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Knowledge, Attitude and Willingness to Interact With Mentally Ill People Among In-School Adolescents in the Four Wollega Zonal Towns

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Abstract

This study examined the knowledge, attitude and willingness to interact with mentally ill people among in-school adolescents. Participants of the study comprised 359 adolescents who were in secondary and preparatory schools in the four Wollega zonal towns. From each zonal town, two schools (one secondary and one preparatory) were randomly selected; hence, 4 secondary and 4 preparatory schools were included in the study. The survey consisting of three measures constructed to assess adolescents' knowledge, attitude, and willingness to interact with mentally ill people were adapted and used. Descriptive statistics, mainly frequency and percentage, were used in the analysis. The result revealed that in-school adolescents' knowledge of mental illness is inconsistent. They were informed well about the inappropriate treatment and representation of people with mental illnesses. However, their knowledge is poor in other areas. Attitudes expressed toward mentally ill people among these adolescents were also mixed; some of the adolescents said accepting, respectful, and sympathetic views toward people with mental illness. Still, large proportions of the adolescents were fearful of approaching and being a friend of mtheentally ill person. Social distance results revealed positive attitude by majority of the respondents and less accepting views by a few. It is therefore recommended that the four Wollega Zonal towns health offices need to educate adolescents regarding specific disorders and about acceptance of individuals with mental illness.

***Keywords**: Attitude, Knowledge, Mental illness, In-school Adolescents*

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Introduction

Background of the Study

Health is defined by different scholars and organisations differently. For instance, WHO (2001) viewed health as a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. Yet, Andrew and Henderson (2005) added the spiritual aspect and defined health as state of complete physical, mental, spiritual and social well-being and not merely the absence of disease or infirmity.

In particular, WHO (2011) defines mental health as a state of well-being in which every individual realises his or her potential, can cope with the normal stresses of life, can work productively and fruitfully, and can contribute to his or her community, i.e. a person is said to be mentally healthy if he/she is able tocan cope with stressors of life and can make rational decisions concerning his/her daily life. Likewise, Perring (2010) explained that mental illness is a medical condition that disrupts a person's thinking, feeling, experience, emotions, mood, ability to relate to others and daily functioning, or it is a functional impairment in people, making it more difficult for them to sustain interpersonal relationships and carry on their jobs, and sometimes leading to self-destructive behaviors and even suicide. In social or cultural view, an individual is seen as 'mentally ill' when he/she cannot find a sense of purpose, harmony and health in their surroundings (Axelson, 1993).

WHO (2001) reported that the impact of mental health problems is rising globally. The world health organisation drew attention to the growing global burden of mental disorders. WHO's 2001 estimates comprised 12% of the global burden of disease, which is estimated to rise to 15% by the year 2020, making them the second

leading cause of health disability in the world. This burden is considered worse in low-income countries where poverty and other communicable diseases abound. It is gradually recognised that mental illnesses are public health problems throughout the world in developing as well as developed countries (Desjarlais et al., 1995). Furthermore, depression is currently the leading cause of non-fatal burden when considering all mental and physical illnesses, accounting for approximately 10% of total years lived with disability in low and middle-income countries.

In 2019, 1 in every 8 people, or 970 million people around the world, were living with a mental disorder, with anxiety and depressive disorders the most common (Global Health Data Exchange (GHDx, 2022). In 2020, the number of people living with anxiety and depressive disorders rose significantly because of the COVID-19 pandemic. Initial estimates show a 26% and 28% increase, respectively for anxiety and major depressive disorders in just one year (WHO, 2022). While effective prevention and treatment options exist, most people with mental disorders cannot access effective care. Many people also experience stigma, discrimination and violations of human rights.

Of all the health problems, mental illnesses are poorly understood by the general public. Poor knowledge and negative attitude towards mental illness threatens patient care and rehabilitation effectiveness. This poor and inappropriate view of mental illness and negative attitude towards the mentally ill can inhibit the decision to seek help and provide proper holistic care. Better knowledge is often reported to result in improved attitudes towards people with mental illness and a belief that mental illnesses are treatable, which can encourage early treatment seeking and promote better outcomes (Stuart &Arboleda-Florez, 2001).

Mentally ill people are labelled as "different" from others and viewed negatively by others. Studies have demonstrated that persons labeledlabelled as mentally ill are perceived with more negative attributes and are more likely to be rejected regardless of their behaviour (National Institute of Mental Health and Neuro Sciences of India, 2016; Saxena, Thornicroft, Knapp &Whiteford, 2007). Stigma remains a powerful negative attribute in all social relations. It is considered an amalgamation of three related problems: a lack of knowledge (ignorance), negative attitudes (prejudice), and exclusion or avoidance behaviours (discrimination). Scheff (1996) reported that people who are labelled as mentally ill associate themselves with society's negative conceptions of mental illness and that society's negative reactions contribute to the incidence of mental disorders. The social rejection resulting from this may handicap mentally ill people even further. A persistent negative attitude and social rejection of people with mental illness have prevailed throughout history in every social and religious culture.

