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Traditional and Religious Beliefs on Mental Illness and Help-Seeking Behaviour in Ife Central LGA, Ogun State

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Abstract

Traditional and religious beliefs are essential in mental health discourse and help-seeking behaviour. The study explored the impact of traditional and religious beliefs on mental illness and help-seeking behaviour, in Ife Central LGA. The Health Belief Model (HBM) was adopted as the theoretical framework for the study. The study used a phenomenology research design. Qualitative data was collected from 12 key informants who were purposely selected for the study. The data was analyzed while outlining the key point presented by the key informant. The study revealed that stigma and discrimination are often associated with mental illness and help-seeking behaviour in Ife Central LGA. Mental illness is widely stigmatized and misunderstood. The study also revealed that perceived causes of mental illness include drug abuse, possession by evil spirits, inherited through the family, and punishment from God. The study concluded that misconceptions about the causes of mental illness might consequently lead to misconceptions about treatment. Religious and traditional beliefs in supernatural causes and remedies of mental illnesses influence people's knowledge and attitudes towards mental illness and help-seeking behaviour. The study recommends the decentralization of mental health care services from urban areas down to rural health centres where mental health services can be rendered with psychiatric services as well.

There is a need for community education of the people on the causes of mental illness. It is due to ignorance that most people wrongly believe that mental illness must have some spiritual undertone.

Keywords: Traditional, Religious, Beliefs, Mental Illness, Help-seeking

INTRODUCTION

Mental illness is a common health issue experienced in all countries across the globe, and there is hardly any society that has not at a particular point in time experienced it. It was on this note that Muhammad, Dave, Ashokan, Nabeel, Jacqueline, Syed, Imam, Fatma and Mini (2023) posited that in the United States for example, nearly one in five adults aged 18 years and above have a mental illness, and an estimated 5.2% of the adult population suffers from serious mental illness. Similarly, in England, about one in six adults meets the criteria for a common mental disorder (Muhammad et al., 2023). In Nigeria, 12.1% of adults have been diagnosed with at least one mental disorder in their lifetime, and 5.8% have a history of mental disorders within the past year (Dung, Tholene, Natéwindé, Deborah, David, Munyaradzi, & Marcellus, (2021). These statistics underscore the significant public health impact of mental disorders worldwide.

Similarly, attitudes toward mental illness show a consistent pattern across different countries. Many cultures, societies, and religious groups still hold beliefs in cultural values such as magic and supernatural phenomena. For instance, during the medieval and early modern periods, Western Europe recorded beliefs in demonic possession as a cause of mental illness (Dung et al., 2021). In some Southeast Asian cultures, mental illness is seen as a consequence of disrespect toward spirits or gods, with supernatural powers believed to be the cause (Khan, Hassali, Tahir & Khan, 2019).

In developing countries, traditional healers play a crucial role in mental health service delivery, influenced by beliefs about the causes of mental illness (James & Peltzer, 2019). In countries like Indonesia, China, Korea, and Vietnam, traditional treatments are officially recognized and integrated into the healthcare system. Such treatments are also common in places like Jamaica (James & Peltzer, 2019). Many individuals in developing countries seeking mental health services turn to shamans and religious figures for alternative remedies (Burns & Tomita, 2020). Across Africa, supernatural explanations for mental illnesses are prevalent, with about half of those affected initially seeking help from shamans

or religious practitioners (Burns & Tomita, 2020). Traditional beliefs attributing mental health issues to ancestral influence or witchcraft lead to the perception that traditional healers are the experts in these matters. These healers are often the first point of contact in the pathway to biomedical mental healthcare or serve as the sole providers of mental health services. For instance, the belief that mental illness results from demonic possession leads to treatments aimed at expelling demons (Nwankwo, 2018).

In Nigeria, mental illness is heavily stigmatized and misunderstood. Commonly perceived causes include drug abuse (84%), possession by evil spirits (54%), hereditary factors (32%), and divine punishment (23%) (Wada, Rajwani, Anyam, Kariakri, Njikizana, Srourn, 2021). Mental healthcare typically falls to the individual's family, but stigma often leads to individuals being sent to religious institutions and traditional healers, sometimes for extended periods. Human Rights Watch investigations have revealed that individuals in these settings are often chained in unsanitary, overcrowded conditions, and subjected to drugging, starvation, and both mental and physical abuse (Ogueji & Okoloba, 2022). Moreover, even for those seeking mental healthcare, access is limited due to shortages, poor infrastructure, and poverty. Mental health services are not well integrated into primary healthcare, with only 300 psychiatrists and 8 psychiatric hospitals available for a population of over 200 million Nigerians (Wada et al., 2021).

