

Knowledge and Attitude of health professionals towards mental health at St. Paul's hospital millennium medical college, Addis Ababa, Ethiopia



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Abstract

Background: Attitudes towards mental illness can encompass positive attitudes such as acceptance, more neutral attitudes like tolerance, to negative ones such as stigma and even fear. Studies report how health care professionals including physicians and nurses are often part of stigma. This study was conducted to assess knowledge and attitude of health professionals and associated factors towards mental health, in St. Paul's millennium medical college.

Methods: A hospital based cross-sectional study was conducted in St. Paul's hospital millennium medical college. We recruited 303 health professionals. Data was collected by trained data collectors using a structured questionnaire. Data was entered and analyzed by statistical package for social science software. Bi-variable and Multivariate analysis was conducted to assess the presence of association between independent and dependent variables.

Result: In this study about 84.8% of health professionals have adequate knowledge towards mental illness. About 79.6% have favourable attitude towards mental illness. About 69.5% of medical doctors and 78.7% of nurses have favourable attitude. Those professionals had >5years experience were 3.2 times (AOR: 3.2; 95%CI: 1.3-8.0) more likely to have favourable attitude as compared with those had <2years work experience. Those professionals took training were 3 times (AOR: 3.0; 95%CI 1.4-6.4) more likely to have favourable attitude as compared with those never took training. The odds of having favourable attitude on those professionals took both theory and practical training were 6.1 times (AOR: 6.1; 95%CI: 2.5-15) more likely as compared with those only took theory. Likewise work experience, training and type of training taken were significantly associated with knowledge of health professionals towards mental illness.

Conclusion: About eighty five percent of health professionals have adequate knowledge and eighty percent of health professionals have favourable attitude. Work experience, training and type of training taken are significantly associated with both knowledge and attitude of health professional towards mental illness. Practical base training should be given for all health professional to improve knowledge and attitude of health professionals towards mental illness

Chapter one

Introduction

1.1 Background

A mental illness is a health problem that significantly affects how a person feels, thinks, behaves, and interacts with other people. Mental illnesses cause a great deal of suffering to those experiencing them, as well as their families and friends. According to the World Health Organization report, depression will be one of the biggest health problems worldwide by the year 2020(1,2).

Attitudes towards mental illness can encompass positive attitudes such as acceptance, more neutral attitudes like tolerance, to negative ones such as stigma and even fear. Previous studies suggested that negative attitudes towards people with mental illness were highly prevalent among the general public. Similarly, mental health professionals may also have negative attitudes towards people with mental illness(3).

Similar to the general public, mental health professionals sometimes also have negative attitudes towards individuals with mental illness; which could ultimately affect the quality of care received by the patients(4).

Negative attitudes among health professionals might affect patients in multiple ways. For example, Ellsworth found that nurse's higher endorsement on restrictive attitudes was consistently related to more controlling and restricting behaviours among the nurses towards the patients. Other than the behaviours, negative attitudes have also been shown to affect the therapeutic alliance between professionals and patients. A study done by Verhaeghe and Bracke reported that mental health service users with more stigma experience during the service tended to show less trust and less satisfaction towards the service. Previous studies also suggested that psychiatric nurses could have negative attitudes towards specific mental disorders(5,6).

Despite some research highlighting the harmful impact these negative attitudes can have towards people with mental illness, others also suggested that mental health professionals, due to their knowledge and daily contact with individuals with mental illness, would have more positive attitudes towards mental illness.

1.2 Statement of the problem

Several studies have investigated contemporary attitudes about mental illness. Conditions for psychiatric patients are sub-optimal, with limited resources and personnel contributing to patient neglect and inadequate treatment. Therefore, it is imperative to understand as much as possible about Ethiopians' beliefs and needs in regards to mental illness so that resources that are available can be used optimally and efficiently. Stigma is a serious hindrance to mental health and its care. WHO recognized importance of promoting mental health care as well as the dangerous links between mental illness and social marginalization(7).

Studies report how health care professionals including physicians and nurses are often part of stigma. Some may appear to believe that mental illness is caused by moral weakness, or deceitful behaviour. Interestingly health care professionals working with person with mental illness are often subjected to stigma. Health care professionals should be aware of the negative impact of stigma against the mentally ill with reference of recovery(8).

This research aims to describe attitudes held by health care professionals and associated factors in St. Paul's hospital millennium medical college.

1.3 Significance of the study

The study is done to assess the attitude of health professionals towards mental health and to identify factors associated with it. Since there are too few researches about healthcare professionals' attitude towards mental health, especially in Ethiopia, this research can be a stepping stone for further researches and may help as an indicator of ways to improve attitudes and misperceptions towards mental illness and improve the quality of care given to those patients by health care professionals.

Chapter Two

Literature review

Mental disorders constitute a major public health problem. Today, the global lifelong prevalence for any given psychiatric disorders is reported to be as high as 48%. It is estimated that more than 450 million people in the world are suffering from some kind of mental disorders, with 150 million affected by depression and 25 million by schizophrenia. Stigma and discrimination associated with mental illness result in the underuse of mental health services(9).

