Research Article

The Knowledge of and Attitude to and Beliefs about Causes and Treatments of Mental Illness in Eritrea: Examining Perceptions of 90 University of Asmara Students Regarding Mental Illness

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Stigma and discrimination associated with mental illness are a common occurrence in the Sub-Saharan region including Eritrea. Numerous studies from Sub-Saharan Africa suggest that stigma and discrimination are major problems in the community, with negative attitudes and behavior towards people with mental illness being widespread. In order to assess the whether such negative attitudes persist in the context of Eritrea this study explored the knowledge and perceptions of 90 Eritrean university students at the College of Business and Economics, the University of Asmara regarding the causes and remedies of mental illness A qualitative method involving coded self-administered questionnaires administered to a sample of 90 university students to collecting data at the end of 2019. The survey evidence points that almost 50% of the respondents had contact with a mentally ill person suggesting that the significant number of the respondents experienced a first-hand encounter and knowledge of mental illness in their family and community. The findings show an overall greater science-based understanding of the causes of mental illness to be followed by recommended psychiatric treatments. The survey evidence indicates that the top three leading causes of mental illness in the context of Eritrea according to the respondents are brain disease (76%), bad events in the life of the mentally ill person (66%) and substance abuse or alcohol taking, smoking, taking drugs like hashish. (54%). The majority of the respondents have a very sympathetic and positive outlook towards mentally ill persons suggesting that mentally illness does not simply affect a chosen individual rather it can happen to anybody regardless of economic class, social status, ethnicity race and religion. Medical interventions cited by the majority of the respondents as being effective treatments for mental illness centered on the idea that hospitals and clinics for treatment and even cures for psychiatric disease. Changing perceptions of mental illnesses in Eritrea that paralleled the very caring and sympathetic attitudes of the sample university students would require raising public awareness regarding mental illness through education, using the mass media to raise public awareness, integrating mental health into the primary health care system, decentralizing mental health care services to increase access to treatment and providing affordable service to maintain positive treatment outcomes.

Keywords: *discrimination, Eritrea, mental illness, mental health, Sub-Saharan Africa, stigma, university students*

INTRODUCTION

A mental illness or disorder is defined by an individual's level of distress, disability and increased risk to themselves and others (American Psychiatric Association, 2000). Mental illnesses worldwide are accompanied by another pandemic, that of stigma and discrimination. In African cultures, mental disorders are believed to be

caused by various external factors including: breach of taboos or customs, disturbances in social relations, hostile ancestral spirits, spirit and demonical possessions, evil machination and intrusion of objects, evil eye, sorcery, natural causes and affliction by God or gods. (Idemudia, 2004 cited in Tumbwene *et al.*, 2013)   Persons with mental illness often have to struggle with a double problem.   (Nicolas *et al.*, 2005)   First, they have to cope with the symptoms of the disease itself; depending on the particular mental disorder they may have problems such as recurrent hallucinations, delusions, anxiety, or mood swings. These symptoms can make it difficult for someone with a mental illness to work, live independently or achieve a satisfactory quality of life.   Second, the misunderstandings of society about the various mental disorders result in stigma.   (Nicolas *et al.*, 2005)

According Bohner and Dickel (2011) an attitude may be defined as "an evaluation of an object of thought [ranging] from the mundane to the abstract, including things, people, groups, and ideas". Negative attitudes by the majority of people ('the public') toward individuals or characteristics of individuals give rise to stigma and can lead to discriminatory (and potentially illegal) behavior. Public stigma is the discrediting response of the general population to people with different conditions. (Byrne, 2000)   Evidence indicates that negative public attitudes about a wide range of undesirable conditions can have negative impacts on the lives of people, including those with (a) mental illness(b) epilepsy (c) HIV/AIDS(d) obesity and (e) stuttering   .(St. Loius and Roberts, 2013) Numerous studies from Sub-Saharan Africa suggest that stigma and discrimination are major problems in the community, with negative attitudes and behavior towards people with mental illness being widespread. (Gureje *et al.*, 2005) Stigma is a basic component of the negative discrimination that people with mental illness experience every day which frequently blocks access to facilities that have been created to help people with mental illness. (Abeer *et al.*, 2020)   According to Kerem *et al.*, (2018) attaching stigma to mental illness originates among other factors from a lack of mental health literacy and insufficient public display of positive treatment outcomes, which both reinforce stigmatization and perceived discrimination by the public. Stigma has been linked with problems relating to knowledge (ignorance) and attitudes (prejudice) while discrimination has largely been related to behavior. (Thornicrof *et al.*, 2008)