In Ethiopia, mental illness is the leading non-communicable disorder in terms of burden. Indeed, in a predominantly rural area of Ethiopia, mental illness comprised 11% of the total burden of disease, with schizophrenia and depression included in the top ten most burdensome conditions, out-ranking HIV/AIDS (FDRE MOH, 2012). These startling statistics show that mental illnesses have been overlooked as a major health priority in Ethiopia and other Low and Middle-Income Countries (LMICs) and underscore the need for public health programs targeting mental illnesses.

The prevalence and impact of mental illnesses in Ethiopia are fortunate to have a wealth of robust information about the burden of mental illness and substance abuse within the country. Current data show that Depression (5%), Epilepsy 1%, schizophrenia and Bipolar disorder 0.5%, alcohol dependence and Cannabis abuse

1.5%, Alcohol problem drwith ink 3.7% ,child mental illness 25% and suicide attempt 3.2% and suicide completed 7.7% in Ethiopia Mental Health Gap action Plan (MHGAP) working group (Federal Ministry of Health, 2010).

However, although some nations have successfully fought stigma and increased acceptance of the mentally ill, lack of awareness is evident in Ethiopia. Yet, mental illness is a serious public health problem that is under-recognized as a public burden. Therefore, the present study investigated secondary school adolescents' knowledge, attitude and willingness to interact with mentally ill people.

Statement of the Problem

Mental illnesses are among the most stigmatising conditions worldwide. In the context of mental illness, stigma is seen as a construct associated with a lack of knowledge, negative attitudes, and avoidance behavior towards mentally ill people. People with mental illness are perceived as dangerous, uandnpredictable and are less likely to be productive members of the community (Wahl, Susan, Lax, Kaplan &Zatina, 2012; Corrigan, 2005). These negative cognitions remain despite scientific breakthroughs that have helped us understand mental disorders better (Pescosolido, Martin & Long, 2010). Therefore, they are challenged not only by their illness but also by the stigma and stereotypes associated with them by the community.

According to Wahl et al. (2012), it is unlikely that these negative attitudes and misperceptions emerge full-blown in adulthood; rather, they are likely to have their roots in childhood and develop gradually through adolescence. Psychiatrically labelled children, then, may face misunderstandings and negative attitudes from their peers. Ostracism, rejection, teasing, and damage to self-esteem, as well as reluctance to seek or accept mental health treatment, are among the possible consequences

(Milich&McAninch, 1992; Moses, 2010). These consequences may be particularly relevant during adolescence and preadolescence, a period in which the onset of a variety of psychiatric disorders peaks and children are acutely attuned to the judgments of their peers (Wahl et al. 2012). Accordingly, it is important to understand more about the knowledge and attitude of adolescents related to mental illnesses and mentally ill people.

However, in Ethiopia, where malnutrition and preventable infectious diseases are widespread, mental health problems, regarded as non-life threatening problems, have not received much research attention. Yet, mental health problems account for 12.45% of the burden of diseases in Ethiopia, and 12% of the Ethiopian people are suffering from some form of mental health problem,s of which 2% are severe cases (Abdulahi, Hailemariam, &Kebede, 2001; Mesfin&Aboud, 1993). Therefore, the present study attempted to investigate the knowledge, attitude and willingness to interact with mentally ill peopleamong in-school adolescents in the four Wollega zonal towns.

Research Questions

The present study sought answers for the following basic research questions.

1. What is the level of knowledge of the adolescents regarding mental illness?
2. What is the attitude of adolescents towards mental illness and mentally ill people?
3. To what extent are itadolescents willing to interact with a person with a mental illness?

Objectives of the Study

General objective

This study was intended to assess adolescents' knowledge, attitude, and willingness to interact with a person with a mental illnessin some selected secondary and preparatory schools in the four Wollega Zonal towns.

Specific Objectives

The specific objectives of the present study are as follows:

1. To examine the level of knowledge of adolescents regarding mental illness.
2. To determine the attitude of adolescents towards mental illness and mentally ill people.
3. To assess adolescents' willingness to interact with a person with a mental illness.

Definitions of Terms

Adolescence- in this study it refers to those students whose age ranges between 13-19 years.

Attitude towards mental illness: is generally defined as the way a person responds to mental illnessor mentally ill people, either positively or negatively.

Mental health knowledge:describes knowledge and beliefs about mental disorders, which aid in their recognition, management, or prevention.

Mental illness: a psychological or behavioral manifestation of impairment in brain functioning characterized by inaccurate perception of reality, disordered thinking, social dysfunction and the inability to cope.