In Ethiopia, it is estimated that 15% of people are affected by major mental illness or substance abuse disorders. Past challenges have been the lack of mental health specialists outside the capital, Addis Ababa, and the poor quality of services provided for mental, neurological and substance use disorders(10).

Attitudes influence both professional and personal behaviour. In particular, stigma and discrimination associated with mental illness and expressed by mental health professionals as well as the general public, results in the under-use of mental health services. Contact with individuals who have mental illnesses, and education that replaces myth with fact, can decrease stigmatisation and positively affect attitudes(11).

Previous studies also demonstrate that health professionals have negative attitudes toward some aspects of mental illness. Found that mental health professionals were less optimistic about prognosis and less positive about likely long-term outcomes when compared with the general public(6).

A study in Brazil found that among a national sample of 1,414 psychiatrists, 42.9% of them were identified as having stereotype, prejudice and high social distance towards individuals with schizophrenia. Hansson et al. examined attitudes of patients and mental health professionals towards people with mental illness and found that there was a high prevalence of negative attitudes towards people with mental illness among the mental health professionals, and the professionals' beliefs about people with mental illness were similar to those of the patients.

Fewer studies have been done to explore correlates of attitudes to mental illness among mental health professionals. For example, Mårtensson et al. found that nursing staff had more positive attitudes towards mental illness if their knowledge about mental illness was less stigmatized and if they had a friend with mental illness currently or in the past. Another study by Hansson and colleagues suggested that mental health professionals' attitudes towards mental illness might be affected by their work setting characteristics, with staff working within inpatient services having more negative attitudes than those working in out-patient services. Cross-cultural studies on attitudes to mental illness among mental health professionals also suggest that cultural differences might contribute to the differences in attitudes(12).

A previous study which compared Swiss mental health professionals with counterparts in

Brazil showed that professionals in Switzerland had significantly higher levels of social distance, and age was a statistically significant predictor (i.e. younger age associated with less social distance). Another study among mental health nurses across 5 European countries (i.e. Finland, Lithuania, Ireland, Italy and Portugal) also suggested the attitudes differed by country of origin(13).

The result of a study to assess Attitudes to mental illness among the mental health professionals, at Institute of Mental Health, Singapore revealed that Indians and those from 'other' ethnic groups (including Filipino and Myanmar) as well as those who had family or close friends diagnosed with mental illness, showed significantly less 'social distancing' towards individuals with mental illness; while mental health professionals who were ever married showed significantly more 'social distancing' towards people with mental illness. 'Tolerance/support for community care' was only correlated with education level, with individuals with Secondary/ITE/'O' level education having significantly lower level of 'tolerance/support for community care' for mental illness. 'Social restrictiveness' was negatively associated with being Indian and being a doctor(14,15).

While 'prejudice and misconception' toward people with mental illness was positively associated with lower education level and being a permanent resident, as well as negatively associated with being either a doctor or allied health staff(15).

A study done in Kenya to assess KAP of mental illness among staff in general medical facilities found that most staff thought mental illness could be managed in general hospital facilities; the older the doctors were (age 40 years and older) the more they were aware of and positive towards mental illness. Most of the workers did not suspect any psychiatric symptoms among the patients they treated resulting in low referral rates for psychiatric services(16).

Result of a study done in Zambia to assess attitudes of primary health care providers towards people with mental illness found that there are widespread stigmatizing and discriminatory attitudes among primary health care providers toward mental illness and those who suffer from it(17).

A cross-sectional study conducted to assess KAP of nursing staff towards mental health problems in 12 health centers of Jimma zone and two hospitals (Jimma and Limu) found that majority of the respondents seems to have positive attitude on the functioning of the persons' with MDD and schizophrenia, however one out of five nurses had negative attitude on the marital prospects of schizophrenia(18).

Institution based cross-sectional study done in Addis Ababa to assess Knowledge, Attitude and factors associated with mental illness among nurses working in public hospitals found, of 400 participants 50% and 44.2% of nurses have adequate knowledge and favorable attitude towards mental illness respectively. There was significant association between knowledge and profession, working department and taking training. Also sex, educational status, profession, institute of graduation and work experience of respondents were significantly associated with attitude(19).

Chapter Three

Objectives

3.1 General objective

To assess knowledge and attitude of health professional and associated factors towards mental health, in St. Paul's millennium medical college

3.2 Specific objectives

- To assess knowledge and attitude of health professional towards mental health
- To identify factors associated with knowledge and attitude of health professionals towards mental health

Chapter Four

Methods

4.1 Study Area

The study will be conducted at SPHMMC. St. Paul's Hospital Millennium Medical College, as it is known today, was established through a decree of the Council of Ministers in 2007. However, the hospital was established in 1968 by the late Emperor Haile Selassie. It is governed by a board under the Federal Ministry of Health.

