

## Mental health literacy among secondary school students in North and Central Uganda: a qualitative study

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**Abstract. Objectives** There has been limited effort to explore young people's perceptions about mental illness in Uganda. For mental health programs targeting young people to succeed, it is important to incorporate their understanding of mental illness, their perceptions about causes of mental illness and their attitudes about mentally ill people. The objective of this study was to explore the mental health of young people in secondary schools in Northern and Central Uganda. **Subjects and Methods** This was a qualitative study where 24 focus group discussions (FGDs) were held with young people in secondary schools. Respondents aged 14-24 years were purposively selected from 4 secondary schools in the two regions. During the FGDs, young people's perceptions and understanding of three areas listed below were explored: meaning of mental health/mental illness; causes of mental illness and attitudes toward mental illness. Data management and analysis was done with the help of Atlas.ti, a-qualitative-analysis software. Thematic analysis approach was employed. **Results** FGD participants used concepts like a sound and normal mind, right thinking, normal behavior and normal thoughts to define mental health. Mental illness on the other hand was defined as loss of sense of reality, malfunctioning of the brain, impaired thinking and bizarre behavior. Young people attributed mental illness to; substance abuse (Marijuana, alcohol), witnessing traumatic events (seeing ones your relatives being killed, or being forced to participate in killing-frequently mentioned by young people in Northern Uganda); witch craft, effect of physical illness e.g. HIV/epilepsy, thinking too much, accidents and genetic explanations. They had mixed opinions about interacting with mentally ill individuals. Unpredictability and dangerousness were known to be a recurrent theme among people with negative views about mentally ill. Nonetheless, some FGD participants believed that the level of interaction with mentally ill persons depended on familiarity with mental illness and the severity of the symptoms. Similarly, there were mixed opinions regarding mental illness and work. Three main clusters of responses emerged. These were: i) "mentally ill people should not work"; ii) "mentally ill people should work but.."; iii) "mentally ill people should work like everyone else". **Conclusions** Findings point to key gaps in the knowledge and attitudes of young people that need to be targeted by young-people-focused-interventions for mental health. In order for such interventions to succeed, young people must be able to recognize and respond appropriately to signs of distress, reduced functioning, and other early signs of poor mental health.

**Keywords:** young people, mental health literacy, schools, Uganda

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**INTRODUCTION** Previous research suggests that up to 10% of young people will experience behavioral, emotional and mental health problems at some point in their lives (Abbo *et al*, 2012; Okello *et al*, 2007; Patel *et al*, 2007; WHO, 2005), suggesting significant burden of mental illness among young people. A recent review Patel and others indicates that mental disorders account for a significant proportion of the disease burden in young people across societies (Patel *et al*, 2007; WHO, 2005).

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Although, it is well established that most mental disorders can begin anywhere between the age of 12 and 24 years, research suggest that the burden of mental illness among young people vary with age, with the highest burden of mental disorders occur among younger people aged 16-24 years (Kessler *et al*, 2007). In essence, more than 75 % of mental health problems occur before the age of 25 years (Kessler *et al*, 2005; Kessler *et al*, 2007).

Poor mental health is strongly related to other health and development concerns in young people notably; lower educational achievement, substance abuse, violence, and poor reproductive and sexual health (Zwaanswijk *et al*, 2003). Studies have also shown that there is a link between health literacy and help seeking behavior (Jorm & Kelly, 2007; Jorm *et al*, 1997).

The term “*mental health literacy*” has been defined as knowledge and skills that enable people to access, understand and apply information for mental health (CAMIMH, 2008). This definition highlights the importance of supporting skills development and empowering individuals to make informed mental health promoting decisions. Although *mental health literacy* as a research concept has received considerable attention in other parts of the world, it still remains relatively unexplored in low-income countries especially among young people. Such information may be particularly important in the development of not only mental health literacy campaigns that target young people in schools but also provide an opportunity to develop and improve young peoples’ knowledge and skills to cope with life challenges and stresses. This would subsequently minimize behavioral, emotional and mental health problems while maximizing their abilities to reach full academic and other life potentials (Hoven *et al*, 2008).

