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DETERMINANTS OF PATRONAGE OF FAITH-BASED HEALING IN THE TREATMENT OF MENTAL DISORDERS

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Abstract

Faith healing involves the faith of the patient in the healing powers of the healer to effect a cure. They are believed to have been given special healing powers by some supernatural agents or spirits. The study aimed to examine the determinants of patronage of faith-based healing in the treatment of mental disorders in Yenagoa. The study sampled a total of 277 respondents in Yenagoa. The study adopted the cross-sectional survey, through a multi-stage sampling technique. Most of the data were primarily gathered using questionnaires and in-depth interviews and analyzed at univariate and bivariate levels. The Social Sciences Statistical Package (SPSS) aided the analysis. This investigation revealed that educational qualification influenced perceptions of mental illness causation, with participants citing various causes such as witchcraft, demon possession, punishment from God, evil spirit possession, and drug abuse. Factors influencing the choice of faith healing for mental illness treatment included socioeconomic status, culture, religious beliefs, high economic status, lack of knowledge, and superstitious beliefs. The study recommended that governments should prioritize mental health by allocating resources, raising awareness, reducing stigma, and ensuring accessible and affordable mental health services in Bayelsa State.

Keywords: Mental Illness, Faith healers, Yenagoa, Religious belief, Treatment.

INTRODUCTION

Globally, mental disorders are leading causes of disability with neuropsychiatric disorders constituting 11.5% of the world's illness burden (PAHO/WHO, 2019). Mental health is an integral part of health and well-being because mental illness is disabling and chronic and poses various challenges in its management and also predisposes the mentally ill to other health problems (Sara, et al., 2021; Belcher et al. 2021). Hence, the WHO (1946) defined health as being well physically, socially, mentally and otherwise, anything short of this is being regarded as ill-health. Positive mental health results in development outcomes, whereas poor mental health prevents an individual from realizing their full potential, work productively and contribute to their community (WHO, 2012).

It has been reported (WHO, 2022) that one out of every four individuals worldwide may experience neurological or mental illnesses at some point in their lifetime. Approximately 450 million individuals are currently suffering from neuropsychiatric disorders (WHO, 2017), making them one of the primary causes of illness and impairment globally; most individuals living with mental illness do not seek treatment (nearly two-thirds), and most often, both anxiety and depression are not diagnosed. This report has it that, under-recognition is generally more common in mild rather than severe cases though mild cases are still a source of concern.

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It is further estimated that 90% of Nigerians with mental disorders do not visit hospital (Wada, et al, 2021). Considering this gap between treatment and non-treatment of mental illness (10:90), the majority of Nigerians suffering from mental illness may not come in contact with a psychiatrist1 or mental institution. This goes to show that patients are seeking other means of treatment (Africa Polling Institute and EpiAFRIC, 2019). This condition is further heightened by the dearth of facilities for psychological treatment as well as the poor state of the available facilities. A report submitted by the Mental Health Leadership and Advocacy Programme (2012) showed that mental health care system is underfunded with only 3.3% of expenditure being allocated to mental health and this is primarily in the cities with nothing allocated to the rural areas. Also, with a population of over 174 million, Nigeria has just 8 Family group/NGOs, 3 Community-based mental health service, 24 General hospitals with psychiatric departments, and 10 Psychiatric hospitals (which comprises government owned) that operate in the mental health domain (World Bank, 2013).

Faith healing is assuming increasing significance in the treatment of mental disorders. What is not known however is whether it is as a result a dearth of psychiatric care services or because people do not patronize the available few as this has translated to most mental health services being delivered by religious organizations. Adeosun, Adegbohun, Adewumi & Jeje (2013) opined that, in addition to the patient's views and preferences, the decision about which practitioner to consult includes cost, accessibility, availability as well as family preferences and attitudes (Tyagi, et al, 2023).

Having a mental disorder is never easy; in some cases, interventions don't always go as envisaged; this mostly occurs where mental illness was not diagnosed early and help was not sought immediately after diagnosis. To prevent morbidity that is often connected to disorders like schizophrenia efforts should be made to reduce service access and delivery delays (Raj, et al, 2022).

