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Research Article

Assessment of Knowledge of Mental Illness Among Adolescents in Secondary Schools in Abuja, Nigeria

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Abstract

Background: Knowledge of mental health and mental disorders is essential to normal healthy life. Promoting, protecting, and restoring mental health of people and communities especially adolescents. This study seeks to assess the knowledge of knowledge of mental illness among adolescents in secondary schools in Abuja, Nigeria.

Methods: This was descriptive, cross-sectional study conducted between August and October, 2021 among adolescents in secondary school in Gwarinpa, Abuja. Ethical approval was granted by Bingham University Teaching Hospital, Jos, Plateau State

Results: Most respondents (59%) were female, and majority 62.2% were aged 15-18 years.The common ethnic groups were Hausa (31.1%),Igbo (26.4%), Yoruba (9.4%), Gbagyi (8.4%),Igala (6.9%), Tiv (8.1%), Idoma (7.2%) and Nupe (2.5%). Also, 40.7% are Muslims 58.3% are Christians with 1.0% of adolescents being traditional. Only 10% of the adolescents knew anyone with mental illness, 98.8% of do not have any family with mental illness. Most respondents 335 (82.7%) agreed that evil spirits can cause mental disorders, 291 (71.9%) disagreed that Mental illness is a punishment from God., 95.0% agreed that drug abuse can cause mental illness, 29.6% students believe that "mental illness is when someone is not in their right senses", 24.0% believe that "mental illness is a brain injury", 14.1% believe "mental illness is when a person is senseless", 10.6% believe that "mental illness is when a person is acting weird. The mean knowledge responses of the adolescent show average knowledge about mental illness as indicated by the composite mean of 3.12.

Conclusion: Knowledge about mental illness is critical for adolescents . thus health education and promotion will help increase knowledge and shape positive health responses to the illness.

Keywords: Adolescents, Knowledge, Mental illness, Mental disorders, young people, Mental health

Introduction

Mental health is an essential component of health. The World Health Organization (WHO) defines mental health as a state of well-being in which an individual realizes his or her own abilities, can cope with the normal stress of life, can work productively and fruitfully, and is able to make a contribution to his or her community [(1)]. Knowledge of mental health and mental illness is essential to normal healthy life. Promoting, protecting, and restoring mental health are crucial globally because it helps people and communities achieve their life goals and is crucial for our capacity to think and interact with the outside world[(2)].

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Global statistics show that mental illness are one of the leading causes of disability [3]. It was estimated that about 792 million people worldwide lived with mental disorders. Mental disorders have an early age of onset in childhood or early adolescence and are highly prevalent in the working-age population [3].In Africa, 1 in 5 people are reported to suffer from mental illness [4] and an estimate of 200 million Africans may have a mental illness at some point in their life [5]. In Nigeria, an estimated 20-30% of Nigerians suffer from mental illness [6] [7]. With little attention given, a good number of people who suffer from mental disorders do not seek professional help [7]. In a study carried out to assess the knowledge towards mental illness in Africa, the study proved that poor knowledge are prevalent in Africa and most developing countries. It showed that in most parts of Africa, similar beliefs and views are held about mental illness [8].

Mental illness affect all age groups and adolescents are not left out. Even though their voices may not be heard. The WHO estimates that 10-20% of adolescents worldwide have mental illness [9]. The period of adolescence is a vital time in the life of a person as social and emotional habits are also formed during this crucial time [10]. This period is characterized by growth and maturity, physically and mentally.

Studies carried out show that the knowledge of causation is often; supernatural causes (witchcraft, evil spirits, divine punishments, etc), psychosocial causes(poverty, stress, drugs and alcohol abuse, traumatic events, shock) and medical causes (genetics, brain dysfunction and other biological factors) with the most common being supernatural causes[7] [11] [12].A study carried out to assess the awareness of secondary students towards mental illness [13], Showed that about 61% of the students had no or little information about mental illness. The study also revealed that 55% showed positive attitudes and 45% showed negative attitudes with 61% believed people with mental illness were dangerous, 76% thought people with mental illness could commit violent crimes and 52 % believed they should be locked away. Knowledge have been shown to have a huge impact on the acceptance of the mentally ill among Nigerians [14].