Materials and methods

Research Design

The present study is a cross-sectional survey design, which enabled the researchers to determine adolescents' knowledge, attitude and willingness to interact with people with mental illness.

Study Site

This study was conducted in some selected secondary and preparatory schools in the four Wollega zonal towns (DembiDollo, Gimbi, Nekemte, and Shambu).

Population and Sampling Techniques

The population of this study was in-school adolescents who were in secondary and preparatory schools in the four Wollega zonal towns. From each four Wollega Zonal towns, two schools (one secondary and one preparatory) were randomly selected; hence, 4 secondary and 4 preparatory schools were included in the study. The total population of secondary and preparatory school students was obtained from the record offices. Accordingly, 16,347 students were enrolled in Kelem Secondary, Kelem Preparatory, Shambo Secondary, Shambo Preparatory, Gimbi Secondary, Gimbi Preparatory, Dalo Secondary and Nekemte Preparatory schools. The sample size for this study was decided with the following formula used for behavioralbehavioural science studies (Naing, Winn, &Rusli, 2006).

$$n = \frac{Z^2 P (1 - P)}{d^2}$$

Where,

n = sample size,

Z = Z statistic for a level of confidence of 95% (1.96.),

P = expected prevalence or proportion (in proportion of one; if 50%, P = .5), and

d = precision (in proportion of one; if 5%, *d* = .05).

Accordingly, the calculated sample size for the desired precision was 384. The total number of students participating in this study from each school was determined using the proportional method. Moreover, although 384 participants filled and returned the questionnaire, at the time of data encoding, the responses of 25 participants were identified as incomplete; consequently, they were not included in the analysis. Therefore, the analysis and interpretation of the data was performed on responses from 359 participants. To deal with this, students' population and samples drawn were summarized according to the following table. The total number of students that took part in this study from each preparatory and secondary schools was determined using proportional method.

Table 1: Secondary and Preparatory School Students' Population and Samples (Male 168 & Female 191)

School	Population	Expected Sample Size	Actual Sample Size
Kelem Secondary	2400	56	53
Kelem Preparatory	1700	40	35
Shambo Secondary	2058	48	48
Shambo Preparatory	1194	28	28
Gimbi Secondary	2267	54	51
Gimbi Preparatory	3030	71	67
Dalo Secondary	1190	28	27
Nekemte Preparatory	2508	59	50
Total	16347	384	359

Instruments of Data Collection

The survey consisted of three measures constructed to assess adolescents' knowledge, attitude, and willingness to interact with people with mental illness. The instruments were adapted from Wahl et al. (2012). The knowledge measure consisted of 17 factual

statements about mental illness, rated on a 3-point Likert scale from Disagree to Agree. The attitude measure also consists of 17 opinion statements rated on the same 3-point Likert scale. Each scale included reverse items so that correct knowledge or positive attitudes would be reflected by disagreement with the statement. The third major instrument is a social distance scale in which respondents indicated their willingness to interact with people with mental illness in specific social situations. The social distance scale consisted of 8 items rated on a 3- point Likert scale, from Disagree to Agree.

A pilot study was conducted to test each item's technical adequacy and quality in the data-gathering instruments. The whole procedure of validating the instruments focused on assessing the technical adequacy of the items, mainly the two twin pillars of assessment: validity and reliability. After the instruments were adapted, they were shown to three professionals from clinical, health and counseling psychology so that they should comment on the face validity. Checking on the face validity of the items, the experts identified some problems and forwarded comments. Cronbach's alpha coefficient was used to ensure the reliability of the instruments. Accordingly, internal consistency (Cronbach's α) of 0.76, 0.72 and 0.91 were found for knowledge, attitude and willingness to interact with mentally ill people, respectively.

Method of Data Analysis

After the necessary data were collected and coded, statistical tests were performed using the Statistical Package for Social Sciences (SPSS) for Windows, version 21.0. Descriptive statistics was used to analyse the basic demographics and survey items of the questionnaire.

Results

This chapter deals with the results of the data gathered using a questionnaire. Descriptive statistics, particularly frequency and percentage, were conducted to examine the socio-demographic characteristics, adolescents' knowledge, attitude, and willingness to interact with people with mental illness.

Table 2: Numbers and Percentages of Adolescents in terms of Background Characteristics

Background Characteristics		N	%
Sex	Male	168	46.8
	Female	191	53.2
Age	<14 years	1	.3
	14-16 years	201	56.0
	17-19 years	157	43.7
Religion	Orthodox	80	22.3
	Protestant	264	73.5
	Muslim	10	2.8
	Others	5	1.4

Table 2 above shows the number of sex-wise respondents that participated in the study through a questionnaire. Accordingly, 168 (46.8%) were male adolescents, and 191 (53.2%) were female adolescents. In addition, the age of the respondents was categorised into three: less than 14 years (early adolescents), 14 to 16 years (middle adolescents) and 17 to 19 years (late adolescents). The analysis of the age shows that adolescents below 14 years were (0.3%), 14 to 16 years were 201 (56%), and 17 to 19 years were 157 (43.7%). With regard to religion, 264 (73.5%) belong to Protestant, while 80 (22.3 %) and 10 (2.8 %) of the participants reported they were followers of Orthodox Christianity and Muslim religions, respectively. The remaining 5 (1.4%) reported that they were followers of other religions.