Studies examined reasons why people delay in seeking help but instead prefer consulting spiritual and traditional healers as first provider and it was recorded that those who visited religious and traditional healers as their initial care providers had experienced a longer period waiting to get help (Iheanacho et al., 2021; Odinka, et al., 2014; Adeosun, Adegbohun, Adewumi & Jeje, 2013) and this has implication on the mortality rate as failure to access appropriate health care often aggravates the condition of the mentally ill. In spite of these known facts, research has shown that most people with mental disorders still patronize faith healers (Africa Polling Institute and EpiAFRIC, 2019); hence, this study seeks to unravel the perception of mental illness causation among Bayelsans and to describe the factors responsible for the choice of faith based healing in the treatment of mental disorders**.** We hypothesized that there is no significant relationship between education and perception of mental illness causation.

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METHODOLOGY

Study Design: The design for this study is descriptive cross-sectional. The study was conducted at the Yenagoa Metropolis in Bayelsa state. Bayelsa state is located in the Southern Nigeria and has Yenagoa as its capital. Created in 1996, Bayelsa State shares boundary with the Atlantic Ocean on the West and South, Rivers State on the East and Delta State on the North. It is located geographically at coordinates latitude 4.664030, and the longitude is 6.036987 (Jack & Tokpo, 2021). The study covered all communities in Yenagoa metropolis which consists of twenty-nine (29) communities. The lingua franca is English language; however, one of the several languages spoken in the region is the Epie-Atissa language, while Zarama, Gbarain, Ekpetiama and Buseni are Ijaw speaking areas occupying the major parts in the State. The area of study was selected purposively owing to the prevalence of mentally ill people on almost every corner of the street, and also the increase in the number of faith healing centres for these set of people.

Sample: The study population for this study includes adult males and females resident in Yenagoa metropolis. This study's sample size was determined using the estimated individuals in Yenagoa city, Bayelsa State. In cases where the true population is unknown or the actual numbers are disputed, Leslie Kish (1965) proposed using a formula. Thus, the Leslie Kish (1965) method for single percentage was used to establish the size of the sample for the quantitative investigation. This is how the sample size is determined:

$$n = \frac{\left(Z\,a/b\right)^2\ pq}{d_2}$$

Where:

n = required sample size
Z = scores corresponding to a one-sided test = 1.96.
P = Estimated population proportion 30% (0.3)
q = 1 – p = 0.6
d = acceptable margin of error of 5% calculation. (0.05)

Calculation:

$$n = \frac{(1.96)^2 \times (0.3) \times (0.6)}{(0.05)^2}$$

$$n = \frac{(3.8416) \times (0.18)}{0.0025}$$

$$n = \frac{0.691488}{0.0025}$$

n = 276.5952

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This means that the total number of sample subjects that captured in the study was 277.

The sampling techniques adopted for this study is the Non-Probability Sampling Method, under which the purposive and convenience sampling technique was used. First of all, Yenagoa was divided into the 21 communities that make up the metropolis, these include: Yenagoa, Swali, Ovom, Onopa, Amarata, Azikoro, Ekeki, Okaka, Yenizue-Epie, Kpansia, Yenizue-gene, Biogbolo, Opolo, Okutukutu, Etegwe, Edepie, Akenpai, Agudama-Epie, Akenfa, Yenegwe and Igbogene; after which 13 questionnaires each were distributed across 20 communities, except Swali which had 17 questionnaires. The purposive and convenience sampling technique was further used to save cost and time, and to easily select individuals to participate in this study.

Data Collection: Two instruments of data collection were developed for collecting data. Two hundred and seventy-seven (277) questionnaires were administered to gather quantitative data from respondents in Yenagoa metropolis, however, only two hundred and seventy (270) were retrieved and used for the analysis. Questionnaires were administered using the face to face and self-administered system of administration. Eight In-Depth Interviews were conducted with community leaders, relatives of mentally ill persons and faith healers in the study area.

Data Analysis: Quantitative and qualitative method of analysis was used in analyzing the data. Univariate and bivariate analysis was used to analyze the quantitative data. Univariate analysis was done using frequency distributions and percentages, while bivariate analysis tool such as chi-square test of association was employed to test the relationship between variables. The qualitative data generated for this study emerged from the in-depth interview. They were analyzed through content analysis, ethnographic summaries and verbatim quotation.