Also, people with mental illness who experience prejudice may - through their consequent behavior - endorse stereotypical beliefs that people with mental illness are violent, which as a result reinforces the prejudice; prejudice has an evaluative component and also yields emotional responses to stigmatized groups such as anger or fear, which may result in the discriminatory act or hostile behavior. (Reta *et al.*, 2016)   Because stigma relates to internal thoughts, it is difficult to take legal action against

it.   Discrimination, however, refers to actions taken to exclude others because of their perceived differences, and therefore legal protections are possible against discrimination; these protections focus on the behavior itself, rather than on its victims. (Stuart, 2005 cited in Reta *et al.*, 2016) Stigma and discrimination against people with mental illness remain barriers to help-seeking and full recovery for people in need of mental health services. (Egbe *et al.*, 2014)

The few studies conducted in Sub-Saharan region have suggested that the experience of stigma by people with mental illness may in fact be common.   Mental illness tends to strike with a double-edged sword, with those affected having to deal with the symptoms and disabilities of their illness on the one side, and widespread stigma and discrimination on the other. (Kapungwe *et al.*, 2009) Research has linked negative societal attitude with the behavior of the mentally ill, rather than the cause of these mental illnesses. Thus, mentally ill persons are frequently referred to as dangerous, suspicious, unstable, unreliable, irresponsible, and homicidal. (Okpalauwaekwe *et al.*, 2017)   These labels on the mental behavior of the mentally ill have aggravated stereotypes and provoked further prejudices on people with mental illnesses. The impact of the stigmatizing attitude and poor knowledge of mental illness among societies in the Sub-Saharan region have shown to be a major hurdle to improving mental health. (Okpalauwaekwe *et al.*, 2017)

The stigma surrounding mental health and its treatment is one of the greatest barriers to mental healthcare. Despite the high prevalence of mental illness in in the Sub-Saharan region, previous studies have consistently demonstrated the presence of stigma not only among the general population but also among providers.   (Shah *et al.*, 2017) HIV patients, survivors of abuse, and rape survivors are at increased risk but often fail to seek treatment because of stigma and fear of retribution. (Shah *et al.*, 2017) Large-scale efforts aimed at reducing the stigma associated with mental illness are ongoing.   Developing a standard measure of public attitudes toward mental illness that can be used anywhere in the world among the literate population, to document the impact of these efforts would be very useful.   (St. Lois and Roberts, 2013).

Despite the rising occurrence of mental illnesses, the knowledge and perceptions regarding mental illnesses among different communities in Eritrea is not known. (Teages and Habtemariam, 2018).   To fill this research gap this study attempts to assess the knowledge, attitudes, and beliefs about causes, manifestations, and treatment of mental illness held by university students as part of the   Eritrean community with the ultimate aim of changing the traditionally held beliefs regarding mental illness and its subsequent treatment strategies.   The assumption is that if the knowledge of the causes of mental

illness and the attitudes towards mentally ill persons can be modified then the stigma and discrimination associated with mental illness can be reduced paving the way for science-based, effective psychiatric treatment of the illness.

PURPOSE OF STUDY

This research upon which this article is based was undertaken to achieve the following objectives:
1. To assess the knowledge, attitudes, and beliefs about causes, manifestations, and treatment of mental illness held by university students as part of the Eritrean community.
2. To generate the knowledge locally to the Eritrean context based on data collected from the university community which will be useful to individuals, governmental and non-governmental institutions championing the welfare of the mentally ill.
3. To develop and suggest to policy recommendations to reduce the stigma associated with mental disorders and to increase access to care for people suffering from mental illness in Eritrea
4. To use the survey results for debate among researchers, social workers, religious leaders, politicians, policymakers, national/international partners as well as for raising public awareness.