Adolescents' Knowledge about Mental Illness

In response to the knowledge of adolescents about mental illness, quantitative data analysis was conducted. The quantitative data were computed through descriptive statistical tools, mainly using frequency and percentage. Seventeen items were set for this purpose and summarized in Table 3 below.

Table 3: Knowledge of the Adolescents Regarding Mental Illness

No	Item	Rating Scale	F	%
1	"Psycho and maniac" are okay terms for mental illness	Disagree	159	44.3
		Undecided	57	15.9
		Agree	143	39.8
2	People with mental illness are hurt by slang names for their disorders	Disagree	108	30.1
		Undecided	61	17.0
		Agree	190	52.9
3	Mental illness is not a very serious problem	Disagree	62	17.3
		Undecided	48	13.4
		Agree	249	69.4
4	Parents are usually to blame for a child's mental illness	Disagree	141	39.3
		Undecided	65	18.1
		Agree	153	42.6
5	People with mental illness are often treated unfairly	Disagree	116	32.3
		Undecided	70	19.5
		Agree	173	48.2
6	Mental illness is often shown in negative ways on TV and in movies	Disagree	123	34.3
		Undecided	88	24.5
		Agree	148	41.2
7	Psychological treatment (such as talking to a psychologist or counselor) is useful	Disagree	59	16.4
		Undecided	41	11.4
		Agree	259	72.1
8	People with mental illness tend to be violent and dangerous	Disagree	184	51.3
		Undecided	72	20.1
		Agree	103	28.7
9	People with mental illness are more likely to lie	Disagree	137	38.2
		Undecided	98	27.3
		Agree	124	34.5
10	People who have had mental illness include astronauts, presidents, and famous baseball players	Disagree	102	28.4
		Undecided	83	23.1
		Agree	174	48.5

11	Mental illness is often confused with the effects of drug abuse	Disagree	123	34.3
		Undecided	80	22.3
		Agree	156	43.5
12	Mental illness is caused by something biological	Disagree	178	49.6
		Undecided	88	24.5
		Agree	93	25.9
13	Giving medicine is a useful way to treat mental illness	Disagree	75	20.9
		Undecided	55	15.3
		Agree	229	63.8
14	Mental illness and mental retardation are the same thing	Disagree	84	23.4
		Undecided	133	37.0
		Agree	142	39.6
15	A person with bipolar (manic-depressive) disorder acts overly energetic	Disagree	128	35.7
		Undecided	109	30.4
		Agree	122	34.0
16	Most people with severe forms of mental illness do not get better, even with treatment	Disagree	112	31.2
		Undecided	105	29.2
		Agree	142	39.6
17	Schizophrenia involves multiple personalities	Disagree	97	27.0
		Undecided	131	36.5
		Agree	131	36.5

Table 3 above indicates that 159 (44.3%) of the adolescents disagreed with the idea that “psycho and maniac” are okay terms for mental illness. A considerable number, 143 (39.8%), of the respondents contrasted the above idea, and a few, 57 (15.9%), could not decide what to say. In response to Item 2 in the same table, almost half, 190 (52.9%), 108 (30.1%) and 61(17%) of the respondents agreed, disagreed and were undecided about saying slang names for their disorders hurting people with mental illness.

With regard to Item 3 in Table 3, a high proportion, 249 (69.4%), of the respondents agreed that mental illness is not a very serious problem. Sixty-two (17.3%) and 48 (13.4%) of the respondents confirmed that they disagreed and were undecided about the item. Regarding Item 4 in Table 3, 153 (42.6%) of the respondents agreed that parents are usually to blame for a child’s mental illness, yet

141 (39.3%) and 65(18.1%) of the respondents respectively disagreed and were uncertain about the item.

In Item 5 in Table 3, a great number of respondents, 173 (48.2%), reported that people with mental illness are often mistreated. A hundred sixteen (32.3%) disagreed, and 70 (19.5%) were uncertain. In Item 6, 148 (41.2%) of the respondents agreed that mental illness is often shown in negative ways on media, 123 (34.3%) and 88 (24.5%) of them respectively disagreed and were undecided on the item.