RESULTS

Socio-Demographic Characteristics of Respondents

Results from the study reveal that the highest age of the respondents are 36-45 years (31%), followed by those within the age of 26-35 years (24%), and followed by 18-25 years (19%) and 46-55 years (17%) while 7% of the respondents are within the age group of 56 years and above.

Table 1: Socio-Demographic Characteristics of the Respondents

Variables	Frequency (270)	Percentage (100%)
Age		
18-25 years	52	19%
26-35 years	67	24%
36-45 years	86	31%
46-55 years	45	17%
56 years and above	20	7%
Total	**270**	**100%**
Gender		
Male	125	46%
Female	145	54%
Total	**270**	**100%**
Marital Status		
Single	63	23%
Married	125	46%
Widowed	36	13%
Divorced/separated	46	17%
Total	**270**	**100%**
Educational Qualification		
None	13	4%
Primary level	68	25%
Secondary level	72	27%
Tertiary level	71	26%
Others	46	17%
Total	**270**	**100%**
Occupation		
Unemployed	70	26%
Self employed	73	27%
Civil Servant	57	21%
Public servant	13	5%
Trader	43	16%
Artisan	14	5%
Total	**270**	**100%**
Income Per Month		
N30,000 or Less	83	30%
N31,000-60,000	79	29%
N61,000-90,000	49	17%
N91,000 and above	59	22%
Total	**270**	**100%**
Religion		
Christianity	213	79%
Islam	35	13%
African indigenous religion	22	8%
Total	**270**	**100%**

Table 1 reports that a significant percentage of the respondents are females (54%) while 46% are males. Similarly, a significant proportion (46%) of the respondents is married, while 23% are single, 17% are divorced/separated and 13% are widowed. Based on the educational qualification of the respondents, majority affirmed to have attained a secondary education (27%), followed by 26% of the respondents that claimed to have attained a tertiary education, More so, 25% of the respondents affirmed to have attained a

primary school education, 46% claimed to have an educational qualification not stated in the questionnaire while 4% have no formal education.

Affirmatively, based on the occupation of the respondents, majority of the respondents claimed to be unemployed (26%), followed by 27% that affirmed to be self-employed, 21% are civil servants, 16% affirmed to be traders while 5% claimed to be public servants and artisan respectively.

With regards to monthly income of the respondents, the highest monthly income received by the respondents was less than N30,000 (30%) followed by N31,000-60,000 (29%), followed by N91,000 and above monthly income (22%) while 17% of the respondents earn N61,000 and above. Finally, 79% were Christians, 13% practiced Islam, while 8% were traditionalists. Respondents' socio-demographic data are detailed in Table 1.

Perception of Mental Illness Causation among Bayelsans

Findings from the study revealed that 40% of the respondents disagreed that mental illness is caused by evil spirits, demons and witchcraft, 25% strongly disagreed, 18% agreed while 17% strongly agreed. Also, 38% of the respondents disagreed that mental illness is caused by brain accident and physical causes, 29% strongly agreed, 16% agreed, 14% strongly disagreed while 3% were undecided. Similarly, 41% of the respondents disagreed that mental illness is caused as a result of shock due to life events, 29% strongly agreed, 15% were undecided, 10% agreed while 5% strongly disagreed. Furthermore, 51.5% of the respondents strongly disagreed that mental illness is caused by excessive learning, 19.3% strongly agreed, 15.2% agreed, 13% disagreed while 1% were undecided. Also, 47% disagreed that mental illness is as a result of family and economic problems, 36% strongly disagreed to that assertion, 7% were undecided about it, 6% agreed while 4% strongly agreed. Although 7% of our respondents strongly agreed to the assertion that mental illness is a punishment from God for evil deeds, 26% agreed to that, however, 49% disagreed that mental illness is a punishment from God unto mankind, 13% strongly disagreed, while 5% were undecided. More so, 57.8% of the respondents disagreed that mental illness is caused by genetic endowment and problem from the nerve brain, 27% strongly disagreed, 9.6% agreed while 5.6% strongly agreed.