RESEARCH QUESTIONS

1. How are mental illness and its treatment understood among university of Asmara students as part of the literate section of society?

2. What is the nature of the stigmas and discriminations associated with mental illness that are a common occurrence in the African context regarding e to Eritrea?

3. What are the specific strategies that need to be designed/implemented for addressing the public health problem of mental illness in the Sub-Saharan region and Eritrea specifically?

SIGNIFICANCE OF THE STUDY

Conducting survey research aimed at gauging the community knowledge and perceptions of mental illness in the context of Sub-Saharan Africa with particular reference to Eritrea is important, not only to contribute to understanding mental illness, but to reveal valuable insights to guide strategies and policy frameworks to mitigate the stigma, discrimination and superstitious beliefs associated with mental disorders.   Therefore, the primary purpose of the study was to examine the university students' perceptions regarding mental illness by canvassing their knowledge, attitudes, and beliefs about

causes, manifestations, and treatment of mental illness as an entry point to further studies involving a cross-section of Eritrean society.

From the theoretical perspective the study's significance is two-fold: first, it makes a timely contribution to the knowledge we have about the important issue of mental illness and the ways of treating the condition in an objective and scientific manner.   Second, the study provides an important baseline knowledge regarding metal health issue in Eritrea as departing point for further rigorous studies involving a cross-section of society. There is need for more empirical research around mental illness and stigma associated with it in every African country including Eritrea, although pockets of fairly deep research do exist.   Third, the study contributes survey based evidence from Eritrea that can be used in a cross-country study of mental illness issues that would be undertaken in the near future through comparative study of two or more similarly situated Sub-Saharan nations.

From the practical perspective the study's significance rests on its contribution to efforts aimed at designing and implementing the relevant public policies in Eritrea for bringing the issue of mental health into the mainstream of society.   Thus, the task of reducing stigma and discrimination associated with the mentally ill can be undertaken provided knowledge of societal members regarding the taboo subject of mentally illness is raised with ultimate goal of humane treatment of the mentally ill in similar fashion to other patients suffering from other types of illnesses. Our knowledge about the state of mental illness in Eritrea so far has been largely anecdotal. This empirical study of mental illness in Eritrea offers fresh evidence for proposing concrete policies that can be taken by Eritrean policy-makers in consultation with the relevant stakeholders.

LIMITATION OF THE STUDY

The study focused on the examination of perceptions regarding mental illness by university students at the College of Business and Economic, University of Asmara. However, if we are to have a deeper understanding of the knowledge of, attitude to, and perception regarding mental illness conditions in Eritrea, we need to conduct studies that gauge the views of cross-section of Eritrean society that may include mental patients themselves, parents of patients, mental illness care providers, medical directors of mental health clinics and hospital, public health policymakers and university students enrolled in the remaining 7 other Eritrean colleges.   Future studies on the issue of mental illness in the context of Eritrea should canvass the views and attitudes of a number of specific population groups including mental and general health care providers, policy makers, users of psychiatric services, teachers, police officers, academics, and

traditional healers.   By including all the stakeholders involved in the care and management of mental illness patients in longitudinal studies would enable us to get full picture of mental illness knowledge possessed by Eritreans. In sum, as the current study was limited by its use of a sample of university students future research could address this limitation by sampling from a non-university population.

RESEARCH METHODS

The study used survey research as a data collecting strategy. The instrument used in collecting data for this study was questionnaire method where close-ended questions were asked in a questionnaire that was self-administered by the respondents.   A questionnaire was administered to the sample of 90 University of Asmara students selected from the total population of 280 university students enrolled in the College of Business and Economics, the University of Asmara for the Academic year 2017-18.   The population under consideration were all students enrolled at the College of Business and Economics, the University of Asmara for the academic year 2017-18.   The sampling procedure includes a combination of stratified random sampling and purposive sampling techniques. Stratified sampling was employed to get representative sample from different year university students and different departments from which an adequate group of respondents was selected. A purposive sampling technique was used to ensure a well-balanced group of respondents based on the nature of the research aims.   The unit of analysis is the individual university students, more specifically, a total of 90 respondents that participated in the administration of the questionnaire survey.