Globally, about 70% of young people and adults living with mental illness do not receive treatment from healthcare personnel for their mental illness [15] and in low- and middle-income countries about 76-85% of people living with mental disorders do not receive treatment for their disorder [16]. Evidence shows that some of the factors responsible for the increase in avoidance or delay of treatment are, lack of knowledge about mental illnesses, lack of knowledge or ignorance about appropriate help-seeking, stigma and discrimination against people with mental disorders[12][8] [17] [18] .Poor knowledge about mental health disorders lowers the chances of a person seeking help because the individual may not be able to recognize symptoms associated with mental illness and also is unaware of appropriate help seeking [19]. Poor knowledge has a significant impact on the rehabilitation and treatment of people living with mental disorders and mainly the type of treatment they seek.

Evidence suggests that low rates of appropriate help seeking through orthodox means can be attributed to poor knowledge about mental illness along with the attitudes to people with mental illness particularly stigma toward people with mental illness [20][21][22]. This study seek to explore adolescents level of knowledge about mental illness in Abuja, Nigeria.

Methods

This was a descriptive cross sectional study designed to determine the level of knowledge of adolescents about mental illness in the Federal Capital Territory (FCT), Abuja. This study was conducted between August and October, 2021.The study participants consisted of consenting adolescent secondary school students in Gwarinpa, Abuja Aged 10- 19 years . The Federal Capital Territory (FCT), Abuja, is the capital city of Nigeria; it is geographically located at the centre of Nigeria with a population of 3,564,126 [23]. Abuja is divided into 6 area councils, among these councils is AMAC (Abuja municipal council) which consists of 6 districts Gwarinpa district, Maitama District, Wuse II District, Wuse Zone 5 and Garki.

The study was carried out in Gwarinpa District. Gwarinpa is one of the districts in Abuja Municipal Area Council. Gwarinpa district is mainly an urban residential area that provides housing for many civil servants and privately employed individuals. Gwarinpa is divided into 7 Avenues. There is also another residential area within Gwarinpa district called Life camp which provides housing for many staff of construction companies. Gwarinpa has 33 Secondary schools (31 private schools and 2 public schools). The selected school, Government junior and senior secondary school Gwarinpa Estate is located in

3rdAvenue, which is in Gwarinpa District, one of the 6 districts under AMAC. The JSS1-3 and SS3 classes are located in the same school compound while the SS1 and SS2 classes have recently been moved to a new school compound the schools are just opposite each other. The school has facilities like; library, computer laboratory, chemistry laboratory, physics laboratory and biology laboratory. The school has a total of 97 teachers with 51 in charge of the junior secondary school section and 46 in charge of the senior secondary school section including Administrative and Non-Administrative staff.

The minimum sample size was 424, calculated using the Cochran formula [84] as shown below :

$$N = Z^2pq/d^2$$

Where: N= minimum sample size required ; Z=standard deviation with 95% confidence intervals (1.96 z value); P= 50% expected proportion used in a similar study [25]. Q= 1-p ; D= acceptable error margin 5 % (0.05);

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

N=385 ≈ 424 (With an estimated non-response rate of 10%). Response rate was 96% as 405 participant returned the questionnaire out of 424. Participants were recruited using a multi-stage sampling design was utilized.

Stage 1: Selection of Gwarinpa district . a list of all 6 districts in Abuja Municipal Area council was used as sample frame. One (1) District was selected using simple random sampling (SRS) by balloting.

Stage 2: Selection of school in Gwarinpa district. There are only two public schools in Gwarinpa (Government Secondary School Gwarinpa, Life-camp and Government Junior and Senior Secondary school Gwarinpa Estate, 3rd Avenue). Simple Random Sampling (SRS) technique (balloting) was utilized to select Government Junior and Senior Secondary school Gwarinpa Estate as the school. The sample frame was a list of the two schools.

Stage 3: Selection of participants (Adolescents). Systematic random sampling was carried out, a list of students in each class was obtained with the sampling interval: k=N/n where N is the population size and n is the sample size[26] ; There are 1,380 students in the Senior secondary and 900 students in junior secondary making a total population of 2,280 students. Thus, k= 2,280/424=5.3. Every fifth student was selected to participate in the study and students who were absent or students who refused to participate were replaced by the next number on the list. This was done until the sample size was achieved.