Elsewhere, the finding by Nwankwo (2018) holds that the traditional belief system in Africa attributes mental health problems to the influence of ancestors or bewitchment, and traditional healers are, therefore, viewed as the experts in these matters. Meanwhile, it is not empirically established if the diverse perspectives of the people living with mental illness could greatly impact the usage of mental health care services in Ife Central LGA as some may be hindered by their traditional or religious beliefs regarding the cause and help-seeking behaviour for mental health patient. This study will, therefore, fill in the gap by looking into the impact of religious and traditional beliefs on mental illness and help-seeking behaviour in Ife Central LGA.

Several studies have been carried out on cultural beliefs of mental illness and help-seeking behaviour in Nigeria with the focus tended to be on general issues related to the causes, public perception and attitude on the nature of stigmatization and discrimination. They have generally been limited to the macro-level, mostly paying attention to understanding the attitude, perception and causes of mental illness, its history, attempts and efforts made

for treatment of mentally ill patients (see Cheluchi 2020, Tormusa 2019, Temitope, Laura, Russell & James. 2020, Ogunwale, Fadipe and Bifarin, 2023, Nwankwo 2019, Yusuf, Linu, Emmanuel, Evelyn, Mitchelle, Lilian and Garba 2021). While these studies are important in highlighting and discussing mental health issues as a case study of a larger Nigerian problem, this study focuses on the micro-dynamics of the impact of traditional beliefs of mental illness and help-seeking behaviour in Ife Central LGA, thus contributing to our understanding of how cultural beliefs such as traditional and religious beliefs impact mental illness and help-seeking behaviour in Ife Central LGA.

Review of Literature

In Nigeria, there is a widespread belief that mental illness is mostly caused by supernatural forces. For example, in most communities in Nigeria, madness is understood to be the result of supernatural powers interfering with a person's soul, spirit, and mind, impairing their ability to function and leading to mental illness (Alo, 2019). Ajala (2021) contended that a large number of Nigerians still favour using faith healing (spiritual and traditional) over modern health care due to what he called doctrinal attachment to religion and spirituality, independent of economic factors and the Nigerian state's failure to provide equitable and accessible health care facilities. The widespread perception that certain illnesses that resist treatment with contemporary medicine need miraculous recovery is known as alternative medicine. These demonstrate the beneficial linkages between the health care system and spiritual or traditional care.

Benson (2022) described how prayer improved health by offering emotional solace. The holistic and transcendent parts of spirituality have been found to have better benefits by many medical specialists (Benson, 2022). The fundamental explanation, according to Omotosho (2018), is that supernatural powers underlie any significant sickness. Both ancient behaviours and Islamic and Christian beliefs are based on this fundamental idea. According to Ajala's (2021) observations, spiritual practices such as faith, prayer, ritual, and sacrifice have a significant impact on how people perceive health and disease, which in turn influences when and how they participate in providing care.

As with many African societies, religion and health are coterminous or connected among the Yoruba in Nigeria. It is believed that all healing, including that provided by conventional medicine, is a gift from God. Faith healing is a method used by traditional Yoruba healers who practice spiritual healing based on the Ifa religion to treat a variety of

illnesses, including mental illness. Because of their belief that mental illness is a penalty for disobeying the gods, the Yoruba people created the etymology of disease around their theology. As a result, the illness is stigmatized widely, and faith-based therapies are used (Ajala, 2021).

One of the main characteristics of spiritual and traditional practices is the illegal loss of liberty and the disregard for the mental health patient's dignity. Most of the time, healers turn to harsh, demeaning, and humiliating methods of correction or punishment. People with mental disabilities are frequently abused, malnourished, shackled, locked up, and forced to perform manual labour. Psycho-social support is certainly provided by spiritual or traditional approaches to mental health treatment. The problems with this alternative technique to treating mental illness still include its informal nature, the absence of reliable statistical data because the healers do not maintain official records of their actions, and the inhumane treatment of the patients. In Nigeria, the use of spiritual or traditional healers in the treatment of mental illness is still largely unexplored. They are widely available in Nigerian communities and are used by the vast majority of people. Nonetheless, there is much that can be done to lower the obstacles standing in the way of alternative mental health providers' integration into the mental health system, hence raising the standard of treatment they provide to the general public (Urigwe, 2017). Research on traditional care, treatment modalities, and herbal remedies in mental health practice has become necessary due to the significance of these alternative sources of mental health care (Abimbola, 2019).