In response to Item 7 in Table 3 above, a high proportion, 259 (72.1%), of the respondents agreed that psychological treatment (such as talking to a psychologist or counselor) is useful for people with mental illness. Fifty-nine (16.4%) and 41 (11.4%) respondents confirmed that they disagreed and were undecided about the item. Regarding Item 8, about half, 184 (51.3%), 103 (28.7%) and 72 (20.1%) of the respondents disagreed, agreed and were undecided about saying people with mental illness tend to be violent and dangerous. Finally, in Item 9, 137 (38.2%) of the respondents disagreed that people with mental illness are more likely to lie; 124 (34.5%) and 9810.6%) of them, respectively, agreed and were uncertain about the item.

The respondents said that people with mental illness could succeed in different professions. For example, 174 (48.5%) of them agreed that people who have had mental illness include astronauts, presidents, and famous baseball players, yet 102 (28.4%) and 83 (23.1%) of the respondents respectively disagreed and were uncertain about the item. In Item 11, 156 (43.5%) respondents reported that mental illness is often confused with the effects of drug abuse. Hundred twenty-three (34.3%) disagreed, and 80 (22.3%) were uncertain.

Concerning Item 12 in Table 3, almost half, 178 (49.6%), disagreed that mental illness is caused by something biological. On the other hand, almost 93 (25.9%) and 88 (24.5%) of the adolescents agreed and were uncertain whether mental illness is caused by something biological or not, respectively. Finally, in Item 13, the majority of the respondents, 229 (63.8%), agreed with the idea that giving medicine is a useful way to treat mental illness, but 75 (20.9%) disagreed, and 55 (15.3%) of them could not decide.

In Item 14, Table 3 above, the respondents were required to tell whether mental illness and mental retardation are the same things or different. Accordingly, 142 (39.6%) of the respondents agreed that mental illness and mental retardation are the same. Hundred thirty-three (37%) and 84 (23.4%) reported that they are not the same thing and are uncertain of it. In Item 15, 128 (35.7%) of the respondents disagree with the idea that a person with bipolar (manic-depressive) disorder acts overly energetic. Hundred twenty-two (34%) and 109 (30.4%) reported that a person with bipolar disorder does not act overly energetic and are uncertain of it.

In response to Item 16 in Table 3 above, a high proportion, 142 (39.6%) of the respondents, agreed that most people with severe forms of mental illness do not get better, even with treatment. Hundred twelve (31.2%) and 105 (29.2%) of the respondents confirmed that they disagreed and were undecided about the item. In Item 17, an equal number of respondents, 131 (36.5%), agreed and were not certain regarding the statement stating schizophrenia involves multiple personalities. In contrast, almost a quarter, 97 (27%), of the respondents disagree with the idea.

Adolescents' Attitude towards Mental Illness and Mentally Ill People

To investigate adolescents' attitude towards mental illness and mentally ill people, quantitative data were analyzed and described using descriptive statistics, particularly

frequency and percentage. Seventeen items were set for this purpose and summarized in Table 4 below.

Table 4: Attitude of Adolescents towards Mental Illness and Mentally Ill People

No	Item	Rating Scale	F	%
1	People with mental illness deserve respect	Disagree	32	8.9
		Undecided	19	5.3
		Agree	308	85.8
2	We should do more to help people with mental illness get better	Disagree	27	7.5
		Undecided	21	5.8
		Agree	311	86.6
3	Jokes about mental illness are hurtful	Disagree	85	23.7
		Undecided	71	19.8
		Agree	203	56.5
4	It is important to learn about mental illness	Disagree	37	10.3
		Undecided	36	10.0
		Agree	286	79.7
5	A person with mental illness is able to be a good friend	Disagree	127	35.4
		Undecided	110	30.6
		Agree	122	34.0
6	It is a good idea to avoid people who have mental illness	Disagree	76	21.2
		Undecided	60	16.7
		Agree	223	62.1
7	I would be comfortable meeting a person with a mental illness	Disagree	99	27.6
		Undecided	100	27.9
		Agree	160	44.6
8	People with mental illness are able to help others	Disagree	161	44.8
		Undecided	82	22.8
		Agree	116	32.3
9	I would be frightened if approached by a person with mental illness	Disagree	125	34.8
		Undecided	86	24.0
		Agree	148	41.2
10	If I had a mental illness, I would not tell any of my friends	Disagree	72	20.1
		Undecided	64	17.8
		Agree	223	62.1
11	If any friends of mine had a mental illness, I would tell them not to tell anyone	Disagree	78	21.7
		Undecided	72	20.1
		Agree	209	58.2
12	Keeping people with mental illness in the hospital makes the community safer	Disagree	185	51.5
		Undecided	59	16.4
		Agree	115	32.0
13	Only people who are weak and overly sensitive let mental illness affect	Disagree	52	14.5

	them	Undecided	85	23.7
		Agree	222	61.8
14	It would be embarrassing to have a mental illness	Disagree	52	14.5
		Undecided	59	16.4
		Agree	248	69.1
15	Students with mental illness shouldn't be in regular classes	Disagree	111	30.9
		Undecided	79	22.0
		Agree	169	47.1
16	I have little in common with people who have mental illness	Disagree	84	23.4
		Undecided	109	30.4
		Agree	166	46.2
17	Students with mental illness need special programs to learn	Disagree	220	61.3
		Undecided	69	19.2
		Agree	70	19.5