The central aim of the questionnaire administration was to collect data that would help examine the knowledge, attitudes, and beliefs about causes, manifestations, and treatment of mental illness held by the university students. The researcher took a great deal of time and effort to ensure the proper administration of the questionnaire by handing the questionnaire to each respondent and collecting it personally. To ensure anonymity and confidentiality, each subject was represented by a coded number, with no references to name or position and each questionnaire was collected in a sealed envelope. Thus, nobody can identify or make connection between the identity of the subject and his/her responses. The researcher personally distributed and collected the questionnaire to ensure secure transport.

The questionnaire consists of seven sections covering the following areas:
1. Demographic data (age, sex, and education)
2. Perceptions of the respondents regarding the cause of mental illness
3. Views regarding the respondents' knowledge of mental illness
4. Attitudes of respondents regarding   mentally ill persons
5. Attitudes of respondents regarding care and management of   mentally ill persons

Participants answered questions regarding their knowledge, attitudes, and behavioral responses towards individuals with mental illnesses. The following main themes were explored based the data collected through the survey instrument of questionnaire: contact experiences with mentally ill person; whether mental illness is like any other illness or not, views on the causes of mental illness; positive and negative general perceptions toward mental illness; attitudes regarding mentally ill person; and recommended care and management of   mentally ill persons.   By making a detailed analysis from the primary data collected coupled with methodical review of previous empirical research work, this article identified the causes, consequence and remedies for mental illness by Eritrean university students as part of the educated section of society. The knowledge, attitudes, and behavioral responses of the university students toward individuals with mental illnesses were explored here to suggest steps that will reduce mental illness stigma in Eritrea university community and Eritrean society at large.   The research article also presented alternative solutions for addressing the public health problem of mental illness   in the context of Sub-Saharan Africa with specific reference to Eritrea.

RESULTS AND ANALYSIS

Respondents characteristics

The following table shows the characteristics of the 90 University of Asmara students that participated in the study.   Respondents are between the age of 15 - 55 and their educational attainments are between first year university to fourth year university as students in a four-year university program. That enrolled sexes with male (52%) and female (48).   The detailed information is presented below.

Table 1:   Respondents characteristics *(N = 70)*

No	Statement	Category	Percentage %
1.	Gender	Male	52
		Female	48
2.	Age	15-19	-

		20-25	73
		26-30	11
		31-35	3
		36-40	5
		>40	6
3.	Educational Attainment	First Year	-
		Second Year	49
		Third Year	22
		Fourth Year	29
4.	Department	Public Administration	22
		Business Management	17
		Economics	18
		Finance	22
		Accounting	21
5.	Had contact with mentally ill patient?	Yes	47
		No	53
6.	Is it like any other illness	Yes	59
		No	41

The majority of the respondents 66% are in the age bracket 20-25. The survey evidence point that almost 50% of the respondents had contact with mentally ill person suggesting that the significant number of the respondents experienced a first-hand encounter and knowledge of mental illness in their family and community. Moreover, the majority of the respondents believe that mental illness is just like any other illness. This suggest that the respondents are less likely to attach stigma to mentally ill persons and practice discrimination. Such enlightened perspective of the respondents might be conditioned by the high education status of the university students. The fact that the respondents hold such strong enlightened positions on the mental illness issue would be very instrumental in impacting the rest of the illiterate or semi-literate population to have similar views, thus reducing stigma and discrimination associated with metal illnesses.