Table 4.2: Causes of Mental Illness

Causes of Mental Illness	Responses				
	SA	A	U	D	SD
Evil spirits, demons and witchcraft	45(17%)	48(18%)	-	108(40%)	69(25%)
Brain accident and physical causes	78(29%)	42(16%)	9(3%)	103(38%)	38(14%)
Shock due to life event	79(29%)	26(10%)	40(15%)	112(41%)	13(5%)
Excessive learning	52(19.3%)	41(15.2%)	3(1%)	35(13%)	139(51.5%)
Family and economic problems	12(4%)	16(6%)	20(7%)	126(47%)	96(36%)
Punishment from God for evil deeds	20(7%)	70(26%)	13(5%)	132(49%)	35(13%)
Genetic endowment and problem from the nerves or brain	15(5.6%)	26(9.6%)	-	156(57.8%)	73(27%)

Relationship between Education and Perception of Mental Illness Causation

This section of data shows the result of education cross tabulated with the perception of mental illness causation. The result of this is to indicate if there is a statistically significant relationship between education of the respondents and their view of the perception of mental causation using a significant level of P<0.05. The table below reveals that there is a statistically significant relationship between education and all the perceptions of mental causation.

Table 3: Perception of Mental Illness Causation among Bayelsans

Causation	Education					X^2	DF	P-Value
	No formal 13(4%)	Primary Education 68(25%)	Secondary Education 72(27%)	Tertiary Education 71(26%)	Others 46(17%)			
Mental illness is caused by evil spirits, reminds and witchcraft								
Strongly Agree	10(77%)	45(66%)	34(47%)	11(15%)	23(50%)			
Agree	3(23%)	13(19%)	12(17%)	4(6%)	9(20%)			
Undecided	-	-	-	-	-			
Disagree	-	-	20(28%)	42(59%)	14(30%)	16.11	4	0.003
Strongly Disagree	-	10(15%)	6(8%)	4(20%)	-			
Mental illness is caused by brain accident and physical causes								
Strongly Agree	-	10(15%)	2(3%)	23(32%)	-			
Agree	-	3(4%)	6(8%)	19(27%)	-			
Undecided	-	-	-	-	6(13%)			
Disagree	4(31%)	13(19%)	3(43%)	21(30%)	12(61%)	62.72	4	0.000
Strongly disagree	9(69%)	42(62%)	16(22%)	8(11%)	28(61%)			
Mental illness is caused by stroke due to life event								
Strongly Agree	-	-	-	24(34%)	23(50%			
Agree	-	12(18%)	10(13%)	21(30%)	12(26%)			
Undecided	-	-	8(11%)	8(11%)	13(28%)			
Disagree	13(100%)	32(47%)	39(54%)	18(25%)	12(26%)	94.00	4	0.000
Strongly disagree	-	24(35%)	15(21%)	-	-			
Mental illness is caused by excessive learning								
Strongly Agree	5(38%)	-	6(8%)	7(24%)	-			
Agree	8(62%)	32(47%)	48(67%)	42(59%)	12(26%)			
Undecided	-	8(12%)	3(4%)	-	13(28%)			
Disagree	-	28(41%)	15(21%,)	2(17%)	22(46%)	124.0	6	0.000
Strongly Disagree	-	-	-	-	-			
Mental illness is caused by family and economic problems								
Strongly Agree	-	13(19%)	-	13(8%)	-			

Agree	-	12(18%)	18(25%)	32(45%)	12(26%)	68.95	8	0.000
Undecided	-	-	12(17%)	1(1%)	-			
Disagree	8(62%)	24(35%)	36(50%)	9(13%)	34(74%)			
Strongly disagree	5(38%)	19(28%)	6(8%)	16(23%)	-			
Mental illness is a punishment from God for evil deeds								
Strongly Agree	-	12(8%)	-	-	5(12%)	60.75	4	0.000
Agree	13(100%)	39(57%)	15(21%)	7(10%)	29(63%)			
Undecided	-	-	-	28(39%)	-			
Disagree	-	17(25%)	25(35%)	-	-			
Strongly disagree	-	-	32(44%)	36(5%)	4(9%)			
Mental illness is associated with genetic endowment and problem from the nerves or brain in general								
Strongly Agree	1(8%)	20(29%)	9(13%)	6(4%)	11(24%)	6.04	2	0.003
Agree	12(92%)	24(35%)	28(39%)	26(37%)	7(15%)			
Undecided	-	-	-	-	-			
Disagree	-	18(26%)	35(49%)	41(58%)	26(57%)			
Strongly Disagree	-	6(9%)	-	-	2(4%)			