Data was collected with a pretested self administered questionnaire. The questionnaire instrument is divided into two parts. The first part consists of demographic questions. The second part consists of questions relating to knowledge. The questionnaire is close ended, which are convenient for encoding data. Data was analysed using statistical package for social sciences (SPSS 25) version. Simple descriptive statistics like frequency, percentage, mean and composite mean and inferential statistics done.

Outcome variables of knowledge was assessed using , a five-point Likert scale was used with each response was scored with values 1-5 representing (strongly disagree, disagree, moderately agree, agree, and strongly agree respectively). The questionnaires are based on five-point Likert scale, with response options from Strongly Disagree (SD), Disagree (D), Moderately Agree (MA), Agree (A), and Strongly Agree (SA). The 5-point scale was adopted due to it increased usage as a scale in contemporary studies [27] [28] In addition, the interval range was calculated and used to compare the mean of each response to determine the response interpretation of the 5-point scale used. Thus, Highest Likert score (Strongly Agree) =5 ; Lowest Likert score (Strongly Disagree) = 1 ; Total Number of Likert point Scale= 5

5-1 =4 ; 4/5=0.80 . To correct for bias [28] by making the difference uniform, 0.80-0.01=0.79 [28]. The table below shows the interval range and interpretation.

Table 1. *Interval Range and Interpretation*

Scale	Range	Response	Composite Mean interpretation
5	4.20-5.00	Strongly agree	Excellent knowledge
4	3.40-4.19	Agree	Good knowledge
3	2.60-3.39	Moderately agree	Average knowledge
2	1.80-2.59	Disagree	Fair knowledge
1	1.00-1.79	Strongly disagree	Poor knowledge

The composite mean was calculated by adding all individual means for each item and then dividing by the total number of items to determine the composite mean which is then used to ascertain the level of knowledge (if adolescent have excellent, good, average, fair or poor knowledge).

The composite mean was calculated using SPSS and compared with the table above to ascertain the level of knowledge (if adolescent have excellent, good, average, fair or poor knowledge). In assessing knowledge of adolescents, a five-point Likert scale was used with each response was scored with values 1-5 representing (1-strongly disagree, 2-disagree, 3-moderately agree, 4-agree, and 5-strongly agree respectively).

Furthermore, all the items in each section for knowledge were broken down into several tables to better explain the data, (knowledge was grouped into knowledge of mental illness, causes of mental illness and symptoms of mental illness. Percentages were calculated for the positive/ correct responses and negative/wrong responses gotten from adding strongly agree with agree responses along with strongly disagree and disagree to determine the number of adolescent's that agree or disagree with an item.

To ensure and ascertain the reliability (realiability statistics) of the research instruments (items), Cronbach's basic alpha reliability test was employed, giving a value of 0.758 for a 21 item standardized to test for knowledge. Ndiyo (2005) states that constructs/items are internally consistent with one another if their Cronbach's alpha value is equal to or greater than 0.50 [29] ; based on the aforementioned assertion, all of the constructs' Cronbach's alpha values are higher than 0.50. This shows the degree of internal consistency among the variables or scales that were used to gauge adolescents' awareness of mental illness in the Gwarinpa FCT.

A total of 405 respondents participated in the study. Informed consent to conduct study was obtained from the students, their parents/guardians and the school principal, using the informed consent form, and for students under the age of consent a witness was made present, and informed consent gotten from parents/ guardians.

An ethical approval to conduct this study was obtained from the Bingham University Ethics Committee. Approval was granted by the Secondary Education Board (SEB) and the Universal Basic Education Board (UBEB). The researcher closely followed the ethical guidelines, rules, and regulation regarding the conduct of health research involving human subjects. This included requesting written informed permission following an oral explanation of the study's goals, objectives, confidentiality, and potential benefits to the participant. For students who were not yet of legal age to assent, a witness was also required to be present. Each respondent received a brief explanation of the study's objectives. The research was conducted in a private, confidential manner. The respondent's information was only used for the purpose of this study. Respondents' involvement in this study was completely on voluntary participation. Each respondent was asked to fill an informed consent form before filling the questionnaire.