The objective of the study was to understand young people’s knowledge and beliefs about mental illness (*mental health literacy*). The intention was to provide baseline information for developing a school-based intervention. This will focus on creating school environment in which students can develop skills and abilities to cope with life challenges and stresses and maximize their learning abilities and other life potentials. This paper particularly focuses on how young people define mental health and mental illness, their beliefs about causes of mental illness; the ways in which they identify metal illness and their perception about people suffering from mental illness. The ability to recognize mental disorders is a central part of “*mental health literacy*” because it is a prerequisite for appropriate help-seeking behavior. The premise of the paper is that if we are able to decipher young people’s understanding of mental illness, we should be able to have an idea of how they attempt to manage their mental health problems or significant people like peers in their lives. This perspective is important because it has the potential to guide programs that focus on empowering young people with appropriate knowledge and skills about mental health. Potentially, this can enable young people to deal with their own mental health problems and support peers experiencing mental health problems as well.

## SUBJECTS AND METHODS

**Study design and sites** Focus group discussions (FGDs), one of the qualitative research methods was used in this study and this made it possible to access the socio-cultural context of young people’s views. The FGD strategy was chosen because of its usefulness in accessing group norms and meanings, which would otherwise be impossible to get with use of other methods (Bloor *et al*, 2001). One advantage of the FGD as a data collection strategy which is the ability to simulate a natural environment for data collection made the method appealing in this study. In this particular study, FGD approach was beneficial for two reasons: first, this was an initial exploratory study whose findings fed into a survey regarding levels of psychosocial competence in secondary school adolescents. Secondly we wanted to utilize the opportunity provided by FGDs to explore adolescents’ common experiences as well as differences and diversity among them. An opportunity not readily offered by other methods such one-on-one interview or observation.

This study was conducted in Central Ugandan districts of Wakiso and Kampala and the Northern district of Gulu. Wakiso and Kampala districts are located in relatively affluent and peaceful central region. The central region has a diverse ethnic population. The Baganda, one of the Bantu ethnic dialects, make up over 60% of the Kampala district. Kampala is the capital city of Uganda and the

multi-ethnic make-up of its people has been defined by political and economic factors that facilitate emigration of people from various part of the country. The cumulative population of the Wakiso and Kampala is approximately 3.2 million people. The literacy rate is 81% for women and 84 for men. Life expectancy for women and men stands at 52.4% and 54.5% respectively (UBOS, 2011). On the other hand, Gulu district is located in Northern Uganda. The region experienced more than 20 years of a brutal armed conflict that herded nearly 2 million persons into internally displaced persons' (IDP) camps and left many other persons dead or injured. As a result, infrastructure including health, schools and road networks was destroyed. Consequently, there mean number of young people of school going age not in school in Northern Uganda is relatively higher. Similarly, the literacy rates for both women and men in Northern Uganda are generally lower than national averages. The rates stand at 52% for women and men 77% compared to the national averages of 61% and 81% respectively (UBOS, 2011).

**Study population and sampling procedure** Eight FGDs were conducted with young people aged 14-24 years in secondary schools. Four of the FGDs were conducted in each region. In each region, young people were divided into two sub groups; 14-18 year olds and 19-24 year olds. A purposive sampling procedure was followed to recruit FGD participants and participation was voluntary. Study participants aged 17 years and below gave oral assent to be involved and their parents/guardians gave written consent. Study participants above 18 years gave their own written consent. Permission to conduct the study was sought from relevant district education authorities and school administrations.

**Data management and analysis** Field data collection was immediately followed by transcription, translation, and data cleaning. Processed data was then imported into the *Atlas.ti* (qualitative analysis software for windows) for coding and analysis (Muhr, 2004). Different segments of coded data were retrieved according to the study objectives. Findings are presented according to themes which mirror the study objectives. Some of the most recurring themes in the findings section are supported by verbatim voices from the respondents. The computer-assisted analysis of data helped to ensure standardized and comparable analysis and interpretation of the qualitative data across study sites.

**RESULTS** The seven broad themes in which study findings are presented include; FGD participants' socio demographic characteristics; meaning of mental health/mental illness; main descriptors of mental illness; perceived causes of mental illness; attitudes towards mental illness: dangerousness/social distance and mental health and work.