The College initiated Ethiopia's first integrated modular and hybrid problem-based curriculum for its undergraduate medical education, and is currently expanding to postgraduate programs and diversifying its undergraduate program offerings. St Paul's is in the process of building its capacity quickly in a short period of time, growing from 3 to 250 faculty members in the last six years, and expanding teaching facilities. The college has more than 2800 clinical, academic and administrative and support staff that provide medical specialty services to patients who are referred from all over the country, teaching medicine and nursing students and doing basic and applied researches. While the inpatient capacity is more than 700 beds, the hospital caters services for an average of 1200 emergency and outpatient clients daily.

SPHMMC provides healthcare and training to its students through its different biomedical and clinical departments, including Anatomy, Physiology, Biochemistry, Pharmacology, Public health, Pathology, General Surgery, Internal Medicine, Obstetrics and Gynaecology, Paediatrics and child health, Emergency Medicine, Urology, Neurology, Orthopaedics, Psychiatry, Ophthalmology, ENT, Dentistry and Maxillofacial Surgery, Radiology, Anesthesiology, Nursing, ICU (Intensive Care Unit), ART (HIV care), Endoscopy, Physiotherapy, Laboratory and Pharmacy. Currently, it is a huge residency and sub specialization center in several fields of medicine. It is a centre of excellence in medical services for renal center providing a dialysis and also the first hospital in the country with renal transplantation center. It has also launched a new burn, emergency and trauma center. It has also outreach services to fulfil the community demand in health.

4.2 Study design

A hospital based cross sectional study was conducted

4.3 Source population

All physicians and nurses working at SPHMMC during the study period.

4.4 Study population

- All physicians and Nurses working at SPHMMC during the study period and fulfilling the inclusion criteria.

Inclusion criteria's

- Nurses and physicians working at SPHMMC
- Currently working in clinical care

Exclusion criteria's

Those who do not give consent

4.5 Sample size determination

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

$$N = \frac{(1.96)^2}{(0.05)} \times 0.5(1-0.5)$$

$$N = 289$$

4.6 Sampling technique

Systematic random sampling was used applied

4.7 Study variables

Dependent variables

Attitudes towards mental illness

Knowledge towards mental illness

Independent variables

Age Previous training on mental health

Years of practice

Sex

Profession

4.8 Data collection

Data will be collected by two trained data collectors (BSc nurses). Data collection will be done from. The study's criteria and purpose will also be explained in detail to all of them. Written informed consent of patients to participate in study will be sought. Afterwards, the interviews of the healthcare providers (who fulfilled the inclusion criteria) will be conducted using the questionnaire for this study at their work place.

Questionnaire

A structured self-administered questionnaire will be used to collect data. Modified version of knowledge and attitude questionnaire for health workers which is designed by National Institute of Mental Health and Neurosciences, Bangalore department of psychiatry which was modified and previously used in Ethiopia.

Socio-demographic data and other relevant information were designed by the investigator based on their association with attitude taking previous researches as a reference. A total of 25 questions were asked. Facilitators were trained before the data collection. The data was collected from the selected departments OPD timing.

4.9 Data Processing and Analysis

The data will be entered using Epi info and will be analysed by using SPSS version 23.0 software. The data will be cleaned and rechecked for its consistency. The results will be presented by narrative, tables, pie charts and graphs

4.9 Ethical consideration

Ethical clearance and a letter of support will be obtained from SPHMMC, research ethical review committee before the data collection. After final clearance and approval, the letter will be submitted to SPHMMC Psychiatry department Office. Objective and use of the interview will be explained to the respondents and written consent will be obtained.

It will be explained to the participants that they have the full right not to participate in the study or if they are not willing to continue their participation at any stage of the study. To ensure confidentiality of information, participants name will not be used during data collection and this will be clearly explained to participants of the study. The questionnaires and others tools will be coded to exclude showing names; no references will be made in oral or written reports that could link participants to the research. No conflict of interest was taken in to consideration while doing the research.

4.10 Operational definition

Adequate knowledge – If the respondents answer correctly greater than or equal to 11 out of 15 knowledge questions (if score more than 70%)

Inadequate knowledge- If the respondents answer correctly less than 11 out of 15 knowledge questions (if score less than 70%)

Favourable attitude –If the respondents answer correctly greater than or equal to 7 out of 10 attitude questions.

Unfavourable attitude- If the respondents answer correctly less than 7 out of 10 attitude questions

Health professional- physicians and nurses

Chapter 5

Result

5.1 Socio-demographic characteristics of respondents

From the total of 289 respondents 159(55%) were male. Regarding the age group highest age was 30-39 year, 161(55.7%). The mean age of respondents was 34(SD±6.5). Among the total 167(57.8%) were married and 109(37.7%) were single. The greatest proportion of respondents were Orthodox in religion 188 (65.1%) followed by Muslim 88(30.4%) (Table1).