Table 2: Survey results on causes of mental illness as perceived by the respondents

No	Cause of Metal Illness	Percentage %
1	Brain Disease	76
2	Bad Events	66
3	Substance Abuse	54
4	Genetic Inheritance	32
5	Evil Spirits	22
6	Poverty	20
7	Personal Weakness	18
8	God's Punishment	5

The survey evidence indicates the top three leading causes of mental illness in the context of Eritrea are brain disease (76%), bad events in the life of the mentally ill person (66%) and substance abuse or Alcohol taking, smoking, taking drugs like marijuana. (54%). Brain disease is considered as the leading cause of mental illness with a significant majority of the participants (76%) believing mental illness has biological in origin and therefore required medical intervention in the form of psychiatric medication. According to Laher and Khan (2011) Societies or sections of societies that distinguish between biological versus non-biological interpretations of mental illness are likely to associate biological causes with medical intervention.

A smaller percentage of the respondents see evil spirits as causes of mental illness. While very small minority (5%) of the respondents think that mental illness is God's punishment or divine punishment. Thus, most of the participant of the study do not accept supernatural cause of mental illness. The implication is that the majority of the respondents believe that mental illness has biological roots and therefore can be treated using scientific methods. However, the 22% of the respondents that reported evil spirits as causes of mental illness recommended using the service of traditional healers at address mental illness. Improving the acceptability of mental care requires better community awareness of mental health problems and a change of the widespread beliefs in traditional healers. Improving the acceptability of mental care for societal members requires better community awareness of mental health problems and a change of the widespread belief in traditional healers. (Rugema *et al.*, 2015)

Table 3:   Survey results on respondents' knowledge of mental illness

No	Categories	Percentage %
1.	Mental illness can happen to anyone	60
2.	Mental patients can work	40
3.	I can tell a person is mentally ill by his/her appearance	31
4.	The mentally ill is to blame for his/her condition	30
5.	A mentally ill person is considered dangerous	27
6.	A mentally ill person is not capable of establishing a friendship	20

The majority of the respondents have a sympathetic and positive outlook towards mentally ill persons suggesting that mental illness does not simply affect a chosen individual rather it can happen to anybody regardless of economic class, social status, ethnicity race and religion. Those who hold negative views regarding mental illness and mentally ill persons are in the minority where   only 30% of the respondents blame the patient for his/her condition; while 27% of the respondents believe the mentally ill person is dangerous and hence he/she be avoided; and 20% of the respondents believe the mentally ill person is not capable of forming and maintaining friendship with others.

The enlightened view regarding mental illness and the people affected by the condition is strongly associated with the high educational status of university students. The task ahead for all stakeholders concerned with mental health including mental and general health care providers, policy makers, users of psychiatric services, teachers, police officers, academics, and traditional healers would be reducing mental illness stigma by changing beliefs and attitudes through three dominant ways: education (which replaces myths about mental illness with accurate conceptions), through contact (which challenges public attitudes about mental illness through direct interactions with persons who have these disorders) and through protest (which seeks to suppress stigmatizing attitudes about mental illness).   (Kapungwe *et al.*, 2009)

Table 4:   Survey results on respondents' attitude regarding   mentally ill persons

No	Categories	Percentage %
1	Mental ill persons should have equal rights	75
2	People should sympathize with mentally ill persons	62
3	People are recommended to establish friendship with mentally ill persons	59
4	Recommend that the mentally ill person should make decisions	32
5	Respondent does not like working with mentally ill persons	22
6	Respondent does not like telling other the condition of his/her mental illness	20
7	I am not comfortable having conversations with mental ill persons	19
8	I prefer others not to marry mental ill person	12
9	I would be embarrassed by the existence of mentally ill family member	9
10	I recommend that the mentally ill person should not have children	6
11	I recommend others not to marry mental ill person	5
12	I recommend others not to make contact with mental ill persons	5

A significant majority of the respondents have demonstrated a caring understanding and positive attitude towards the mentally ill with 75% of the respondents expressing the view that mentally ill person should enjoy equal rights as the rest of the societal members or citizens. Moreover, 62% of the respondents recommend that people or society should sympathize with the conditions of

the mentally ill person and stand behind the promotion of the welfare of the patients. The survey evidence indicates that a minority of the respondents hold negative views regarding the plight of the mentally ill persons with 32% of the respondents stating that the mentally ill person should not make personal decisions while 22% of the respondents state that they don't like working with a mentally ill person.