**Socio-demographic characteristics of the participants** A total of eight FGDs were conducted involving 78 young people (42 boys and 36 girls). Mean age of the of FGD participants was 18.9 years. Majority (62%) of the respondents were pursuing their ordinary level secondary school while the remaining 38% were pursuing advanced level secondary education. More than half (58%) of the respondents were from rural or peri-urban while 42% were from urban based schools.

**Meaning of mental health and mental illness** The first part of the focus group process explored young people's definition of mental health and mental illness. FGD participants were asked to respond in a general discussion to the following two questions: *When you hear the phrase 'mental health,' what sorts of things come to mind for you? And when you hear the phrase 'mental illness' what sorts of things come to mind?* Some participants were often uncertain about how to respond to the term 'mental health'. It appeared that many, especially in the FGDs of younger respondents had a broad idea of what 'mental health' meant but were not sure how to express this knowledge. It was hard for them to find words to respond to the abstract term as reflected in the extracts from focus group discussions:

*Mental health is generally like, how should I bring it.... Your health and the society in which you live in concerning things like your thinking...* (FGD, male & female aged 14-18 years, Central Uganda)

*This is not only to do with the brain but also regarding society. I think it is to do with your health...* (FGD,

male and female aged 19-24, Northern Uganda)

To some participants, it was much clearer that mental health was related to thoughts, emotions and behavior of individuals. They were able to recognize that the way an individual thinks, feels and acts is reflected in his/her mental state:

*We judge ones mental health according to the things that one says; how one feels and the things that one does.*

*The person behaves normally for example he will greet you when he comes across you (FGD, male & female aged 14-18 years, Central Uganda)*

*This is when an individual is doing the right all the time, or normal working brain. The person is behaving well all the time . . . the normal condition of the mind . . . the way it is supposed to be. It is when the mind has no diseases or illness (FGD, male & female aged 19-24 years, Northern Uganda)*

Generally, FGD participants described 'mental health' in a positive way. For instance, they suggested that 'mental health' means being of a sound and functional mind indicating that one is emotionally well, and able to meet societal expectations. To young people in the study, mental health was recognized as fundamental to concepts of health. They were able to think about mental health by summing it up in notions of positive mental health or mental well-being. According to the respondents, good mental health did not only involve the absence of mental illness but could as well be seen as a resource for reaching one's full potential. These concepts and notions of mental health were in conformity with those held by the general society in which the respondents lived. Consistent with the general population beliefs, young people's concept of mental illness focused more on severe mental illness. The unfortunate consequence of perceiving 'mental health' and 'mental illness' in such a way is the non-recognition of the suffering of people whose mental health problems do not meet the diagnostic criteria for severe mental illness, and who subsequently do not receive care.

Defining mental illness seemed to be easier for most participants. They were generally able to respond more readily to the term 'mental illness' than to 'mental health'. Mental illness was described in negative terms such as: "being mentally disturbed", "being psychologically disturbed", "throwing stones at people", "doing things that are so crazy", "not being able comprehend issues or situations", "thinking and worrying too much", "having disease of the brain which destroys thinking ability" and "being insane/crazy/mad".

In general, young people often expressed the notion that mental illness has something to do with one's behavior.

*So mental illnesses is being mad, it is throwing stones at people, and doing things that are so crazy... (FGD, male & female aged 14-18 years, Central Uganda)*

*This is when one says uncoordinated things, keeping quiet wandering about or being alone. He plucks, plucks at things or speaking things in different languages. This is when a person shouts with no apparent reason, throws stones, doesn't dress, doesn't bathe, doesn't cut off his hair and speaks uncoordinated things. This is when one has gone mad (FGD, male & female aged 19-24 years, Northern Uganda).*

Very few individuals in the FGDs were able to incorporate less severe mental health problems in their definition of mental health. This group described mental health as absence of mental illness such that a person is seen as mentally well if he/she has no problem with his/her mind and is free from worries and stresses. This is the most crucial part for young people who are still engaged in academic pursuit.

**Descriptors of mental illness used by young people** To assess young people's ability to recognize mental illness, they were asked this question: "How can you tell that someone has mental ill?" In responding to the question, young people implicitly drew a distinction between deviations from personal norms (that is to say, from a person's usual behavior) and deviation from social norms (that is to say, from other people's expectations). Young people's understanding of deviation from personal norms was grounded in their own experience of everyday patterns of behavior among people who they knew and societal expectations. To young people, indicative signs of mental illness included abnormal behavioral presentations like irritability and aggression, collecting garbage, uncoordinated speech, undressing, social isolation, excessive drinking, and wandering away.