Results

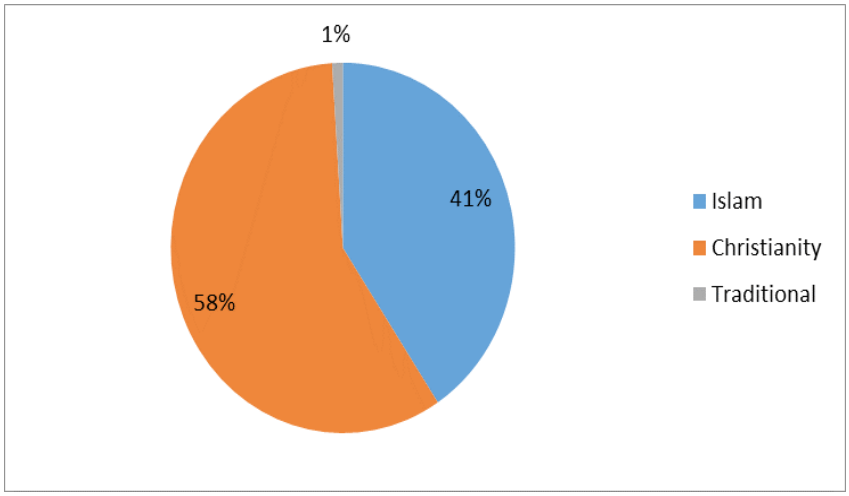

Figure 1. *Religion of Adolescent Students*

Table 2. *Age and sex distribution*

Age (Years)	Male	Female	Total	Percentage (%)
10-14	40	71	111	27.4
15-18	116	136	252	62.2
19+	10	32	42	10.4
TOTAL	166	239	405	100

Table 3. *Distribution of Adolescents by Ethnic group and Religion*

Ethnicity	Number of Adolescents	Percentages (%)
Hausa	126	31.1
Igbo	107	26.4
Yoruba	38	9.4
Gbagyi	34	8.4
Igala	28	6.9
Tiv	33	8.1
Idoma	29	7.2
Nupe	10	2.5
Total	405	100
Religion	**Number of Adolescents**	**Percentage (%)**
Islam	165	40.7
Christianity	236	58.3
Traditional	4	1.0
Total	**405**	**100**

Sociodemographic Features of Adolescents in an Urban district in Abuja

Table 3 above shows that (59%) of the adolescents were female, and majority 62.2% were aged 15-18 years while only 10.4% were aged 19years and above.

Ethnicity of the Adolescent students indicate that 31.1% are Hausas by language, 26.4% are Igbo's, only 9.4% are Yoruba's, Adolescents also come from other ethnic groups other than the three major language like Gbagyi 8.4%, Igala 6.9%, Tiv 8.1%, Idoma 7.2% and Nupe 2.5%.

Table 4 and fig 1 above shows the religion of Adolescents, which revealed that 40.7% are Muslims 58.3% are Christians with 1.0% of adolescents being traditional.

Table 4. *Distribution of adolescents by their knowledge of the definition of mental illness*

Causes/Definition of Mental Illness	Number of Adolescents	Percentages (%)
Mental illness is a Brain injury	97	24.0
Mental illness is when someone is Not in their right senses	120	29.6
Mental illness is a strange illness	57	14.1
When a person is acting weird	43	10.6
Being Mad person or crazy	37	9.1
Punishment from God	35	8.6
Mental illness is when a person is Senseless	6	1.5
Mental illness is when a person has depression	10	2.5
Total	405	100

Distribution of adolescents by their knowledge of the causes of mental illness

Table 4 shows adolescents knowledge of what mental illness is as 29.6% students believe that "mental illness is when someone is not in their right senses", 24.0% believe that "mental illness is a brain injury", 14.1% believe "mental illness is when a person is senseless", 10.6% believe that "mental illness is when a person is acting weird", 9.1% s

that "mental illness is when a person is being mad or crazy", and 8.6% said "mental illness is a punishment from God". Other definition of mental illness included **"**Mental illness is when a person is Senseless**"**(1.5.%)**, "**Mental illness is when a person has depression**",** (2.5%).