Table 1: Socio-demographic characteristics of study respondents from SPHMMC, Addis Ababa, Ethiopia, 2019

Variable Name		Frequency	Percent
Age category	20-29 years	76	26.3%
	30-39 years	161	55.7%
	40-49 years	36	12.5%
	≥ 50 years	16	5.5%
Sex	Male	159	55%
	Female	130	45%
Marital status	Single	109	37.7%
	Married	167	57.8%
	Divorced	13	4.5%
Religion	Muslim	88	30.4%
	Orthodox	188	65.1%
	Other	13	4.5%

5.2 Type of profession and working department

Among interviewed health professional 141(48%) were medical doctors and the remaining 148(51.2) were nurses. The highest proportion of respondents were from surgical department, 60(20.8%) followed by 41(14.2%) from internal medicine (Table2).

Table 2: Type of profession and working department of respondents in SPHMMC, Addis Ababa, Ethiopia, 2019

Variable Name		Frequency	Percent
Type of Profession	Medical doctor	141	48.8%
	Nurse	148	51.2%
Working department	Surgery	60	20.8%
	Internal Medicine	41	14.2%
	Forensic Medicine	7	2.4%
	Oncology	6	2.1%
	Psychiatry	9	3.1%
	Pathology	4	1.4%
	Pediatrics	37	12.8%
	Dermatology	19	6.6%
	Gynecology and Obstetrics	28	9.7%
	Radiology	16	5.5%
	Dental and Maxillo-facial	7	2.4%
	Ophthalmology	18	6.2%
	Emergency OPD	14	4.8%
	ENT	23	8%

5.3 Work experience and Training

Among the total respondents 232(80.3%) were receive basic training on mental health. From those respondents who were receive basic training about 190(65.7%) were receive only theory and 99(34.3%) were receive both theory and practical training. Among the total respondents about 156(54%) had work experience of greater than 5 years and 102(35.3%) had experience of 2-5 years. Only 31(10.7%) of respondents had work experience of less than two years (Fig 1).

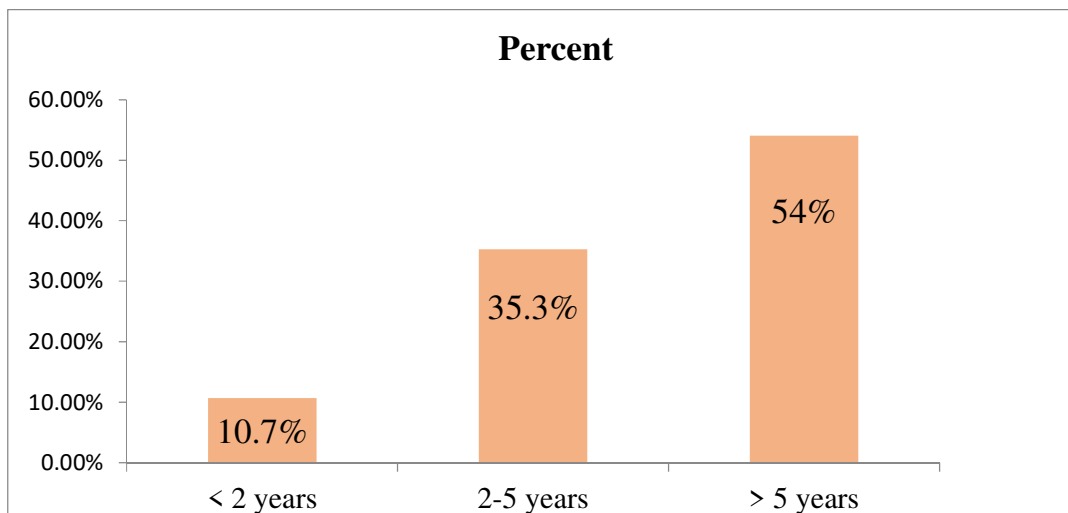


Figure 1: Work experience of health professional in SPHMMC, Addis Ababa, Ethiopia, 2019

5.4 Knowledge and Attitude of health professional

In this study knowledge and attitude of medical doctors and nurses were assessed. Among the total respondents, 245(84.8%) of respondents had adequate knowledge and the remaining 44(15.2%) had inadequate knowledge. From the total 230(79.6%) had favourable attitude and 59(20.4%) had unfavourable attitude. On assessment of knowledge level, 117(40.5%) of medical doctors had adequate knowledge and 128(44.3%) of nurses had adequate knowledge towards mental illness. Based on assessment of attitude about 108(37.4%) of medical doctors and 122 (42.2%) of nurses had favourable attitude towards mental illness (Fig 2).