*Most people, who have mental illness, in case they are angry, you can see the way they act... In most cases they are short tempered and when they start fighting they are so rough (FGD, male & female aged 19-24 years, Central Uganda)*

*When someone secludes himself from the rest...when you see someone sitting alone and quiet you may need to*

worry. Or if someone you know well starts drinking excessively, you can say the person is not fine in the head because many of people drink in order to forget problems (FGD, male & female aged 14-18 years, Northern Uganda)

You will see when someone behaves differently from other people he or she is living in. He is like picks at things, hangs things up trees, when he finds clothes; he picks them and puts them in a bag he always carries. When someone starts collecting things like stones, rubbish and then you know that they are not alright. Or picks a piece of furniture and then hit whoever is passing, starts undressing, running away from home and fighting and destroying property (FGD, male & female aged 19-24 years, Northern Uganda)

It should be noted that most participants used symptoms of severe mental illness to identify mental illness and rarely did they pick on common mental health problems as a sign of mental illness except in a few instances as expressed in the quotation below.

There are also mental illnesses where someone is psychologically disturbed by circumstances around like when that person sits down, that person starts over thinking, when you come and call that person, he or she will not reply immediately but after sometime they will reply... (FGD, male & female aged 14-18 years, Central Uganda)

This suggests that there is a gap in knowledge about common mental health problems among the young people. Although this gap is not unique to young people, it is very important to address such gaps not only because mental illness hinders academic achievement and attainment of full potential, but also because young people will be policy makers in future. If they are well informed about mental illness early in life, they are more likely to influence mental health policy in the right direction.

**Perceived causes of mental illness** The responses to the question “*what causes mental illness?*” were quite diverse but focused on a number of sub-categories including references to relationship problems, physical trauma, environment and psychological problems. Respondents were able to provide a range of causes of mental illness as outlined in the **Table** below.

**Table** Categories of perceived causes of mental illness

Category	Response
Psychological trauma/ Traumatic event	<i>Witnessing bad scenes like killing of loved ones and abduction by the rebels caused a lot of trauma in this area and caused a lot on mental sickness in such people</i> (FGD, male & female aged 14-18 years, Northern Uganda)
Substance abuse	<i>I think taking drugs like marijuana and cocaine, drinking too much alcohol coupled with frustrations can also cause mental illness</i> (FGD, male & female aged 19-24 years, Central Uganda)
Accident	<i>...accident also cause mental illness</i> (FGD, male & female aged 14-18 years, Central Uganda)
Genetic factors	<i>Sometimes it is also caused through hereditary factors especially epilepsy which can be passed from one family member to another</i> (FGD, male & female aged 19-24 years, Northern Uganda)
Poor family relationship (Lack of parental love)	<i>Domestic violence at home, cases of divorce, family challenges from extended families, misunderstandings in family lineages</i> (FGD, male & female aged 14-18 years, Central Uganda)
Witchcraft	<i>Witchcraft is the most common form of madness here in the North mainly because of jealousy. This is when a person goes to a witch Doctor and does his charms and the victim becomes confused. This kind of illness has no treatment and can only be healed by going to the native Doctor also</i> (FGD, male & female aged 19-24 years, Northern Uganda)
Thinking too much	<i>I also agree that someone may be bewitched. They mess you, mess you up completely and people will not understand what is wrong with you, they may for example give you the craving for alcohol, or craving for theft or sometimes you will develop severe headache</i> (FGD, male & female aged 14-18 years, Northern Uganda)
Untreated fever	<i>I believe too much thinking and worrying can cause mental illness</i> (FGD, male & female aged 19-24 years, Central Uganda)
Misuse of prescription drugs including overdose and expired drugs	<i>Sometimes some people can develop mental illness because they have had high fevers that go unattended to</i> (FGD3)
	<i>The way we use prescription drugs can be a cause for developing mental illness. In case one takes medications like an overdose or an under dose, even expired drugs one can develop mental illness</i> (FGD, male & female aged 19-24 years, Central Uganda)