Table 4.3 reported that there was a statistically significant relationship between respondents' view that mental illness is caused by evil spirits, demons and witchcraft and their educational qualification at X^2 = 16.11 with a P-Value less than 0.05. Similarly, the table below revealed that there was a statistically significant relationship between education and mental illness being caused by brain accident and physical causes at X^2 = 62.72 with P-Value less than 0.05. Also, the table reported that there was a statistically significant relationship between education and respondents affirmation of mental illness causation by stroke due to life event at X^2 = 94=00 with P-Value less than 0.05. Furthermore, table 4.2 indicated that there was a statistically significant relationship between education and respondents affirmation of mental illness causation by excessive learning at X^2 = 124.0 with P-Value less than 0.05.

Accordingly, the table below revealed that there was a statistically significant relationship between education and mental illness causation by family and economic problem at X^2 = 68.95 with P-Value less than 0.05. More so, table 4.2 reported that there was a statistically significant relationship between education and mental illness causation as a punishment from God for human evil deeds at X^2 = 60.75 with a P-Value less than 0.05. Additionally, the table below revealed that there was a statistically significant relationship between education and mental illness associated with genetic endowment and problem with the nerves or brain in general at X^2 = 6.04 with a P-Value less than 0.05.

Some of the participants believed that mental illness is caused by both biological and environmental factors which affect the individual. Others based their assumptions on voodoo and drug abuse.

One of the participants confirmed that:

> General belief of the community about the cause of mental illness has different routes. The majority attributes it to voodoo, others to hard drugs and another sect, to an after-life punishment

> or an incarnation inheritance. The general belief of the community is however, nothing to speak of since it has no specific information (Female/35/Married/ Relative).

Similarly, another participant averred that:

> The background of the person in question, depressive state of the individual and the superstitious belief that sometimes a repercussion for wrong doings is the cause of mental illness. And also some people believe that mental illness is caused by witchcraft and punishment as a result of sin (Male/45/Married/Religious-Leader).

Another respondent in Yenagoa posited that:

> The general belief of the causes of mental illness may include i. Biological Factors: many believe that mental illness is caused by imbalances or abnormalities in the Brain chemistry or structures. ii. Environmental Factors: Some people believe that traumatic or stressful life events such as abuse, neglect or poverty can contribute to the development of mental illness (Female/35/Single/Relative).

Factors Responsible for the Choice of Faith Based Healing in the Treatment of Mental Disorders

The factors responsible for the choice of faith healing in the treatment of mental illness were measured using simple frequency and percentages. Based on the statement given, majority of the respondents (41%) strongly agreed, 32% agreed, 16% disagreed while 11% strongly disagreed that people with lower socioeconomic status who have minimal access to health care facilities patronize faith healing. Also, majority of the respondents representing 49.3% agreed, followed by 19.3% that strongly agreed, followed by 16.3% who strongly disagreed and 15.1% that disagreed that culture is associated with the usage of faith healing services. More so, higher proportion of the respondents representing 52.2% agreed, followed by 35.6% that strongly agreed, followed by 11.9% that disagreed while 0.3% were undecided that religious beliefs is a factor responsible for the choice of faith healing.

Table 4: Factors Responsible for the Choice of Faith Healing

Factors	Responses Category				
	SA	A	U	D	SD
Lower socioeconomic status	112 (41%)	86 (32%)	-	43 (16%)	29 (11%)
Culture	52 (19.3%)	133 (49.3%)	--	41 (15.1%)	44 (16.3%)
Religious beliefs	96 (35.6%)	141 (52.2%)	1 (0.3%)	32 (11.9%)	-
Belief on divine powers and not modern medicine	76 (28%)	27 (10%)	5 (1.8%)	48 (18%)	114 (42.2%)
Lack of knowledge and superstitious beliefs	126 (47%)	63 (23%)	13 (5%)	37 (14%)	31 (11%)

Furthermore, a significant percentage of the respondents strongly disagreed (42.2%), 28% strongly agreed, 18% disagreed, 10% agreed while 1.8% were undecided on the belief that mental health issues are revertible only by a divine power and not modern medicine. Whereas, 47% of the respondents strongly agreed, 23% agreed, 14% disagreed, 11% strongly disagreed while 5% were undecided that some people patronize faith healers because of lack of knowledge and superstitious beliefs.