Table 4 above shows an analysis of adolescents' attitudes towards mental illness and mentally ill people. Regarding the first item, the majority of the adolescents, 308 (85.8%), agreed with the idea that people with mental illness deserve respect. However, 32 (8.9%) respondents responded that they disagreed with the statement. The rest, 19 (5.3%) of the respondents, could not decide what to say. With regard to Item 2 of the same table, the majority, 311 (86.6%) of the respondents, have shown their willingness to help people with mental illness get better, whereas 21 (5.8%) of them could not decide. The rest, 27 (7.5%) of the adolescents, were unwilling to help people with mental illness.

With Item 3, which said that jokes about mental illness are hurtful, 203 (56.5%) of the respondents agreed with the idea. Eight-five (23.7%) disagreed with the issue, whereas 71 (19.8%) were undecided. Concerning Item 4 of Table 4, the importance of learning about mental illness, a greater proportion, 286 (79.7%) of the respondents, showed a willingness to learn about it. Thirty-seven (10.3%) adolescents responded that they did not find it useful to learn about mental illness. The remaining 36 (10%) of them replied undecided.

Concerning Item 5 of Table 4, 127 (35.4%) of the respondents disagreed with the idea that a person with mental illness can become a good friend, whereas 122 (34%) and 110 (30.6%) of them agreed and were unsure of deciding, respectively. Concerning Item 6 in Table 4, that is, whether it is a good idea to avoid people who have a mental illness, 223 (62.1%) of the respondents agreed with the idea. In contrast, 76 (21.2%) responded and disagreed, whereas the rest, 60 (16.7%), were unsure of what to do, respectively.

Of Item 7 in Table 4, that is feeling comfortable meeting a person with mental illness, 160 (44.6%) of the respondents agreed; 99 (27.6%) of them did not show their willingness to meet a person with a mental illness, and 100 (27.9%) of the adolescents chosen the option undecided. Item 8 of the same table, about whether people with mental illness can help others, 161 (44.8%) of the respondents disagreed with the idea. On the other hand, 116 (32.3%) of the respondents agreed that they believe that people with mental illness can help others. The remaining 82 (22.8%) of the respondents revealed that they could not decide.

With regard to Item 9 in Table 4, 148 (41.2%) of the respondents agreed with the idea that they are being frightened if approached by a person with mental illness, whereas 125 (34%) and 86 (24%) of them disagreed and unsure of deciding, respectively. Regarding Item 10 of the same table, the majority of adolescents, 223 (62.1%), reported that they would not tell their friends if they had a mental illness, whereas 72 (20.1%) did not agree with the idea. The rest, 64 (17.8%) of the adolescents, were not sure whether to tell to their friends or not. Finally, concerning Item 11, 209 (58.2%) of the respondents revealed that they suggest their friends not to tell to anyone if they had a mental illness, whereas 78 (21.7%) and 72 (20.1%) of them disagreed with the idea and were unsure what to do, respectively.

In Item 12, Table 4 above, the respondents were required to tell their perceptions of whether keeping people with mental illness in the hospital makes the community safer or not. Almost half, 185 (51.5%) of the respondents, disagreed with the opinion. In comparison, 115 (32%) and 59 (16.4%) of them reported that keeping people with mental illness in the hospital makes the community safer and uncertain of it. In response to Item 13, the majority of adolescents, 222 (61.8%), perceived that weak and overly sensitive people are being affected by mental illness, whereas 85 (23.7%) and 52 (14.5%) of them respectively marked undecided and disagreed to the idea.

Concerning Items 14 and 15, most respondents explained that experiencing mental illness is difficult and does not allow attending regular classes. For example, in Item 14, 248 (69.1%) of them perceived that it would be embarrassing to have a mental illness. However, a few of them, 52 (14.5%) and 59 (16.4%), respectively, responded that experiencing mental illness is not something embarrassing and were uncertain to say what. In Item 15, 169 (47.1%) agreed that students with mental illness should not be in regular classes, but 111(30.9%) disagreed, and 79 (22%) of them could not decide.

In Items 16 and 17, Table 4 above, the respondents were required to tell their attitude on whether they want to deal with mentally ill people and whether students with mental illness need special programs to learn or not. In Item 16, 166 (46.2%) of the respondents agreed they have little in common with people with mental illness. Eighty-four (23.4%) and 109 (30.4%) reported that they disagreed with the idea and were uncertain of it. On the other hand, in Item 17, the majority of the respondents, 220 (61.3%), disagree that students with mental illness need special progr ams to learn. Seventy (19.5%) and 69 (19.2%) reported that students with mental illness do not need special programs to learn and are uncertain of it.