When examining the causes of mental illness, respondents noted that it can be caused by various factors. Therefore, mental ill health in different people can be linked to various causes notably; substance misuse including alcohol and other drugs, traumatic events, witchcraft and demon possession as indicated by the quotation below:

*They are many including taking too much alcohol, smoking marijuana, horrible scene like during the war where many people were killed while others are watching, witchcrafts where someone can go to a witch doctor and have you bewitched, some people are possessed by demons while others run mad because of the effect of diseases like AIDS (FGD, male & female aged 14-18 years, Northern Uganda)*

*Smoking marijuana, drinking too much alcohol also leads to sever mental incapacitation because they are intoxicants. Sometimes it also caused through hereditary factors especially epilepsy which can be passed from one family member to another, accident also cause mental illness (FGD, male & female aged 14-18 years, Central Uganda)*

There were some slight variations between Northern and Central Uganda in terms of commonly identified causes of mental illness. Whereas substance misuse especially alcohol, genetic factors, untreated fevers and accidents were identified as causes of mental illness by FGD participants from both regions, contextual factors such as war related psychological trauma, as one would expect, was only mentioned by the respondents in Northern Uganda.

### **Attitudes towards mentally ill: the link between dangerousness and social distance**

This domain was assessed using two questions: *what do you think of mentally ill people, would you relate with someone who is mentally ill? Should a person with mental illness work or not and why?* Responses were mixed. Some indicated that mentally ill people were thought of as dangerous while others believed that the mentally ill were not dangerous. In general, responses to these questions revolved mainly around sympathy and fear. Further examination of data revealed that dangerousness was judged on the basis of what they believed caused the mental illness. For instance, people with mental illness resulting from abuse of substance were thought to be more dangerous and difficulty to live with as illustrated by the extract below:

*Some are more dangerous than others because some of them use drugs. Like those who take marijuana, they kill people at night. That is why they can be considered more dangerous than others (FGD, male & female aged 14-18 years, Central Uganda)*

The community reaction and “social treatment” that mentally ill people would receive from community members was also believed to influence how mentally ill individuals reacted towards others. For instance, when individuals with mental illness were treated well, it was believed that they were also capable of acting well towards other people as the quotation below indicates:

*So I think they can be dangerous depending on how you also treat them*

*They are not generally dangerous because others are very friendly unless they are provoked (FGD, male & female aged 19-24 years, Northern Uganda)*

Social distance, (which is the degree of proximity an individual is comfortable with in relation to a mentally ill person, and recognized as a proxy measure of psychiatric stigma) was assessed by asking *if participants would share a room with a mentally ill person, and if they would relate with an individual with mental illness*. Answers to this question were linked to responses about what one thought about mentally ill individuals. The responses ranged from very negative such as; “No I will not share a room with mentally ill person because they are dangerous”; “I cannot, because insanity and sanity do not mix”; to positive, supportive and sympathetic attitudes like; “Yes, I would because they need help”; or just tolerant attitude like “Yes, I would if the person is a relative”.

Level of social distance was generally determined by a number of factors. These were type of symptom, cause of illness, family ties and level of familiarity with the illness. According to the participants, if one had family ties with persons with mental illness, such ties obliged him or her to get involved in lives of the mentally ill persons. In addition, FGD participants who had had an experience with mental illness of a close family member seemed to be more tolerant and able to relate to mentally ill people as reflected below:

*I have a relative who is mentally ill and I relate with him very well so I don't fear them or think they are dangerous (FGD, male & female aged 19-24 years, Northern Uganda)*

Respondents with such attitudes attributed mentally ill aggressive behavior to negative treatment they receive from people who surround them. They believed that when mentally ill individuals are understood and treated well by people around them, they respond well and one can relate with them without any negative repercussions. This shows that people who have information about mental illness may be less stigmatizing and more supportive of others who have mental health problems. Consequently, personal experience with a person with a mental disorder may be able to modify attitudes and improve social support available to mentally ill individuals as indicated in the extract below

*In my opinion I think I would relate with them because this people actually can be interesting to live with if you understand them and treat them well. I would therefore relate with them well without a problem (FGD, male & female aged 19-24 years, Northern Uganda)*