Table 5. *Adolescent's awareness of people living with mental illness n = 405*

Awareness	**Yes (%)**	**No (%)**
Ever heard of the word "Mental illness/ disorder"	304 (75.1)	101 (24.9)
Knowledge of anyone with mental illness	41 (10.1)	364 (89.9)
Family member with mental illness	5 (1.2)	400 (98.8)
Any students with mental illness in your school	7 (1.7)	398 (98.3)

Adolescents Awareness of People Living with Mental Illness

Table 5 shows that 304 (75.1%) of adolescents had heard of the term mental illness, 101 (24.9%). Only 10% of the adolescents claimed to know anyone with mental illness, while 89.9% claimed otherwise. Similarly, 98.8% of the adolescents agreed that they do not have any family with mental illness. Lastly, 98.3% of the adolescents said there are no students with mental illness in the school/ class

Table 6. *Mean responses of Adolescent students on Knowledge about mental illness*

Item No.	**Item**	**SD (1)**	**D (2)**	**MA (3)**	**A (4)**	**SA (5)**	**Mean**	**Remark**
K1	A person can be born with a mental illness	35 (8.6)	30 (7.4)	28 (6.9)	198 (48.9)	114 (28.1)	3.81	Agree
K2	Anyone can become mentally ill	15 (3.7)	65 (16.0)	28 (6.9)	173 (42.7)	124 (30.6)	3.81	Agree
K3	Mental illness is like any other illness.	92 (22.7)	196 (48.4)	41 (10.1)	48 (11.9)	28 (6.9)	2.32	Disagree
K4	Even Top personalities can have mental illness	19 (4.7)	40 (9.9)	43 (10.6)	174 (43.0)	129 (31.9)	3.87	Agree
K5	Evil spirits can cause mental illness	38 (9.4)	32 (7.9)	39 (9.6)	178 (44.0)	118 (29.1)	3.76	Agree
K6	Mental illness is a punishment from God.	155 (38.3)	136 (33.6)	40 (9.9)	54 (13.3)	20 (4.9)	2.13	Disagree
K7	Poverty can cause mental illness.	53 (13.1)	64 (15.8)	70 (17.3)	153 (37.8)	65 (16.0)	3.28	Moderately Agree
K8	Drug abuse can cause mental illness.	16 (4.0)	4 (1.0)	15 (3.7)	169 (41.7)	201 (49.6)	4.32	Strongly Agree
K9	Diseases can cause mental illness	27 (6.7)	64 (15.8)	79 (19.5)	157 (38.8)	78 (19.3)	3.48	Agree
K10	Being too smart can cause mental illness	102 (25.2)	120 (29.6)	45 (11.1)	88 (21.7)	50 (12.3)	2.66	Moderately agree
K11	Studying too much mathematics can cause mental illness	70 (17.3)	80 (19.3)	63 (15.6)	119 (29.4)	73 (18.0)	3.11	Moderately agree

K12	Brain injury can cause mental illness	26 (6.4)	28 (6.9)	32 (7.9)	154 (38.0)	165 (40.7)	3.99	Strongly Agree
K13	Stress can cause mental illness	48 (11.9)	105 (25.9)	77 (19.0)	117 (28.9)	58 (14.3)	3.08	Moderately Agree
K14	Being bullied can cause mental illness	103 (25.6)	112 (27.8)	81 (20.1)	80 (19.9)	27 (6.7)	2.54	Disagree
K15	Mental illness can be passed on from generation to generation	68 (16.8)	84 (20.7)	72 (17.8)	117 (28.9)	64 (15.8)	3.06	Moderately Agree
K16	People that talk to themselves are mentally ill	55 (13.6)	91 (22.5)	98 (24.2)	101 (24.9)	60 (14.8)	3.05	Moderately Agree
K17	People who see things that are not there are mentally ill	28 (6.9)	89 (22.0)	76 (18.8)	124 (30.6)	88 (21.7)	3.38	Moderately Agree
K18	Not being able to sleep is a symptom of mental illness	86 (21.2)	154 (38.0)	65 (16.0)	70 (17.3)	30 (7.4)	2.52	Disagree
K19	Restlessness is a symptom of mental illness	89 (22.0)	137 (33.8)	75 (18.5)	78 (19.3)	26 (6.4)	2.54	Disagree
K20	Sadness is a symptom of mental illness	122 (30.1)	155 (38.3)	51 (12.6)	53 (12.6)	24 (5.9)	2.26	Disagree
K21	Excessive fear is a symptom of mental illness	104 (25.7)	120 (29.6)	68 (16.8)	72 (17.8)	41 (10.1)	2.57	Disagree
	Composite Mean						**3.12**	**Average Knowledge**