Table 5: Survey results on respondents' attitude regarding care and management of mentally ill persons

No	Categories	Percentage %
1	Mental ill persons should be institutionalized	67

2	I am willing to discuss my mental illness or mental condition of a family member with my PHC	59
3	I recommend mentally ill persons should be treated as our-patients	58
4	Health services for the metal illness conditions are available in my community	56
5	Information regarding the metal illness conditions is available in my community	37
6	PHC clinics in my community can provide good care for mentally ill patients	34
7	I believe the majority of mentally ill patients can recover from their conditions	33
8	I think metal illness condition is non-curable disease	5
9	I prefer that once should not disclose his/her mental illness from others	-

A striking finding is that a very large majority of the respondents think that mental illnesses are treatable and recommend in-patient and out-patient medical care of the patients. In line with this development a cross-sectional study conducted in the year 2017 in two Eritrean villages of Embadeho and Geshinashim for assessing community knowledge and perception on mental illness based on a sample of 141 households found that a significant majority (85.1%) of the study participants responded that mental illness as a curable disease and 68.8% acknowledged that modern medical approach mainly at hospitals or clinics as their best-preferred site of treatment, whereas the remaining 31.2% replied that their best preference as visit to traditional or spiritual healers. (Teages and Habtemariam, 2018). Medical interventions cited by the participants of the studies as being effective treatments for mental illness centered on the idea of the hospital being the source for treatment and even cures for psychiatric disease. This sharply contrasts to the firmly held traditional beliefs by the majority of societies in the Sub-Saharan region that assume supernatural forces are at work producing mental illnesses.

According to the studies conducted by Shah et all., (2017) spirits, satanic powers, bad airs, poor choices, curses, bewitchment and stars were perceived as common external causes of mental illness in the majority of societies in the Sub-Saharan region exhibiting traditional culture. Changing perceptions of mental disorders in the context of the Sub-Saharan region including would require targeted interventions such as incorporating mental health issues in education curriculum and using the mass media to raise public awareness, decentralization of mental health care services to increase access to treatment and by providing affordable service to maintain positive treatment outcomes. It has been argued that popular perceptions of what is appropriate care usually are influenced by the advice, cultural and religious factors as well as previous positive or negative experiences with healing (Swartz, 1998 cited in in Tumbwene et al., 2013) Thus, it would be a great opportunity for government and non-government stakeholders on the mental health area to utilize the enlightened views and competencies of the university students regarding the treatment of mental illness in the bid to raise public awareness with respect to the knowledge and perceptions of the causes and psychiatric treatments of the illness. Therefore, the campaign should focus addressing not only on the usefulness of medical treatments but also on correcting the perceptions that are traditionally held that see mental illness as a punishment from the God or gods for an individual or family's wrong doings, breach of taboos or customs, hostile ancestral spirits, spirit and demonical possessions, evil machination and intrusion of objects, evil eye and sorcery. (Izibeloko et al., 2013)

In addition, the majority of the participants have expressed support for high degree of openness in terms of not hiding their own mental illness condition as well as disclosing the state of family members that suffer from mental illness. This development contradicts the traditionally held beliefs by educated as well uneducated sections of societies in the Sub-Saharan region where private issues were kept within the family, and the disclosure of such matters to those outside the family was seen as shameful. (Alia, 2014) Readily admitting the existence of one's own mental illness or the mental illness of family members coupled with the readiness to disclose the condition to family members, friends and medical experts would promote seeking medical help for mental illness and getting timely and effective treatment.

The survey findings also indicate that the majority of the respondents confirm the availability of clinics and hospitals access to the local communities for providing mental health services. The implication is that assuming mental health services are readily accessible to the local communities, then by raising public awareness regarding mental illnesses we can increase the likelihood of the persons suffering from mental related issues to seek medical help and eventually get cured. Even if mentally ill patients do not get completely cured, they at least can learn to control and manage their condition and live a normal happy life.