Because Nigeria is a multiethnic and multireligious country, its diverse ethnic communities' identities are reflected in the range of belief systems that the country faces. People's conceptions of the causes, effects, and nature of mental illness are greatly influenced by their religious and cultural beliefs, and this directly affects how they feel about those who are mentally ill. Along with affecting their capacity and willingness to seek treatment, this also affects the societal stigma that mentally ill people encounter (Abbo, 2018).

Cultural views on mental health vary greatly, as noted by Abdullah and Brown (2019). While certain cultures stigmatize all mentally sick people, others stigmatize only specific categories of mentally ill people. Thus, other factors, such as the thought to be the cause of mental disease, might affect how stigmatized mental illness is. Stigmatization of those with mental illnesses frequently results in discrimination, unfair treatment, and the denial of rights and obligations that come with full citizenship. It follows that stigmatization can

result in discrimination (when a stigmatized person is refused access to a resource) and structural discrimination (which refers to disadvantages stigmatized persons face in the social, legal, institutional, and economic spheres). Furthermore, stigma can make it difficult for people with mental illnesses to get treatment, follow doctors' orders, obtain work, and lead fulfilling lives in the community (Abdullah and Brown, 2019).

According to the World Health Organization (WHO) (2021), stigma and prejudice against people with mental illnesses are among the major obstacles that must be removed in the majority of communities worldwide. In light of this, one of the four main methods identified by the WHO's Mental Health Global Action Programme (GAP) to enhance the condition of mental health worldwide is lobbying against stigma and prejudice. According to Abdullah and Brown (2019), there are American Indian tribes that stigmatize all mental diseases, some that just stigmatize specific mental illnesses, and still others that do not stigmatize mental illness at all. In Asia, mental diseases are frequently stigmatized and viewed as a cause of shame by many cultures that place high importance on "conformity to norms, emotional self-control, and family recognition through achievement." Saraceno (2017) posits that inadequate comprehension of mental disease might hinder people from identifying and accessing treatment; additionally, inadequate awareness of mental illness can hinder families' capacity to offer suitable care for mentally ill individuals.

According to Abbo (2018), the World Health Organization estimates that between 40% and 60% of Africans who seek traditional healers for medical reasons do so because they suffer from a mental disease. Abbo (2018) investigated the characteristics and results of conventional therapy modalities. However, the likely belief system that Africans hold, which shapes their views toward mental health, was not taken into consideration in this study. Additionally, other potential causes of the negative attitude about seeking medical assistance for mental health issues were not investigated in this study. Therefore, research into the elements ingrained in African belief systems that shape their perspectives on mental health is imperative. Even though the causes of stigma vary throughout societies and civilizations, people with mental illnesses report experiencing stigma everywhere. For example, among persons reporting considerable impairment, stigma was strongly correlated with anxiety and mood disorders, according to World Mental Health Surveys.

According to survey data gathered from 16 countries across the Americas, Europe, the Middle East, Africa, Asia, and the South Pacific, stigma and discrimination resulting from

mental illness were experienced by 22.1% of participants from developing countries and 11.7% of participants from developed countries (Alonso J., Buron, A., Bruffaerts, R., He, Y., Posada-Villa, J. 2018). However, it was not stated in the results published by Alonso et al. (2018) if stigmatization influences people's decisions to seek mental health therapy. This demonstrated the need to research how stigma affects perceptions of mental health care in Nigeria.

Furthermore, as cultural perspectives on mental illness and local views about mental health frequently diverge, mental health services must be presented in ways that are sensitive to cultural differences to increase access to and utilization of mental health services. The varied viewpoints of those who are coping with mental illness may have a significant impact on treatment gaps since some may be impeded by their cultural or religious views about the origins and management of mental health issues.

Burns and Tomita (2020) believed that the stigma associated with mental illness negatively impacts patients' lives and causes them to avoid interacting with others, going to work, or getting treatment. A great deal of mentally ill patients are underpaid and unable to find employment because of discrimination on the part of employers. Social discrimination survivors may also internalize stigma and develop persistently low self-esteem as a result. Patients suffering from mental illness are not the only ones affected by stigma; their families also suffer from it. More often than not, societal bias results in stigma toward the family members of people with mental illness, not personal failings on their own.