KnowLedge about Mental Illness Among Adolescent Students

Table 6 above shows the mean responses of the adolescent students. Adolescents show average knowledge about mental illness as indicated by the composite mean (3.12). The following table below shows a breakdown of adolescent's knowledge (based on table 7 above) in terms of adolescent's responses to questions about mental illness. In summing up proportions where agreed is a summation of moderately agreed, agreed and strongly agreed. While disagreed (included strongly disagreed and disagreed), we can state that most respondents 335 (82.7%) agreed that evil spirits (K5) can cause mental illness, a high proportion (95.0%) agreed that Drug abuse (K8) can cause mental illness and majority of adolescents 351agreed that brain injury was a cause of mental illness (K12). Majority of adolescents 291 (71.9%) disagreed that Mental illness is a punishment from God (K6). Most 252 (62.2%) agreed that stress can cause mental illness (K13). Most 340 (83.9%) agreed that a person can be born with a mental illness(K1). 325 (80.2%) agreed that anyone can become mentally ill.

Discussion

Findings from this study reveal that adolescent students have an average knowledge about mental illness as indicated by the composite mean (3.12) despite the fact that majority (75.1%) had heard about the term "mental illness". Similar studies carried out in Nigeria show low or poor knowledge about mental illness among the respondents as they could not correctly identify symptoms of mental illness, and show low levels of recognition of mental illness. [29] [30] [31]. Similarly studies done in South East Nigeria[32], Bayelsa [33], Hong Kong [17], United States [34] also revealed that knowledge was low. Some insights into the factors behind the average knowledge of mental illness among adolescents (3.12) may be gained by looking at adolescents expressions about the causes of mental illness. The most common cause of mental illness identified by the adolescents were; drug abuse (95.0%), brain injury (86.6%) and evil spirit (82.7%) while some

disagreed that mental illness is a punishment from god (71.9%) . Literature suggests that knowledge of mental illness is low and will require targeted activities to improve the level of knowledge. This has an implication in their actions to manage such mental health illness. Public health education is key in improving the knowledge levels and directing efforts towards prevention and control of mental illness.

A study was carried out among adolescents in Nigeria among adolescents aged 10-19. The respondent's majority (78.2%) respondents had good knowledge of mental illness about mental illness, [35] In this study, 95.0% of the adolescents endorsed drug abuse as a cause of mental illness. Previous studies carried out in Nigeria reveal that majority of the respondents commonly endorse drug abuse, as a cause of mental illness. In these studies, more than 70% of the respondents believed that mental illness occurs as a result of drug misuse or abuse [29] [31]. This similarity shows a growing improvement in the recognition of the effect of drugs abuse on mental health. This positive assertion can aid in public health primordial and primary prevention of drug abuse and its mental health complications.

Also, in earlier studies[12], supernatural causes are often more believed to be a cause of mental illness rather than brain injury or other biological causes, as only less than 1% of the respondents associated mental illness with biological cause [12]. However, in a recent study carried out in south west Nigeria, only 23.6% of the respondents believed that brain injury is a cause of mental illness and in another study carried out in south-south Nigeria, 55.4% believed that brain injuries cause mental illness [29]. The result from this present study reveals that 78.7% of the adolescents endorsed brain injury as a cause of mental illness which shows a clear improvement in knowledge of mental illness relating to cause of mental illness, this belief could also be attribute to why adolescents choose to seek help through orthodox means.

In the present study, it was found that adolescents also hold beliefs in supernatural cause for mental illness as majority of the respondents (82.7%) agreed that evil spirits can cause mental illness. This is consistent with findings from previous studies in not only Nigeria but across several non-western cultures in developing countries [18][12][8]. Typically, a study carried out in Bangladesh revealed that the respondents said mental illness is caused by evil spirits[36] , also similar beliefs were held by respondents in South-South Nigeria where respondents attribute spiritual or supernatural as a cause of mental illness where 72.6% of the respondents endorsed evil forces as a cause of mental illness [29]. The belief in the supernatural or belief that evil spirits cause mental illness may explain the preference of treatment to be by a pastor or imam and mosque or church as knowledge about mental illness can influence the type of treatment sought. This knowledge gap maybe due to the strange actions of those with mental illness as observed by society and adolescents especially the irrational talks with unseen persons and the detachment of community life.

