

**PREVALENCE OF EARLY WARNING SIGNS AND SYMPTOMS OF MENTAL ILLNESS
AMONGST MALES AND FEMALES IN JOS, NIGERIA**

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ABSTRACT

BACKGROUND:

Mental illness is a psychological, emotional and mental health problems that affects the physical, behavioral and occupational functioning of an individual. The understanding of the signs and symptoms of the disorder in a typical setting and by ordinary people or even among the literate is often difficult; talk more of the early warning signs and symptoms of the illness. This is because some Africans still attribute the causes of mental illness to supernatural sources such as witchcraft, evil people, wicked people and demonic attacks etc. It thus becomes imperative to take a look at the general symptoms of mental illness.

OBJECTIVE OF STUDY: *The aim of the study was to determine the prevalence of early warning signs and symptoms of mental illness among males and females in Jos.*

RESULT: *A total of 657 participants took part in the study. Participants were randomly selected. They comprised of 390 males who fell within the age range 17-65 with a Mean age of 29.09 and a standard deviation of 10.05 and 267 females who fell within the age range 16-60 with a Mean age of 31.28 and a standard deviation of 17.08.*

The study found out that there was a significant difference in the prevalence of the early warning signs and symptoms of mental illness among the males and females ($X^2 = 10.5 > P.05 = 7.87$). A higher proportion of females (75.41%) presented with the early warning signs and symptoms of mental illness.

CONCLUSION: *The result shows that a higher proportion of the sample (66.61%) presented with the early warning signs and symptoms of mental illness by both males and females indicates that the society is sitting on a time bomb. This is because if these individuals are not checked and managed at this early stage, they can become fully blown victims of mental illness in later years. Thus mental health professionals and good policy should move quickly to prevent mental illness in the society.*

KEYWORDS: *Early warning Signs, Symptoms, Mental Illness*

INTRODUCTION

Mental illness is caused by several factors. These include biological, socio-cultural and environmental factors^{1,2,3,4,5}. Other factors that have been linked to mental illness are drug abuse such as cocaine, heroine, marijuana and alcohol⁵. Amphetamine, Cocaine and alcohol can lead to psychotic problems⁵. This implies that people may suffer from mental illness because of the use of these substances or a predisposition to mental illness. Indeed, mental illness such as depression, psychotic behavior, aggression has been linked to the consumption and abuse of drugs and alcohol^{5, 6}; while schizophrenia in particular is traceable to a combination of genetic and environmental factors^{4, 1,2}. Similarly the development of schizophrenia has been linked to environmental factors such as drugs and pre-natal stressors². Factors such as hypoxia and infection or stress and malnutrition in the mother during fetal development may result in a slight increase in the risk of schizophrenia later in life^{4,2}. Because of the economic difficulties and poverty in Nigeria today, many pregnant women are poorly fed. This may subsequently affect the child as it grows. Similarly, in Nigeria today, there is a high prevalence of drug consumption and abuse and malnutrition among the old and young, male and females.

People get exposed to drugs and consume them for fun, to cope with daily live stress and threats to life, challenges or economic difficulties and the availability of such substance^{3,6,7}. A careful analysis of the Nigerian economic and political scenario indicate that people are passing through hardship, threat to lives and boredom; and because different types of drugs are readily available, they turn to them to cope and release tension. Even if people donot abuse these substances in order to cope, the inability to adapt or cope with the daily challenges, hardship and difficulties may expose or predispose people to mental illness. Mental illness such as schizophrenia is associated with social factors such as long-term unemployment, poverty and homelessness^{1,2, 8} pointed out that peoples limited ability to cope because of low levels of social support, low self esteem and socio-economic problem can lead to mental illness. Most Nigeria youths in particular are unemployed, poor and enjoy inadequate social support. These social factors may predispose them to experience the early warning

signs of mental illness or indeed break down completely.

Mental illness can affect any sex. Indeed, depression is a common health problem that affects people of all gender, age and social background⁹. Girls have greater risk of mood and anxiety disorder and boys have greater risk of behavior disorders, while there is an equal greater ratio of substance use disorders. It has been reported that overall rates of psychiatric disorders are almost identical for men and women but striking gender differences are found in the pattern of mental illness¹⁰. Gender differences occur particularly in the rate of common mental disorders such as depression which is more persistent in women than men, while life time prevalence rate for alcohol dependence is more than twice as high in men¹⁰. Similarly, men are three times more likely to be diagnosed with antisocial persistent disorder than women but with no marked gender difference in the rate of severe mental disorder like schizophrenia and bipolar depression⁸. The onset of most psychological problems is between ages 10 – adulthood, depending on the type of mental illness. For instance, the age of onset of different forms of mental disorders range from age 10 to adulthood^{1,2,3}. The age of onset of the major forms of mental disorders such as schizophrenia is between the early teens and twenties for males and late twenties for females. The age of onset for depression is from adolescence to late in life for both sexes. Manic episodes begin at early twenties with some beginning at adolescence. For generalized anxiety, the age of onset is at childhood and adolescence for both sexes, primary insomnia begins at young adulthood and middle age; with hyposomnia having age of onset at fifteen years and thirty years. Personality disorder has age of onset between adolescence and early adulthood. A community survey across the world, found that approximately one quarter (¼) of youths experience mental disorder during the past year and about one third (?) across their life time with anxiety disorders being the most frequent condition in children followed by behavioral disorders, mood disorders and substance use disorders¹⁰. Similarly,¹⁰ in a review of the field of child psychiatric epidemiology noted that the number of observations in community surveys of children and adolescents has risen from 10,000 in studies published between 1980 to 1993 to nearly 40,000 from two studies published between

1993 to 2002. Furthermore, anxiety disorders begin in childhood while the onset of conduct disorders occurs at early adolescent and mood disorders tend to begin in late adolescent¹⁰.