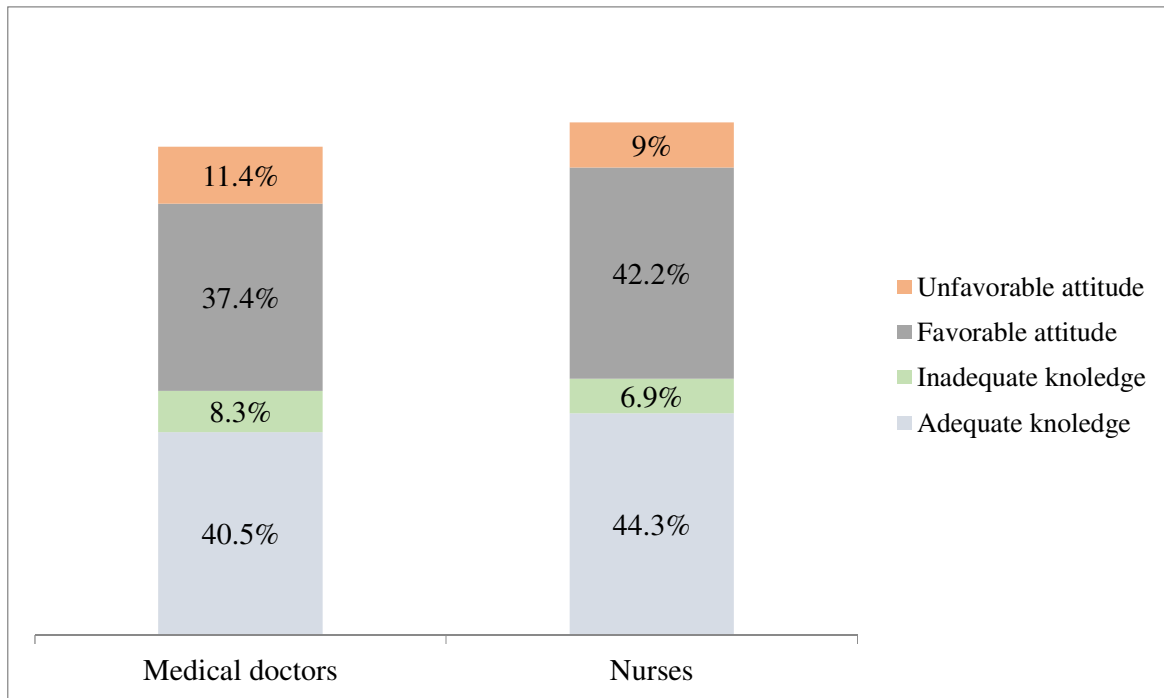


Figure 2: Knowledge and attitude level by profession type in SPHMMC, Addis Ababa, Ethiopia, 2019

5.5 Perceived treatment for mental illness

Of the total respondents about 281(97.2%) were perceived that mental illness could be treated by modern medicine and the remaining 8(2.8%) were perceived that mental illness could be treated by religious healer.

5.5 Factors associated with knowledge of health professionals

Based on multivariate analysis result, those health professionals had greater than five years work experience were 6.1 times (AOR: 6.1; 95%CI: 2.0-19.0) more likely to have adequate knowledge as compared with those professionals had less than two years of work experience. The odds of having adequate knowledge on those took training about mental illness were 8.9 times (AOR: 8.9; 95%CI: 3.9-20.4) more likely as compared with those don't took any training. Those health professionals took both theory and practical training were 9 times

(AOR: 9; 95%CI: 2.8-28.4) more likely to have adequate knowledge as compared with those only took theory on mental illness (Table 3).

Table 3: Bi-variable and Multivariate logistic regression analysis of factors associated with knowledge on mental illness in SPHMMC, Addis Ababa, Ethiopia, 2019

		Knowledge				
		Adequate	Inadequate	COR (95% CI)	AOR (95% CI)	P-value
Age category	20-29 years	64	12	Ref		0.3
	30-39 years	141	20	1.3(0.6-2.9)		
	40-49 years	28	8	0.7(0.2-0.2)		
	≥50 years	12	4	0.6(0.2-2)		
Sex	Male	132	27	Ref		0.4
	Female	113	17	1.4(0.7-2.6)		
Marital status	Single	93	16	Ref		0.7
	Married	142	25	1.0(0.5-1.9)		
	Divorced	10	3	0.6(0.1-2.3)		
Religion	Muslim	74	14	Ref		0.3
	Orthodox	162	26	1.2(0.6-2.4)		
	Others	9	4	0.4(0.1-1.6)		
Type of profession	Medical doctor	117	24	Ref		0.4
	Nurse	128	20	0.8(0.4-1.5)		
Work experience	< 2 year	22	9	Ref		0.9
	2-5 year	77	25	1.3(0.5-3.1)	1.1(0.4-3.0)	
	>5 year	146	10	6.0(2.2-16.3)	6.1 (2.0-19)	
Ever took training	Yes	210	22	6.0(3.0-12.0)	8.9 (3.9-20.4)	<0.001
	No	35	22	Ref	Ref	
Type of training	Theory	150	40	Ref	Ref	<0.001
	Theory and practical	95	4	6.3(2.2-18.3)	9.0 (2.8-28.4)	

5.6 Factors associated with attitude of health professionals

Based on multivariate analysis result, work experience, training taken or not and type of raining had significant association with attitude of health professionals. Those health professionals had greater than five years work experience were 3.2 times(AOR: 3.2; 95%CI: 1.3-8.0) more likely to have favourable attitude as compared with those health professionals had less than two years work experience. Those professionals took training were 3 times (AOR: 3.0; 95%CI 1.4-6.4) more likely to have favourable attitude as compared with those never took training on mental illness. The odds of having favourable attitude on those professionals took both theory and practical training were 6.1 times (AOR: 6.1; 95%CI: 2.5-15) more likely as compared with those health professionals took only theory (Table 4).