FGD participants with no experience with mental illness were more fearful of mentally ill individuals and they considered them not only dangerous but also referred to the mentally ill people as “them” a group of individuals who are different from normal people as the quotation below seems to suggest

*I cannot because we cannot generally match with each other, one is insane and the other is sane, it is like mixing water with cooking oil, they will never mix (FGD, male & female aged 14-18 years, Central Uganda).*

The justification by the respondents for not being able to interact with individuals with mental illness was based on their belief that mentally ill individuals were unpredictable, aggressive and dangerous

*May be if the person is tied up then I can relate with him because this people are unpredictable and can turn violent anytime (FGD, male & female aged 14-18 years, Central Uganda).*

**Mental illness and work** The domain was assessed using this question: *Should a person with mental illness work and why?* Three main clusters of responses emerged: *i.* “mentally ill people should not work” cluster; *ii.* “mentally ill people should work but”... cluster and “mentally ill people should work like every one else” cluster. The ‘mentally ill people should not work’ group believed that mental illness completely impairs ones ability to think rationally and therefore engaging them in work could put not only the individual in danger but also other members of society. This group considered mental illness to be a form of handicap and believed mentally ill individuals are unable to work either because work is stressful or because mentally ill individuals are destructive—would do more harm than good. The quotations below illustrate this point:

*R3-They should not work because it might make them more ill because work does cause a lot of stress and also work involves the use of the brain, which is already sick so this might complicate matters (FGD, male & female aged 14-18 years, Northern Uganda).*

*I think they should not work because they cause harm to other people at the work place and bring problems to the employer such, as loss of production or medical treatment for the injured (FGD, male & female aged 14-18 years, Central Uganda).*

The “mentally ill people should work but”... cluster indicated that these individual ought to do only jobs that do not require too much thinking. They considered work to be a cause of more stress on individuals who are already stressed by the signs and symptoms of mental illness. Work was particularly recommended for those with episodic signs and symptoms and not people with severe and non-remitting symptoms. FGD participants believed that individuals with episodic symptoms should be allowed to work when symptoms are in remission but should be protected from exploitation.

*People with severe mental illness should not work but then those people who episodically have mental illness should be allowed to work. This is dependent on how frequently the person is mentally sick. There are those people that will have mental illness like once in week. We hear that some people will break down at the beginning of every month. So it is dependent on when the person breaks down. For such a person you can get him a job and then know that at the time when he is about to break down, he can take a break. And when he improves, then you take him back to work (FGD, male & female aged 19-24 years, Northern Uganda).*

*...for me I think the issue of work should depend on the severity of the illness and also the type of work that you want them to do for example fetching water may not require much thinking therefore they can do this (FGD, male & female aged 19-24 years, Central Uganda).*

“*The-mentally ill individuals-should work...*” cluster believed that mentally ill people should as work. They believed that work was therapeutic. The respondents noted that it is important for all individuals with mental illness to work. Involvement in work according was believed to enable relatives and significant others to monitor the patients’ mental health. In addition, work was said to restore ones’ self-worth as illustrated below:

*I think they should work to support themselves because sometimes they are adults and they need to take care of themselves and they can only do this through work* (FGD, male & female aged 19-24 years, Northern Uganda)

In general, young people’s perception of mental health and work reflected the general dilemma in the available literature about mental health and work and apparent ethical issues brought to fore when discussing mental illness, work and discrimination against people with mental illnesses.

## DISCUSSION

**Views about mental health and illness** This formative study set out to explore the levels of mental health literacy among young people in secondary schools in two regions of Uganda. The most important findings from this preliminary study are: the understanding of mental illness which is characterized by the lack of focus on common mental illness, the mixed attitudes towards people with mental illness as evidenced by level of willingness to interact with the mentally ill and the mixed opinions about mental health and work. Findings of this exploratory study demonstrates that many respondents were able to describe what constitutes mental health and mental illness and were able to describe in detail behavioral concomitants of mental illnesses but a few had difficulties defining mental health. The respondents were able to clearly identify the important descriptors of severe mental illness but not those of common mental illnesses. This is in spite of the fact that these common mental illnesses like anxiety disorders, behavior disorders; other mood disorders and substance use disorders are very common among young people (Brauner & Stephens, 2006; Merikangas *et al*, 2010; WHO, 2005). Common mental disorders are also known to be responsible for significant levels of impairment in social functioning. Impairment of function brought about by mental illnesses in young people have for long been associated with a compromised capacity to reach both academic and career potentials (Birmaher *et al*, 1996; Currie & Stabile, 2006; Haines *et al*, 1996; Ormel *et al*, 1994; Wolff *et al*, 1996). Although the tendency by lay people to pick descriptors that are more clearly associated with severe mental illness has been reported in studies among adults that explored lay conceptualization of mental illness (Jorm, 2000), such finding among young people highlights the importance of developing a program tailored to provision of general information regarding mental health as well as specific information about common mental health illnesses and their impact on social functioning.