In addition, stress (62.2%) was agreed as a cause of mental illness in congruence with previous studies[37],[29], stress is usually the most identified cause of mental illness. Although stress is a cause of mental illness, it also poses a barrier to help seeking because it usually results in respondents not taking mental illness seriously or seeing it as something that will pass which does not require seeking help [37]. In an Indonesian study, the respondents could not adequately recognize mental illness and listed psychological (63.85%) and social stressors (11.54%) as a cause of mental illness [37] this is consistent with a study carried out in Nigeria where 72.6% of the respondents endorsed stress as a cause of mental illness [29]. Lack of knowledge about the cause of mental illness will inhibit students from recognizing, responding, and understanding mental illness. or those of others, this is why knowledge about mental illness is important.

In this study, 83.9% of the adolescents said that a person can be born with mental illness, this finding is higher than that found in a study carried out in South-west Nigeria where 64.5% of the respondents believed that a person can be born with a mental illness [31]. There has to be deliberate activities to improve awareness about mental illness among Nigerians as the belief that mental illness is like any other illness may help many adolescents believe it is treatable.

Additionally, 80.2% of the adolescents said that anyone can become mentally ill. The south-western study revealed that 58.9% disagreed that mental illness is like any other illness. This shows a need for improvement in the awareness of mental illness [31]. In addition, in this study, only 44.7% of adolescents believe that mental illness can be passed from generation to generation. This is consistent in a study carried out in south-west Nigeria where 43.7%

believed mental illness can be passed from one generation to another [31]. This shows a need for improvement in knowledge relating to the belief about mental illness.

Evidence from these studies proves that adolescents worldwide and in Nigeria have low knowledge about mental illness. Improved knowledge about the causes and symptoms of mental illness may result in improved overall knowledge about mental illness and also facilitate supportive attitudes to the mentally ill [38].

Conversely, knowledge about mental illness varies from country to country and culture, in western cultures, respondents we more likely to associate mental illness with social and environmental stressors while in non-western cultures and some developing countries like Nigeria, respondents are likely to associate mental illness with the supernatural, and substance abuse [39] [40] [18] [41]. Knowledge of mental illness influences the attitudes and type of treatment being sought [42]. This is why the World Health Organization has called for greater action on mental health promotion among adolescents to facilitate openness about mental illness and reduce stigmatization of people with mental illness and promote appropriate help seeking and prevention [43].

Knowledge about mental illness is important as it shapes the attitude and help seeking preference of adolescents, the findings show that there is need to improve mental illness knowledge among adolescents in the Federal Capital Territory, and Nigeria.

Conclusion

Three quarters (75.1%) of adolescents had heard of the term mental illness and only 10% of the adolescents know anyone with mental illness, Most respondents do not have any family with mental illness, and agreed that evil spirits can cause mental illness (82.7%), A high proportion (95.0%) agreed that drug abuse can cause mental illness, a quarter agreed that mental illness are due to brain injury. One in ten stated that "mental illness is when a person is acting weird and another 10 % stated that mental illness is when a person is being mad or crazy. Majority of adolescents (71.9%) disagreed that Mental illness is a punishment from God. The mean Knowledge score for responses of the adolescent showed that they had average knowledge about mental illness as indicated by the composite mean (3.12).

Recommendations

To the Government (Federal and State)

There is a need to conduct community awareness and sensitization among adolescents in the schools and communities about mental illness in other to improve their knowledge. This will bring mental health conversations to the front burner. This will help begin to reorient society about the myths and wrong information about mental illness.

To Educational system

Basic knowledge of mental illness should be introduced into the curriculum of adolescents and school children to foster early understanding of mental illness, signs, symptoms, predisposing factors, and actions to take. Educating adolescents about mental health illness will affect their lives, their parents and the entire society and also help reduce the stigma associated with mental illness [13].

To Healthcare workers

To organize community health education on mental health matters with the inclusion of adolescent. This can be hospital based or community based.

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