In sum, the survey findings points that more than half of the respondents experienced a first-hand encounter with mentally ill people in their family and community while showing greater science-based understanding of the causes of mental illness to be followed by recommended psychiatric treatments. A key finding of this research is that the respondents believe mental illness is just like any other illnesses having biological roots and hence treatable condition using modern medical or psychiatric intervention. The majority of the respondents have a very sympathetic and positive outlook towards mentally ill persons suggesting that mentally illness does not simply affect a chosen individual rather it can happen to anybody regardless of economic class, social status, ethnicity race and religion. Medical interventions cited by the majority of the respondents as being effective treatments for mental illness centered on the idea that hospitals and clinics being sources for treatment and even cures for psychiatric disease. Promoting similar progressive attitudes towards

mental illnesses would require raising public awareness regarding mental illness through education by including information regarding mental illness in school curriculum, using the mass media to raise public awareness, integrating mental health into the primary health care system, decentralization of mental health care services to increase access to treatment and providing affordable mental health services.

CONCLUSION

The principal aim of this qualitative study was to explore the presence, causes and means of addressing individual and systemic stigma and discrimination against people with mental illness in Eritrea by canvassing the knowledge, attitudes, and beliefs about causes, manifestations, and treatment of mental illness held by university students as part of the community. This is to facilitate the development of tailor-made mental illness knowledge enhancing strategies and anti-stigma initiatives that are culturally sensitive for Eritrea and for the Sub-Saharan Africa region as a whole. This research work is one of the few studies on mental illness conducted to assess the presence of mental illness stigma and discrimination in Eritrea. Mental illness stigma and discrimination are least pervasive with respect to the university community in Eritrea on the basis of data collected from the sampled university students.

The study findings indicate that the top three leading causes of mental illness in the context of Eritrea are brain disease (76%), bad events in the life of the mentally ill person (66%) and substance abuse or alcohol taking, smoking, taking drugs like marijuana. (54%). Brain disease is considered as the leading cause of mental illness that a significant majority of the participants (76%) believe mental illness has biological in origin and therefore required medical intervention in the form of psychiatric medication.

The findings of the research also suggest the majority of the respondents have a sympathetic and positive outlook towards mentally ill persons suggesting that mental illness does not simply affect a chosen individual rather it can happen to anybody regardless of economic class, social status, ethnicity race and religion. A significant majority of the respondents (75%) have demonstrated a very caring and positive attitude towards the mentally ill with 75% of the respondents expressing the view that mentally ill people should enjoy equal rights as the rest of the societal members or citizens. Moreover, 62% of the respondents recommend that people or society should understand and sympathize with the conditions of the mentally ill person and stand behind the promotion of the welfare of the patients.

A striking finding is that a very large majority of the respondents think that mental illness is treatable and recommend in-patient and out-patient medical care of the patients. Medical interventions cited by the participants of the studies as being effective treatments for mental illness centered on the idea of the hospital being the source for treatment and even cures for psychiatric disease. In addition, the majority of the participants expressed support for high degree of transparency in terms of not hiding their own mental illness condition as well as disclosing the state of family members that suffer from mental illness.

Sub-Saharan African countries including Eritrea give little attention is devoted to addressing the negative beliefs and behaviors surrounding mental illness, despite the devastating costs that ensue. The results from this study underscore the need for greater commitment from governments and policy-makers in African countries to start prioritizing mental illness stigma as a major public health and development issue. It is therefore recommended that in order change the knowledge and perceptions of mental illness in the context of the Sub-Saharan region and Eritrea governments should design and implement targeted interventions that include incorporating mental health issues in national education curriculum, using the mass media to raise public awareness, integrating mental health into the primary health care system, decentralization of mental health care services to increase access to treatment and providing affordable service to maintain positive treatment outcomes. The campaign should focus on addressing not only on the usefulness of medical treatments but also on correcting the perceptions that are traditionally held viewing mental illness as being caused by supernatural forces.

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