Table 4: Bi-variable and Multivariate logistic regression analysis of factors associated with attitude of health professionals on mental illness in SPHMMC, Addis Ababa, Ethiopia, 2019

Variable Name		Attitude		COR(CI)	AOR(CI)	P-value
		Favorable	Unfavorable			
Age category	20-29 years	61	15	Ref		0.24
	30-39 years	132	29	1.1(0.6-2.2)		
	40-49 years	24	12	0.5(0.2-1.2)		
	≥50 years	13	3	1.1(0.3-4.2)		
Sex	Male	88	21	Ref		0.9
	Female	133	34	1.0(0.5-1.7)		
Marital status	Single	88	21	Ref		0.6
	Married	133	34	1.9(0.5-6.6)		
	Divorced	9	4	1.7(0.5-6.0)		
Religion	Muslim	69	19	Ref		0.9
	Orthodox	151	37	1.1(0.6-2.1)		
	Others	10	3	0.9(0.2-3.8)		
Type of profession	Doctors(MD)	108	33	Ref	Ref	0.1
	Nurses	122	26	1.4(0.8-2.5)	1.7(0.9-3.4)	
Work experience	< 2 year	20	11	Ref	Ref	0.3 0.01
	2-5 year	76	26	1.6(0.7-3.8)	1.6(0.6-4)	
	>5 year	134	22	3.4(1.4-7.9)	3.2 (1.3-8.0)	
Ever took training	Yes	191	41	2.2(1.1-4.1)	3.0 (1.4-6.4)	0.005
	No	39	18	Ref	Ref	
Type of training	Theory	137	53	Ref	Ref	<0.001
	Theory and practical	93	6	6.0(2.5-14.5)	6.1 (2.5-15)	

Chapter Six

Discussion

According to this study result 245(84.8%) of health professionals had adequate knowledge and 230(79.6%) had favourable attitude. About 8.3% of medical doctors had inadequate knowledge and 11.4% of medical doctors had unfavourable attitude towards mental illness. Likewise, 6.9% of nurses had inadequate knowledge and 9% had unfavourable attitude towards mental illness. Based on multivariate analysis result, work experience, training about mental illness and type of training taken were significantly associated to both knowledge and attitude of health professional towards mental illness.

In this study about 84.8% of health professionals have adequate knowledge towards mental illness. About 83% of medical doctors and 86.5% of nurses have adequate knowledge towards mental illness. A study done in Addis Ababa showed about 50% of studied nurses had adequate knowledge. A study done in Jima Zone about 89% of nurses had adequate knowledge towards mental health illness. Another study done in Kenya showed about 50% of medical doctors and 34.2% of nurses had adequate awareness towards mental illness. Our study result is higher than these studies finding, it could be professional differences(16,18,19).

Regarding attitude of health professionals about 79.6% have favourable attitude towards mental illness. About 69.5% of medical doctors and 78.7% of nurses have favourable attitude. A study conducted in Addis Ababa showed about 44.2% of nurses had favourable attitude(19).

Concerning to work experience, those health professionals had greater than five years work experience were 6.1 times more likely to have adequate knowledge as compared with those professionals had less than two years of work experience. This study finding is similar with a study conducted in Addis Ababa(20).

The odds of having adequate knowledge on those took training about mental illness were 8.9 times more likely as compared with those don't took any training. Regarding type of training, those health professionals took both theory and practical training was 9 times more likely to have adequate knowledge as compared with those only took theory on mental illness. A study conducted in Addis Ababa showed that those nurses who have took training are two times more likely to be knowledgeable than those who do not took training(19).

Those health professionals had greater than five years work experience were 3.2 times more likely to have favourable attitude as compared with those health professionals had less than two years work experience. Our finding is to the opposite of a study done in Addis Ababa showed that those nurses with work experience of 0-5 years were 3.6 times more likely to have favourable attitude towards mental illness compare to those with work experience greater than 10 years(19).

Those professionals took training were 3 times more likely to have favourable attitude as compared with those never took training on mental illness. The odds of having favourable attitude on those professionals took both theory and practical training was 6.1 times more likely as compared with those health professionals took only theory. A study in Addis Ababa

showed respondents who didn't took any training were associated with negative attitude towards severe mental illness(20).

Conclusion and recommendation

Based on this study result around eighty-five percent of health professionals have adequate knowledge and eighty percent of health professionals have favourable attitude. Work experience, training about mental illness and type of training taken were significantly associated with both knowledge and attitude of health professional towards mental illness. Training especially practical base training should be given for all health professional to improve knowledge and attitude of health professionals towards mental illness.