With varying ages of onset of different disorders and for different people some signs and symptoms are usually noticed in some people early enough while in others in late life or when the disorder has become chronic. The very early warning signs and symptoms of mental illness may not be noticed or understood by people around the person suffering from the difficulties.

The early warning signs and symptoms of mental illness include physical symptoms such as pains or sleep disturbance; emotional symptoms such as feeling bad, scared, anxious; cognitive symptoms such as difficulty thinking, abnormal belief and memory difficulty. Other early warning signs include behavioral symptoms such as behaving in an aggressive manner, inability to perform routine daily functions, excessive use of substance and perceptual symptoms such as seeing or hearing things that others cannot¹⁴.

The presence of two or more of the signs and symptoms enumerated above in a person is an indication of mental illness¹⁴. Such signs and symptoms must have persisted and caused significant distress or interfere with one's tasks or day-to-day living. In the light of the above, this study is designed to find out:

- (i) What gender presents with two or more of the early warning signs and symptoms of mental illness?

To achieve these aims, it was hypothesized that:

- (i) There is a significant difference in the presentation of the early warning signs and symptoms of mental illness among males and females.

METHOD

Design:

The design is an unrelated or between subject design. This is because separate participants will be assigned to different groups in terms of gender.

Participants:

657 participants were randomly selected from Jos and environment. The sample comprised of 390 males who fell within the age 17 – 62 and 267 females who fell within the age range 16 – 60. The

Mean age of the males is 29.93 while that of females is 21.28. The overall Mean age is 30.48.

Material:

The research material comprised of 12 items. These items were drawn from the specific early warning signs of mental illness specified by the (14). The material contained the response options: No, Sometimes, Most of the times and Always. The material also contained the consent section where the participants were to sign and indicate their willingness and readiness to participate in the study.

Procedure:

Participants were met at their homes, offices, shops and in the school environments. All participants were interviewed individually and exclusively following the structural questions of the interview schedule. One question was asked at a time and the answer for each preceding question noted down before the succeeding one was asked. Interviews were conducted both in English and Hausa languages. Hausa was used for those who could not understand English language. A time frame of between 8 – 10 minutes was used to interview the participants.

The participants who indicated experiencing the symptoms most of the times, and always were recorded as those who met the diagnostic criteria of early warning signs of mental illness as specified by the World Health Organization. This is because reporting the presence of the symptoms most of the times and always for several months is an indication of persistence. That is, the symptoms most have persisted in the individual and affected their day-to-day functioning over the period in question. Thus, those who indicated experiencing two or more of the symptoms listed in the questionnaire most of the times or always were grouped together for each of the research categories as suffering from the early warning signs of mental illness; while those who presented with only one symptom or not at all were grouped as not suffering from the warning signs of mental illness. A chi-square statistical model was used to analyse the data.

Participation in the study was voluntary. Those who were willing to participate in the study were asked to sign the questionnaire before the interview commenced. Participants were also told that they were free to discontinue the interview

process if they feel uncomfortable with the exercise at any point.

DEMOGRAPHIC INFORMATION

| | | | |
|----|---------|--------|----------------|
| 1. | GENDER | NUMBER | PERCENTAGE (%) |
| | Males | 390 | 59.36 |
| | Females | 267 | 40.64 |

| | | | | |
|----|---------------|-------|---------|-----|
| 2. | MARITAL STATE | MALES | FEMALES | N |
| | Single | 234 | 132 | 366 |
| | Married | 146 | 125 | 271 |
| | Divorced | 2 | 4 | 6 |
| | Separated | 4 | 3 | 7 |
| | Widowed | 4 | 3 | 7 |
| | N | 390 | 267 | 657 |

| | | | | |
|----|--------------|-------|---------|-----|
| 3. | RELIGION | MALES | FEMALES | N |
| | Christianity | 373 | 247 | 620 |
| | Islam | 17 | 20 | 37 |
| | N | 390 | 267 | 657 |

| | | | | |
|----|--------------------------|-------|---------|-----|
| 4. | EDUCATIONAL STANDARD | MALES | FEMALES | N |
| | No formal education | 14 | 9 | 23 |
| | Primary education | 16 | 9 | 25 |
| | Secondary education | 102 | 74 | 176 |
| | Advanced Level education | 75 | 83 | 178 |
| | Higher National Diploma | 72 | 41 | 113 |
| | Degree | 67 | 41 | 108 |
| | Post-Graduate | 24 | 10 | 34 |
| N | 390 | 267 | 657 | |

| | | | | |
|----|----------------|-------|---------|-----|
| 5. | OCCUPATION | MALES | FEMALES | N |
| | Applicants | 35 | 35 | 70 |
| | Business | 39 | 36 | 75 |
| | Civil Servants | 136 | 67 | 243 |
| | Driving | 10 | - | 10 |
| | Farming | 12 | - | 12 |
| | Student | 125 | 88 | 213 |
| | Teaching | 32 | 28 | 60 |
| | House wives | - | - | - |