**The link between dangerousness and Social distance** Findings reveal both positive and negative attitudes towards people with mental illness. The attitudes were influenced by; perceived cause of mental illness as well as knowledge and familiarity with mental illness. FGD participants that had close contact with mentally ill individuals displayed more positive attitudes and tolerance to mentally ill individuals and those with limited knowledge and less experience with mental illness did the contrary. It was also clear that perception about the level of social distance was influenced by a number of socio-cultural factors including respondents’ beliefs about unpredictability and dangerousness of mentally ill individuals. These views were indicative of the degree of tolerance young people had of people with mental illness. In particular, views of unpredictability and dangerousness have been found to fuel community resentment of people with mental illness (Watson *et al*, 2004).

While other studies have suggested that more knowledge about mental illnesses, especially the severe forms such as schizophrenia may increase social distance (Furnham *et al*, 2000; Furnham & Sheikh, 2000; Jorm & Kelly, 2007), findings in this study show that young people who had had close contact with cases of mental illness were more accommodating and tolerant to mentally ill people. This is similar with the finding of a review by Angermeyer and other who have argued that despite differences in methods, most findings of the previous studies indicated that respondents who were familiar with

mental illness were less likely to believe that people with mental illness are dangerous. The analysis of various studies suggested that weaker perceptions of dangerousness corresponded closely with less fear of such people, and in turn was associated with less social distance (Angermeyer *et al*, 2004). This is an indication that familiarity with mental illness may actually contribute in reducing social distance between individuals with mental illness and significant others including the community around them. Such findings may help in focusing the anti-stigma efforts not only on transmission of correct mental health knowledge, but on integrating into such efforts, the different approaches such as personal familiarization/contacts with people with mental illness.

**Mental illness and work** Findings reveals mixed opinions about mental illness and work, with respondents' views ranging from “*mental ill people should never work*” to *mentally ill individual ought to work because work is therapeutic*. However, research on mental health and work conducted among general population and other specific sub groups have revealed that stigma and discrimination in the workplace is common. Many employers will not hire persons with mental health problems, and disclosing mental disorders can undermine career advancement (Marwaha & Johnson, 2005). Stigma and discrimination are associated with fears of unpredictability and dangerousness. This is in spite of the fact the evidence about the risk of violence from persons with mental illness is generally not higher than for other persons. There is a large gray area when it comes to literature on mental health and work. However, there are compelling ethical, social, and clinical reasons for helping people with mental illness to work. From an ethical standpoint, the right to work is enshrined in the Universal Declaration of Human Rights 1948. From a social standpoint, high unemployment rates are an index of the social exclusion of people with mental illness. From a clinical standpoint, employment may lead to improvements in outcome through increasing self esteem, alleviating psychiatric symptoms, and reducing dependency (Cook & Razzano, 2000; Mueser *et al*, 1997).

**STUDY LIMITATIONS** The findings presented in this article are from an exploratory qualitative study using a focus group discussion method and limited in scope and sample size. Consequently, one may not be able to draw definitive empirical generalizations from these findings (Guba & Lincoln, 1994). However, a theoretical generalization is possible, since the data from the current study provides theoretical insights for further research among young people.

**CONCLUSION** The mental health literacy of young people is an important area for continued research and intervention. These findings point out key gaps in the knowledge, and attitudes of young people that need to be targeted by young-people-focused-interventions for mental health. In order for the intervention to succeed, young people must be able to recognize and respond appropriately to signs of distress, reduced functioning, and other early signs of poor mental health.

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