Adolescents' Willingness to Interact With a Person with Mental Illness

To investigateadolescents' willingness to interact with people with mental illness, the researchers analysed data gathered through a questionnaire using descriptive statistics, mainly, frequency and percentage. Eight items were set for this purpose and summarised in Table 5 below.

Table 5: Adolescents' Willingness to Interact With a Person with Mental Illness

No	Item	Rating Scale	F	%
1	Talk to someone with a mental illness	Disagree	87	24.2
		Undecided	51	14.2
		Agree	221	61.6
2	Make friends with someone with a mental illness	Disagree	141	39.3
		Undecided	80	22.3
		Agree	138	38.4
3	Have someone with a mental illness as a neighbor	Disagree	92	25.6
		Undecided	101	28.1
		Agree	166	46.2
4	Have someone with a mental illness in a class with you	Disagree	107	29.8
		Undecided	94	26.2
		Agree	158	44.0
5	Sit next to someone with a mental illness	Disagree	111	30.9
		Undecided	86	24.0
		Agree	162	45.1
6	Invite someone with a mental illness to your home	Disagree	118	32.9
		Undecided	64	17.8
		Agree	177	49.3
7	Work on a class project with someone with mental illness	Disagree	119	33.1
		Undecided	85	23.7
		Agree	155	43.2
8	Go on a date with someone with a mental illness	Disagree	170	47.4
		Undecided	91	25.3
		Agree	98	27.3

As responded by secondary and preparatory school adolescents, adolescents' willingness to interact with people with mental illness was summarized in Table 5. The first item of Table 5 presents the willingness to talk to someone with a mental illness. The analysis revealed that the majority of the respondents, 221 (61.6%), agreed that they are willing to talk to someone with a mental illness. However, 87 (24.2%) of the respondents did not agree with the idea. Meanwhile, 51 (14.2%) of the respondents lied on the intermediate scale, undecided. Item 2 of the same table concerns adolescents' willingness to establish friendships with someone with a mental illness. The result shows that 141 (39.3%) respondents disagreed with the idea. Unlike this, 138 (38.4%) of the respondents agreed that they want to make friends with someone with a mental illness, whereas the least, 80 (22.3%), of them were undecided.

Items 3 and 4 in Table 5 investigated whether adolescents have someone with a mental illness as a neighbour and in class. Accordingly, 166 (46.2%) of the respondents replied that they have someone with a mental illness as a neighbour. In comparison, 92 (25.6%) and101 (28.1%) of the respondents reported that they did not have someone with a mental illness in their neighbourhood and could not decide, respectively. The result of Item 4 indicates that 158 (44%) of the respondents agreed they are willing to have someone with a mental illness in a class. Hundred-seven (29.8%) of the respondents disagreed with the idea, while 94 (26.2%) were uncertain.

Item 5 of Table 5 explored adolescents' willingness to sit next to someone with a mental illness. Accordingly, 162 (45.1%) of the respondents revealed that they had the willingness to sit next to someone with a mental illness. Unlike this, 111(30.9%) of the respondents disagreed with the issue of sitting next to someone with a mental illness. The other 86 (24%) respondents' reply was undecided. Finally, the sixth item

of the same table looked into adolescents' willingness to invite someone with a mental illness to their home.

As a consequence of the analyzed data, 177 (49.3%) adolescents agreed with the idea. Hundred-eighteen (32.9%) of the study participants disagreed with the idea of inviting someone with a mental illness to their home. The rest of the respondents, 64 (17.8%), chose the undecided option.

Willingness to work on a class project with someone with mental illness was dealt with in Item 7 of Table 5. The analyzed result depicts that 155 (43.2%) agreed, 119 (33.1.1%) disagreed, and 85 (23.7%) were undecided. The last item of Table 5 is whether adolescents were willing to go on a date with someone with a mental illness. The analysis shows that 170 (47.4%) of the adolescents did not show their willingness to go for dating someone with a mental illness. On the other hand, 98 (27.3%) of them have shown their willingness. Still, almost a quarter, 91 (25.3%) of the respondents, could not decide what to do.

Discussion

The results revealed that secondary and preparatory school adolescents' knowledge of mental illness is inconsistent. They had better knowledge regarding the inappropriate treatment and representation of people with mental illnesses. This finding is consistent with Wahl et al. (2012), who reported that middle school students were well-informed about the unfavourable treatment and depiction of people with mental illnesses. However, their knowledge is seemingly poor in some other areas. For instance, most respondents viewed mental illness as not a very serious problem. This result contradicts Perring's (2010) finding, which argues that mental illness is a serious problem disrupting a person's thinking, feeling, experience, emotions, mood, ability to relate to others and daily functioning or causing functional impairment in

people, making it more difficult for them to sustain interpersonal relationships and carry on their jobs, and sometimes leading to self-destructive behaviours and even suicide.