RESULTS

Table I

**Difference in the early warning signs and symptoms of mental illness
Among Males and Females**

| Symptoms Status | No. of Males | % | No. of Females | % |
|-------------------------|--------------|-------|----------------|-------|
| Number with symptoms | 238 | 61.03 | 196 | 73.41 |
| Number without symptoms | 152 | 38.97 | 71 | 26.57 |

$$X^2 = 10.5 > P .05 = 7.89$$

DISCUSSION

The result of this study shows that the hypothesis was supported. Indeed, there was a significant difference in the number of males and females that presented with the early warning signs and symptoms of mental illness ($X^2 = 10.5 > P .05 = 7.87$).

The result revealed that a higher proportion of the females presented with the early warning signs and symptoms of mental illness. Of the 267 females that participated in the study, 196 (73.41%) presented with the early signs and symptoms of mental illness while of the 390 males that participated, 238 (61.03%) presented with the early warning signs and symptoms. This finding is not consistent with an earlier study by ^{15,16} which showed that males suffered more from mental illness than females; although women had a higher proportion in specific disorders such as depression. The finding is also not consistent with a study by ¹⁰ which reported that overall rates of psychiatric disorders were identical for men and women.

The ¹⁷ had reported that studies have found sex difference in mental illness; with men being more likely to develop substance abuse and anti-social behavior problems while women are more likely to develop anxiety and depression. A similar gender difference in the presentation of anxiety behaviors have been found in Australia. An ¹⁸ indicated that women are more likely than men to report anxiety disorders; with 18% of the women reporting the disorder as compared with 11% of the men. Affective disorders (mood disorders) were reported in 7.1% of the women and 5.3% of the men.

According to ¹⁷ women with anxiety are more likely to internalize their emotions which typically do result in withdrawal, loneliness and depression; while men on the other hand are more likely to externalize emotions which then lead to aggression, impulsive coercive and non-compliant behavior.

Internalizing emotions by women may account for the higher proportion of women presenting with the early warning signs of mental illness in this study. Women in this part of the world tend to suppress their emotions than men.

Similar to the ¹⁷, which showed that more men than women suffer from substance abuse problems, the ¹⁸ report on Australia shows the same. According to the ¹⁸ report men are more than twice as likely as women to have substance use disorder; with 7% of men as compared to 5.3% of women experiencing the problem. Schizophrenia is reported to be higher in men than women in the Australian population; with the women tending to experience later age of onset, fewer period of illness and better recovery. ¹⁵ study found a similarity in this regard. There was a higher proportion of men (35.16%) on admission than women (25.72%) with schizophrenia at the Jos University Teaching Hospital Jos.

The study also found that a higher proportion of the sample studied presented with the early warning signs and symptoms of mental illness. Indeed, 66.61% presented with the early signs of mental illness. This may be accounted for by the fact that certain forms of mental illness donot occur alone. For instance, people with schizophrenia are likely to have comorbid conditions such as major depression and anxiety disorders while the link with long-term substance abuse is about 50% ².

The Nigerian economic, social and political scenario clearly presents motivating predisposing and enhancing factors to depression and anxiety disorders. On daily basis, you will hear of violence, conflict, burning, killing and attack on innocent people. These are enough to cause anxiety disorders and depression. Similarly, with the upsurge in unemployment, unstable economic climate, unstable academic calendar because of avoidable strikes and poverty are also enough to cause psychological problems such as worries, anger,

aggression, and insomnia in people. These scenarios are indeed capable of causing the higher proportion of people to present with the early signs and symptoms of mental illness.

CONCLUSION

This study reveal that a higher proportion of the sample; 66.61% presented with the early warning signs and symptoms of mental illness. It was also found that a higher proportion of the females; 73.41% as compared to 61.03% of the males presented with the early warning signs and symptoms of mental illness. The reasons for the higher proportion of the females presenting with the early warning signs was not explored by this study. It was only assumed that the manner in which women here internalize their problems may be responsible for the difference. These revelations suggest that:

- (i) Further studies be conducted to compare the internalization or externalization of problems by males and females in Nigeria.
- (ii) Many people may be unaware of the early warning signs and symptoms of mental illness. Such people will thus live with the problems without seeking professional help; thereby causing problems in the society now or later in their life time. The need for mental health professionals to embark on mental health awareness and advocacy is here recommended.
- (iii) The engagement of mental health profession such as clinical psychologists, psychiatrist, psychiatric nurses and social workers in all types of hospitals, and primary health clinics is strongly advocated.

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