2869 admission cases the prevalence of psychosis, Neurosis, Substance abuse are 2510(87.5%), 236(8.2%), and 278(9.7%) respectively while the prevalence of male and female are 1691(58.9%)and 1178(41.1%) respectively.

Table 3 Prevalence of mental illness among young adult in Neuro-psychiatry hospital, Akure

YEAR	**PSYCHOSIS**		**NEUROSIS**		**SUBSTANCE ABUSE**		**TOTAL PREVALENCE**	
	Male	Female	Male	Female	Male	Female		
2015	296	302	13	41	34	7	693	
2016	223	254	51	15	10	0	553	
2017	298	271	13	27	19	6	634	
2018	657	209	34	42	43	4	989	
TOTAL	1474	1036	111	125	106	17	2869	Male:1691(58.9%)
								Female:1178(41.1%)
	2510(87.5%)		236(8.2%)		278(9.7%)			

Test of hypothesis one

H_{01}: There is no significance difference in prevalence of Neurosis and Psychosis among young adult in Neuro psychiatry hospital, Akure

Table 4.9: Difference in prevalence of Neurosis and Psychosis among young adult in Neuro psychiatry hospital Akure

Chi-Square Tests			
	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	39.573[a]	4	.001
Likelihood Ratio	41.468	4	.001
Linear-by-Linear Association	26.665	1	.001
N of Valid Cases	40		

Sig. p<0.05

Table 4.9 present Chi-Square statistic, where 2 = 39.573, and p > 0.001; at 0.05 level of significance. The null hypotheses is therefore rejected, since p < 0.05 and conclude that there is a significance difference in prevalence of Neurosis and Psychosis among young adult in Neuro psychiartry hospital Akure.

Test of hypothesis two

H_{02}: There is no significance relationship between nurses' years of experience and perceived predictors of mental illness among young adult in Neuropsychiatry hospital Akure.

Table 4.10: Relationship between nurses' years of experience and perceived predictors of mental illness among young adult

Chi-Square Tests			
	Value	Df	Asymp. Sig. (2-sided)
Pearson Chi-Square	47.705[a]	4	.001
Likelihood Ratio	57.342	4	.001
Linear-by-Linear Association	31.365	1	.001
N of Valid Cases	40		

Sig. p<0.05

Table 4.9 presents Chi-Square statistic, where ^{2} = 47.705, and p > 0.001; at 0.05 level of significance. The null hypotheses is therefore rejected, since p < 0.05 and conclude that There is a significance relationship between perceived predictors of mental illness among young adult in Neuropsychiatry hospital Akure

IV. DISCUSSION

At the end of the research study, the researcher discovered that nurses who had participated in this research study were forty and 100% of them were knowledgeable about the predictors of mental illness among young adult that were admitted. It was also discovered that Age range 20-30 is predominant among the respondent with 72.5% of the responding nurses. Female respondents are more predominant than males having 72.5%.

The study further revealed that the prevalence of psychosis in male and female was 58.7% and 41.3% respectively. The prevalence of neurosis in Male and Female is 47% and 53%. From the grand total, prevalence of psychiatry illness in male was 58.9% and prevalence of psychiatry illness in females is 41.1%.

Also from this study, 42.5% of the study participants believed that poor sleep could lead to depression. This is in agreement with the study carried out in three big cities of Parkistan, which showed the prevalence of depression to be 53.4%, 43.9% and 35.7% respectively.[10.]

In addition, the study further revealed that stigma related to mental illness is also predictive of poorer social and leisure functioning which can impact the quality of life, the absence of close or confiding relationships outside of the immediate family had been associated with a greater risk of relapse and non-remission among persons with depression. [11] It was also discovered that about half of the respondents 47.5% believed that mental illnesses are genetic, 57.5% agreed that chronic/ terminal illness can leads to depression**.**

Furthermore, majority of the respondents believed that the mental illness can reoccur as 30% strongly agreed while, 62.5% agreed. Loss of roles and status, decision making, lack of social networking, snatches of rights, poverty, retirement, widowhood, dependency, unmet social and emotional needs, disability, sickness, ageing, launching of children and institutionalization were social forces that might cause the distortion of mental health among young adult.[12] These state of affairs diminished their hope for life and they became the victims of mental health problems such as depression, anxiety, stress, and dementia. [12]

The findings further revealed that there is a significant difference in prevalence of neurosis and psychosis among young adult. In addition there is a significant relationship between nurses' years of experience and perceived predictors of mental illness among young adult, p<0.05

V. CONCLUSION

Mental illness is constituting major health burden especially among the young adult. The prevalence of mental health problems among young adult estimated in this study was high than that of many other countries. Therefore, efforts should be made to control this alarming increase through the joint efforts of health care department, social welfare department, government and non-governmental sectors.

Nurses have central role in lowering prevalence and burden of mental illness by broadening the scope of care, contributing to consumers' empowerment, reducing the level of stigma and discrimination in the hospital setting and engaging simultaneously assessment to increase detection rate.

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Mary Idowu Edward,etal. "Prevalence and Nurses' Perceived Predictors of Mental Illness among Young Adult Admitted Between 2015-2018 In Neuro Psychiatry Hospital Akure, Ondo State." *IOSR Journal of Humanities and Social Science (IOSR-JHSS)*. 25(4), 2020, pp. 01-06.