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Annexes

Annex I: Consent Form

TITLE –Attitude of the health professional towards mental health

Researcher – Dr. Meskerem Abebe, Psychiatry resident

I. Introduction

My Name is Dr Meskerem Abebe, I am a psychiatry resident at St. Paul's Hospital Millennium Medical College. I am doing a research on Attitude of the health professional towards mental health at St. Paul's Hospital Millennium Medical College. I got the ethical clearance to do this research from St. Paul's hospital department of psychiatry in collaboration with public health department. During this research we use questioners to be filled by two clinical nurses after appropriate training given by the principal investigator (Dr Meskerem Abebe). You will be informed about the purpose and general condition of the study and you will be invited to participate in this research by trained data collector (responsible person). This form provides the information related to the study. You can ask for any unclear data before deciding whether or not to participate in the study.

II. Purpose

You are kindly requested to participate as a respondent in a research project entitled Attitude of the health professional towards mental health at SPHMMC, Addis Ababa, Ethiopia". The purpose of this study is to assess Attitude of the health professional towards mental health and if unfavourable attitudes are identified to give future direction for further research, so that the problem will be identified and appropriate intervention will be done.

III. Participant selection

All Doctors and nurses working at SPHMMC will be included until the sample size is reached.

IV. Duration -The interview might take 1hr to complete

V. Risks –By participating in this research you will not face any harm.

VI. Benefits- There is no benefit or fees in participating in this research

VII. Voluntary participation and withdrawal

If you are voluntary to participate in this study I will expect you to respond to all questions as much as you can, but your participation is voluntary and you have options not to respond to any of the questions or quit to fill the questionnaire. you have the right to withdraw at any point and it will not affect you in any way.

VIII. Confidentiality

I would like to assure you that your participation as well as denial to respond will not have any associated risks or consequences. And also your participation will not be identified and information you provide will be kept confidential and not reported to others outside the research project in a way that personally identifies you.

You may ask any questions about this project to the researcher or you may contact the following:

1. Dr. Meskerem Abebe , meskiahadu @gmail.com 0929106123
2. St paul hospital millennium medical college, Department of psychiatry: Tel- 0112733198/+251 112 75 01 25

“Are you willing to participate in the study?”

If yes, thank and give the questionnaire

If no, thank and ask for another volunteer.

Statement by the researcher /person taking consent

I have accurately read out the information sheet to the potential participant and to the best of my ability made sure that the participant understands what will be done.

I confirm that the participant was given an opportunity to ask questions about the study ,and all the questions asked by the participant have been answered correctly and to the best of my ability. I confirm that the individual has not been coerced into giving consent, and the consent has been given freely and voluntarily.

Name of researcher /person taking consent -----

Date -----

የስምምነት ቅፅ (CONSENT FORM)

እኔ/ርመስከረም አበበ

በቅዱስጳውሎስሆስፒታልየአኦምሮህክምናስልጣኝስሆንጥናትይህንንጥናትየማካሂደወበቅዱስጳውሎስሆስፒታልሚሊኒየምሜዲካልኮሌጅፈቃድነወ፡፡ይህንንጥናትየምናካሂደወበሰለጠኑበጥናቱስተባባሪዎችበኩልየተወሰኑጥያቂዎችንለተሳታፊዎችበመጠየቅነወ፡፡

የዚህጥናትአላማህክምና ባለሙያዎች በስነ አኦምሮ ጤና ላይ ያላቸውን አመለካከት ለመረዳትናተያያዥነትያላቸውንጉዳዮችለመዳሰስነወ፡፡

በዚህጥናትላይመሳተፍለማንኛውምጉዳትአይዳርግም፡፡ሁሉምየሰጡት መረጃበሚስጥርይጠበቃል፡፡ቅፁላይስምሆነማንነትንለገልፁላችሁጥያቄዎችአይጠየቅም፡፡ውጤቱንለያዩላችሁትሰዎችይህንንጥናትየሚያጠኑትሰዎችብቻናቸው፡፡በዚህጥናትላይመሳተፍበፍቃደኝነትላይየተመሰረተስለሆነያለመሳተፍመብትየተጠበቀነወ፡፡በጥናቱለመሳተፍፍቃደኝነትሆኑበሃላምበማንኛውምጊዜየማቆምመብትአለ፡፡በጥናቱአለመሳተፍወይምመሳተፍንበማንኛውምጊዜበያቆሙምንምአይነትተፅዕኖአይፈጥርም፡፡

በዚህጥናትላይበመሳተፍየሚያገኙትጥቅምባይኖረምይህጥናትበመደረጉበጤና ባለሙያውወስጥያለወንችግርእንድንለይናመፍታትእንድንችልያግዘናል፡፡የሚሰጡንመረጃበጣም ጠቃሚስለሚሆንለመሳተፍቢመርጡበቅድሚያከፍለምስጋናእናቀርባለን፡፡ይህቅጽከጥናቱጋርየተያያዙመረጃዎችንያቀርባል፡፡በጥናቱላይለመሳተፍከመወሰንዎበፊትየስምምነትቅጽላይግልጽያልሆነ ጉዳይካለየጥናቱንአስተባባሪማብራሪያመጠየቅይቻላል፤ የጥናቱንአስተባባሪግልጽያልሆኑነገሮችላይማብራሪያይሰጣል፡፡