Congruent with Wahl et al.'s (2012), the present finding revealed that most adolescents did not know that overly energetic behaviour is a characteristic of bipolar disorder or that mental illness and mental retardation are not the same.

Another unexpected result was adolescents' responses to the knowledge items involving the biological aspects of mental illness and its treatments. Given that mental illness is conceptualized as having biological roots and drugs are useful to treat a variety of psychiatric conditions, it was expected that adolescents would view mental illness primarily as a biological condition and identify drugs as the main treatment. However, consistent with Wahl et al.'s (2012) finding, the result of this study revealed that about half of adolescents (49.6%) expressed their disagreement regarding mental illness had a biological cause, and less than half (39.6%) agreed that medicine is useful in the treatment of mental illness.

One more unexpected result involved fears of violence. A major component of adult views of mental illness is the inaccurate belief that those with psychiatric disorders tend to be violent and dangerous. It was expected that this belief would be shared by adolescents as well. However, congruent with Wahl et al. (2012), the present study finding revealed that only 28.7% of secondary and preparatory school adolescents agreed that people with mental illness tend to be violent and dangerous, and a far greater percentage (51.3%) disagreed.

Lastly, concerning knowledge of the mental illness, it appears that the adolescents were not optimistic about the potential for recovery of people with severe mental illnesses. Almost two in three thought such individuals would not benefit from

treatment. The more optimistic expectations of the recovery movement have apparently not been incorporated into the understanding of adolescents, raising the concern that the unwarranted pessimism about the treatment and recovery of persons with severe mental illness of earlier generations continues to be felt.

As noted from the result, adolescents' attitudes towards people with mental illness were mixed; given that some of the adolescents expressed accepting, respectful, and sympathetic views toward people with mental illness, still large proportion of the adolescents were fearful of approaching and being a friend of a mentally ill person. These results are a hopeful sign that the next generation may develop a more positive attitude toward mental illness than older generations. However, a considerable number of adolescents still indicated negative attitudes toward people with mental illness, which is still potentially problematic. The majority (61.8%) of adolescents agreed that only individuals who are weak and overly sensitive let themselves be affected by mental illness. Almost the same percentage (62.1) reported that they would not tell any of their friends if they had a mental illness.

Similarly, the majority (69.1) of adolescents reported that they would find it embarrassing to have a mental illness. Nearly half (46.2%) saw themselves as having little in common with a person with a mental illness, and about the same percentage (44.8%) indicated that people with mental illness cannot help others. The result of this study supports most previous research findings. For instance, Arkar and Eker (1994) argue that persons labelled as mentally ill are perceived with attributes that are more negative and are more likely to be rejected regardless of their behaviour. Stigma remains a powerful negative attribute in all social relations. Scheff (1986) also reported that people who are labelled as mentally ill associate themselves with

society's negative conceptions of mental illness and that society's negative reactions contribute to the incidence of mental disorders. The social rejection resulting from this may handicap mentally ill people even further.

Results of willingness to interact with people with mental illness revealed a positive attitude by the majority of respondents and less accepting views by a few of the respondents. For example, only 39.3% of the adolescents indicated an unwillingness to make friends with someone with a mental illness, and only 47.4% expressed a lack of willingness to go on a date with someone with a mental illness. The results also mirrored a frequent finding by studies that measure social distance: the more intimate the relationship, the less willing an individual is to interact with someone with a mental illness. For example, although 61.6% of adolescents were willing to talk to someone with a mental illness, only 49.3% were willing to sit next to such a person, and a mere 27.3% would consider dating that person. Such results imply that people with mental illness still experience substantial rejection and exclusion by their peers.

Conclusion and Recommendations

The findings of the study concerning the knowledge, attitude and willingness to interact with mentally ill peopleamong in-school adolescents in the four Wollega zonal towns, performed using descriptive approach, were concluded for the three basic research questions. Accordingly, the results revealed that in-school adolescents' knowledge of mental illness is inconsistent. They were informed well about the inappropriate treatment and representation of people with mental illnesses. However, their knowledge is poor in other areas. For instance, most respondents viewed mental illness as not a very serious problem.

Attitudes expressed toward mentally ill people among these adolescents were mixed; some of the adolescents expressed accepting, respectful, and sympathetic views toward people with mental illness. Still large proportions of the respondents were fearful of approaching and to be a friend of mentally ill person.

Social distance results revealed positive attitude by majority of respondents and less accepting views by a few of them.

It is therefore recommended that the four Wollega Zonal town health offices need to educate adolescents regarding specific disorders and about acceptance of individuals with mental illness. The findings of the current study will also contribute to the knowledge in the area of mental health in Ethiopia. This will enable educators and decision makers to develop interventions to enhance young people knowledge and attitudes toward people with mental illness.

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