Because mental disease may result from parental negligence, parents of individuals with mental illness may be held accountable for the state of their sick kid. Additionally, their mental health-afflicted sibling may cause their siblings and sisters to be stigmatized as tainted. The detrimental impacts of stigmatization can often be more debilitating than the actual mental disease. The goal of mental health research is to pinpoint the causes of stigma and implement preventative measures in light of the detrimental impacts of stigma. It may be crucial to shape societal stigma toward mental disease by raising awareness of the causes of mental illness and its treatments. According to Wada et al. (2021), stigma investigation may reveal several cultural fallacies.

There are many cultural myths about mental disease, and these myths greatly influence the stigma that the general population has against mental illness. Many people blame those suffering from mental illness for their condition and believe that they are to blame for their

symptoms. Furthermore, those with mental illnesses may be viewed as dangerous or hazardous by others. The extent of public stigma toward mental illness may also be influenced by cultural beliefs about the origins and treatments of mental disease. Thus, stigma may be influenced by a lack of understanding of the biological causes of mental illness (Nwankwo, 2019).

Despite popular belief to the contrary, most individuals suffering from mental illness can gain from receiving expert psychological assistance. Yet, the stigma associated with mental illness may discourage people from getting expert psychological assistance to avoid being classified as "mentally ill." Accordingly, the stigma around mental illness and how it affects patients and their families worries medical professionals everywhere (Tormusa, 2019).

Theoretical Framework

Health Belief Model

The Health Belief Model (HBM), developed in the 1950s, is a widely used framework for understanding and predicting health-related behaviours. Initially created to study preventive actions like disease screening and immunization, it has since been applied to various contexts, including vaccine uptake (e.g., COVID-19), symptom response, chronic illness management, and lifestyle choices. The model was updated in 1988 to incorporate self-efficacy, which highlights the role of an individual's confidence in adopting health behaviours (Rosenstock, 1974).

The HBM identifies four key beliefs influencing behaviour: perceived susceptibility (risk of illness), perceived severity (seriousness of the condition), perceived benefits (advantages of action), and perceived barriers (obstacles to action). Additionally, cues to action and self-efficacy are critical components. Individuals engage in health-promoting behaviours if they believe the condition poses a threat, preventive measures are effective, and barriers are minimal (Rosenstock, 1974).

In the context of health-seeking behaviours in Ife Central LGA, the HBM explains how cultural factors, including traditional and religious beliefs, socioeconomic status, and past experiences, shape choices such as self-care, home remedies, and delayed healthcare. These behaviours reflect the model’s principles and highlight socio-cultural influences on decision-making.

The HBM's simplicity and adaptability make it a valuable tool for research and interventions. However, it faces criticisms for unclear relationships between variables and modest predictive power, suggesting that it may overlook other important determinants of health behaviour. Despite these limitations, the model remains a foundational framework in public health research and practice.

METHODS

The study adopted a phenomenology research design. To determine the sample size, the researcher adopted a purposeful sampling technique for the study. The study also adopts a qualitative method of data collection which includes the use of key informant interview schedules. A key informant interview was conducted to elicit responses from 12 key informants in the six (6) wards selected in Ife Central. Thematic analysis was used to analyse the data collected via key informants. That is to say, the response from the key informants was discussed while outlining the key points presented by the interviewees.

RESULTS AND DISCUSSION

Common Traditional Religious Beliefs People Always Have on Mentally Ill Individuals in Ife Central LGA

Participants were asked about the common traditional beliefs people always have about mentally ill individuals in Ife Central LGA. The findings of the study showed reoccurring reports of high levels of stigma associated with mental illness. Findings from the interview schedule added flare to the levels of stigma associated with mental illness in Ife Central LGA. One of the interviewees, who is 57 years old, expressed that:

> *Here, mental illness is referred to as a taboo; in fact, it carries a social stigma that people tend to avoid or attribute to a hereditary form. For example, if you want to marry into a certain family, they will want to know if there is a history of psychotic disorder in the family, if there is a history of what we might call madness, or if madness runs in the family (08/6/2024/participant from Iremo iii)*

Another 39-year-old interviewee stated that:

> *When you lose your mental capacity and are incapable of reasoning at all, let alone going completely insane, you become frightened and people avoid you because of your constant fear-*

> *inducing actions. Everyone would start to avoid you and you would feel like an outsider (01/6/2024/participant from Ilare iv).*

Another interviewee who is 57 years old, expressed that:

> *If a parent has a mental illness, one of the children is likely to be affected. This could affect either the immediate child or the grandchildren (01/6/2024/participant from Akarabata)*

Another 39-year-old interviewee stated that:

> *If you are the child of someone who is mentally ill, then every abnormal conduct you display is ascribed to the mental disease that runs in your family. People believe that the mental ailment has also affected you. Some people even shy away from socializing with these families because they believe that none of the members are capable of thinking clearly (08/6/2024/participant from Moore Ojaja).*

The outcome also demonstrates that the entire family is seen to be mentally sick when one person, particularly the father, develops mental illness. It suggests that a single mental illness member might induce stigma for an entire family. This finding is consistent with that of Abdullah and Brown (2019), who found that stigmatizing people with mental illnesses frequently leads to unjust treatment, discrimination, and the denial of rights and responsibilities associated with full citizenship.

In a similar vein, the study's findings indicate that the majority of Ife residents think that spiritual manipulations are the root cause of mental disease. One of the participants who is 50 years old states:

> *One cannot just become mentally ill unless his people agree or if he/she commits an offence against the cultural belief of his community (08/6/2024/participant from Iremo iii)*

Another participant indicates that:

> *A habitual thief may suffer from a mental disorder. For instance, if someone has stolen money and has been warned that doing so will result in a problem with your senses being severely impaired, the gods may use karma to exact revenge on them (01/6/2024/participant from Iremo/axehandle).*

The passage above-represented beliefs in the "law of karma," which contends that transgressions have the power to incite mental illness.

A similar statement from another participant states that:

> *Even if someone uses drugs and develops a mental illness, it is an unconscious act. He took drugs after having been deceived spiritually (08/6/2024/participant from Iremo iii)*

This suggests that a respectable portion of the population held the view that spiritual manipulations rather than human behaviour or carelessness are the true causes of mental disease. This can be clarified further by saying that someone abusing drugs and developing a mental disorder is not to be held accountable because they are being duped by spiritual forces.

Similarly, a participant stated that:

> *In our community, people who suffer from mental disease as a result of violating the gods may pass on their mental illness to their family members. Stated differently, mental disease may become inherited due to a single individual's wrongdoing (08/6/2024/participant from Ilare 1).*

This suggests that mental health disorders are seen as societal issues rather than personal problems. However, an individual's status as a participant indicates that some people bear responsibility for their mental illness.

A participant stated that:

> *Youngsters now indulge in drug abuse of several kinds which makes them mad (01/6/2024/participant from Akarabata).*

The conclusion here challenges the notion that the primary cause of mental disease is not supernatural powers. Because each participant's opinion was observed, the researcher concluded that a substantial portion of the rural residents of Ife Central LGA do not believe that individuals are to blame for their mental health issues. People instead blame external circumstances for the majority of mental disease situations. Examining beyond the individual is necessary when considering the implications for social work and psychiatric intervention. It is necessary to consider both social and supernatural elements.

Traditional and Religious Beliefs that Affect the Individual in Terms of Seeking Help or Treatment?

Interviewees were interrogated on how traditional and religious beliefs affect the individual in terms of seeking help or treatment. The study shows that most forms of spirituality such as faith, prayer, ritual and sacrifice prominently influence people's perception of health and illness and determine when and what action individuals take in health care.

One of the participants who is 40 years old identify that:

> *Yoruba and many other Nigerian cultures are similar in terms of both customs and health. All healing, even that provided by conventional medicine, is said to originate from the gods. Faith healing is used by traditional Yoruba healers who practice spiritual healing based on the Ifa religion to treat a variety of illnesses, including mental illness (01/6/2024/participant from Ilare iv).*

Another participant states that:

> *People who suffer from mental illnesses typically search everywhere for alternatives. The family believes that visiting a mental health facility is not necessary. They went first to the pastor, then to the shamans, and so on. Yes, they start with conventional care. They typically visit the hospital as a final resort (08/6/2024/participant from Iremo iii).*

A participant said that:

> *The majority of people here think that mental illness is all the result of spirit or some sort of witchcraft that causes people to behave abnormally. As a result, they believe that mental illness should be treated with spiritual power, which has an impact on mental health care services because mental illness may not be healed but instead make the situation worse (08/6/2024/participant from Moore Ojaja).*

Some participants said that because mental illness was associated with shame, families refrained from taking their loved ones who were mentally sick to the hospital. A participant shared that:

> *A stigma exists around mental illness. Families feel embarrassed. They do not want to visit the hospital as a result. The stigma around mental health issues affects a large number of people in this group. They do not believe that mental illness should be associated with community members because they view it as a disgrace and a source of shame for them (01/6/2024/participant from Iremo/ajebandele).*

Another interviewee identifies that:

> *You are aware that not all illnesses can be treated with traditional English medicine. Hence, our ancestors employed beneficial herbs, and traditional herbalists also derived this idea from their ancestors, and they have been using it to benefit people. Certain psychological issues are so mysterious that they should be treated differently, according to culture. For example, someone with a spiritual issue wouldn't typically go to psychotherapy; that would be a waste of time. Therefore,*

> *some mental illnesses cannot be treated psychologically (01/6/2024/participant from Akarabata).*

According to the aforementioned extracts, traditional herbal remedies are the sole way to treat some mental diseases. It is believed that TH is innately organic to individuals and has been historically passed down from generation to generation from the beginning of humanity. Certain mental diseases are perceived as enigmatic, leading some people to feel that receiving Western medical care would not be effective in curing them. More on the Indigenous herbal treatment for mental illnesses, some of the participants said:

> *To rid the person of any evil spirits or curses that are thought to be the cause of their mental illness, traditional healers and spiritual leaders may carry out rituals and prayers. For instance, mixtures thought to have therapeutic effects for mental diseases are made using plants and herbs including bitter kola, fragrance leaf, and bitter leaf (01/6/2024/participant from Akarabata).*

CONCLUSION

The finding of this study showed a perceived stigma and discrimination associated with mental illness and help-seeking behaviour. The traditional and religious beliefs and practices in Ife Central LGA do not encourage open conversation on mental health issues. Mental illness is widely stigmatized and misunderstood. Perceived causes of mental illness include drug abuse, possession by evil spirits, inherited through the family, and punishment from God. For example, people with some history of mental illness might be denied access to some rights such as marriage or significant public roles despite several years of recovery. The consequence of this is that some families try to conceal mentally ill cases of family members to avoid such stigma and discrimination.

The study concluded that misconceptions about the causes of mental illness might consequently lead to misconceptions about treatment. The practitioners of traditional treatments for mental illness fill a major gap in mental health service delivery because of beliefs about the causes of mental illness in the study area. Cultural and traditional beliefs in supernatural causes and remedies of mental illnesses influence people's knowledge and attitudes towards mental illness and help-seeking behaviour. Many traditional belief systems in Ife Central LGA attribute mental health problems to the influence of ancestors or bewitchment, and traditional healers are, therefore, viewed as the experts in these matters.

These traditional healers are consulted as either the first step in seeking help or as the sole providers of mental healthcare.

The high cost of psychiatric treatment which is sometimes caused by the high cost of medications poses a major financial barrier to patient care in many low- and middle-income communities in Nigeria. Due to the high rate of poverty in the nation, traditional healers are the only choice for many families who cannot afford mental treatment. Rural communities lack access to mental health services since the few psychiatric clinics that are available are focused in urban areas. This has hindered the majority of Nigeria's ability to effectively receive mental health services.

Thus, the study, therefore, recommended the decentralization of mental health care services from metropolitan regions to rural health centres, where psychiatry and mental health services can be provided together. Additionally, social workers must be trained and sent to remote areas. This will facilitate the ability of social workers to assist the mentally ill productively.

The study revealed that individuals with mental illness and their families are largely ignorant about the causes of mental disease. When combined with pervasive social stigma, this posed a significant obstacle to getting the right care from mental health specialists. As a result, there is a need for community education regarding the reasons behind mental illness. Most people mistakenly think that mental disease must have a spiritual undertone, which is a result of ignorance. This misconception prompts people to either accept their fate or look for assistance elsewhere. People must be aware of the factors that contribute to mental illness and where to turn for support. To supplement the orthodox approach, more study on traditional methods of treating mental disease is required. Given the widespread belief in traditional medicine, it is necessary to enhance the process of treating mental illness by incorporating scientific methodology to make it safer.

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