በዚህጥናትላይለመሳተፍከተስማሙለጥናቱየተዘጋጀውንመጠይቅይሞላሉ፡፡ለጥናቱየተዘጋጀውን መጠይቅሞልቶለመጨረስ60ደቂቃይወስዳል፡፡

ጥናቱንበተመለከተጥያቄካለዎትበሚከተሉትአድራሻያገኙናል

- 1. ዶ/ርመስከረም አበበ፤ኢሜል-meskiabebe@gmail.com
- 2. ቅዱስጳውሎስሆስፒታልሚሊኒየምሜዲካልኮሌጅ፤የአኦምሮህክምናክፍልስልክ-0112733198/+251 112 75 01 25

Annex II: Questionnaires

<u>I Identification</u>		Participant code: _____	
<u>II Socio-demographic</u>			
	Question	Response	Skip to/remarks
1	Age	-----yrs	
2	Sex	1.Male 2.Female	
3	Marital status	1. Single 2. Married 3. Divorced 4. Widowed	
4	Ethnicity	1. Oromo 2. Amhara 3. Tigre 4. Others (specify) _____	
5	Religion	1.muslim 2. christian 3.other	
6	Level of education	1. Medical doctor 2. BSC nurse 3. diploma	
7	Work experience	1. 0-6 month 2. 1-2 years 3. 2-5 years 4. >5 years	
8	Training on mental health	1.yes 2.no	
9	If yes to number 8 Type of training	1.Theory 2.practical	
10	Working department	_____	

Questionnaires in English version on Assessment of Knowledge, Attitude& Practice towards mental illness

Knowledge:

S. No	Question	Answer	Code	Skip
201	Have you heard about mental illness?	1. Yes 2. No	 	
202	If yes for question no201 where first you read or heard from?	1. Family 2. School 3. Community leaders 4. Religious leaders 5. Others(specify)	 ----- _____	
203	How much do you know about mental illness?	1. Nothing 2. Little 3. Some 4. A great deal	 	
204	Have you received any training(basic)course on mental illness ?	1. Yes 2. No	 	
205	If yes for question no204 what type of training have you received? If "no" for above question, pass to Q.no 206	1. Theory only 2. Theory& clinical practical	 	
206	Is it enough to manage mentally ill the training you take??	1. Yes 2. No	 	
207	Strange or altered behaviour seen in mental illness which can be the result of neuro	1. Yes 2. No	 	

	chemical abnormalities in the brain	3. I do not know		
208	A diagnosis of mental illness is made based on history of the patient and mental status examination at the time of interview	1. Yes 2. No	 	
209	Mentally ill people are understood as strange because internal experience are sometimes not understandable to onlookers	1. Yes 2. No		
210	Are Mental disorders inherited?	1. Yes 2. No	 	
211	Strange or altered behaviour seen in mental illness can improve by administering of medication, which alter the neuro chemicals abnormalities in the brain	1. Yes 2. No	 	
212	Very effective and safe drugs are available to treat mental illness?	1. Yes 2. No	 	
213	The risk of occurrence and relapse of mental illness is high in patients who abuse drugs like cannabis or amphetamine like substance such as khat.	1. Yes 2. No	 	
214	Is Mental illness Caused due to evil spirit?	1. Yes 2. No	 	
215	Mentally ill individual can have strange experience like hallucinations& false firm beliefs like delusions	1. Yes 2. No	 	

Part III. Questions for Assessment of Attitude in Assessment of Knowledge, Attitude& Practice towards mental illness

Attitude:

S. No	Question	Answer	Code	Skip
301	Would you allow your son/daughter to marry a person with mental illness?	1. Yes 2. No	 	
302	From whom do you prefer treatment for mentally ill person?	1. From traditional healers 2. From religious healer 3. From modern health care 4. thers(specify)	 	
303	Generally what is your attitude towards mentally ill patients?	1. Accepting 2. Fearful 3. Reject	 	
304	Is Mental illness a contagious or infectious disease?	1. Definitely Yes 2. Possible 3. Definitely No	 	
305	Is Epilepsy a mental illness?	1. Yes 2. No 3. I do not now	 	
306	Are Mentally ill patients violent& Dangerous?	1. Definitely Yes 2. Possible 3. Definitely No	 	
307	What do you think about the integration of mental health in primary health care?	1. Strongly agree 2. Agree 3. Disagree 4. Strongly disagree	 	

308	Please indicate what do you feel towards the following illness Tuberculosis Mental illness Gastroenteritis Hypertension Epilepsy HIV/AIDS Diabetes Mellitus	1. I do not mind caring for these patients/accepting 2. I prefer not to care for these patients/Fearful 3. I refuse to care for these patients	 	
09	Is Mental illness curable?	1. Yes 2. No	 	
10	Do you think that mental health training is necessary?	1. Yes 2. No	 	