Participants in this research affirmed that people choose to take mentally insane persons to faith healers because of the love of God that is preached in the church. They believe that going to the church for healing will give them a better chance in the society.

One of the participants affirmed that;

> Yes! The reason I'm saying this is that when one is taken to a church, the church believes in love and they tend to show love to victims, this love can be shown by their act of kindness, giving them food and so on. Some individuals or people patronize faith based healing in the treatment of mental disorders which can be as a result of superstitious belief that mental illness is caused by witchcraft and as such, they believe that God can heal them (Male/35years/Single/Relative).

Another participant stated that

> In my own opinion, I will say its faith healing because God is supreme and he has all solutions to all our problems including mental illness (Female/45/Married/Religious-Leader).

More so, a 44 years old participant affirmed that:

> The effect of the spiritual healers in mental illness is stronger than that of the physical, as the spiritual one is beyond Human comprehension. You can't just use physical measures to handle spiritual problem, because it's a spiritual thing (Male/44/Married/Community-Leader).

Discussion

Primarily, this study aimed at examining the determinant of Patronage of Faith Based Healing in the Treatment of Mental Disorders in Yenagoa Metropolis with the aim of determining the perception of mental illness causation and the factors responsible for the choice of faith based healing in the treatment of mental disorders, while also looking at the relationship between education and perception of mental illness causation.

Findings from this study show that brain accident and physical causes were the most likely causes of mental illness, this is followed by shock due to life event. Spiritual/supernatural causation followed next, and is closely followed by excessive learning as well as punishment from God for evil deeds. Genetic endowments and problem from the nerves or brain as well as family and economic problems were the least causes. James and Peltzer (2012) in their study stated that one of the most popular recorded factors responsible for mental disorders as recorded by patients are supernatural factors, including spirits. A few others also stated drug use and heredity as causes. Arthur & Whitley (2015) also recorded religious or spiritual causes, social causes, psychological causes, biological causes (heredity) and drug-related causes as being responsible for mental illness. Although James & Peltzer (2012) recorded that supernatural causes were more popular than other cause, this is not the case in our study.

Furthermore, findings of Belachew, et al. (2019), which was carried out in Ethiopia, shows that traditional healers across the nation believe that demons, witchcraft, jinni and zar spirits, magic and the evil eye are the root causes of mental disorders. Additionally, traditional healers connected mental disorders to paranormal factors including witchcraft, vengeful ancestors, and divine retribution. It is crucial to note that these sets of persons are not educated. Also our findings correlate with the findings of Teferra, et al. (2012); which found that the main causes of mental disorders are physical causes and brain accidents, shock due to bad life event (sudden loss of property, death), problems with nerves or brains in general, genetic endowment, God's punishment or wrath, spirit or demonic possessions, bewitchments, evil eye, sorcery and disregard of cultural norms.

From times immemorial, there has been the general believe that mental illness is caused by evil spirits, devils or witchcraft (Biswal, et al., 2017). Studies have also shown that traditional and faith based healers believe that mental illness has a supernatural or spiritual connotation (Lambert et al., 2020); and although there has been a change in the way of life of people, these changes are yet to influence the perception of people as it concerns mental illness causation (Amin, Younis & Wani, 2021).

The study revealed that the most populous educational qualification of the respondents is that of secondary and tertiary, meaning that the respondents are an educated set of people who understand the importance of education.

Findings on the perception of mental illness causation among Bayelsans cross tabulated with education revealed that there is a significant relationship between education and the various enlisted causation of mental illness among the respondents. The study uncovered that there is a significant relationship between education and all the causation of mental illness, such as evil spirits, demons and witchcraft, brain accident and physical causes, stroke due to life event, excessive learning, family and economic problem, punishment from God. Those with little education will believe that mental illness is caused by evil spirit and punishment form God, while respondents with higher education attainment will think of it in a more positive light, by relating mental illness causation to brain accident, excessive learning and so on. According to Raj, et al. (2022), the majority of people said mental illness was caused by environmental or biological factors.

Traditional healers in Ethiopia attributed mental illness to supernatural causes such as angry ancestors, witchcraft, and God's punishment; mental illness was also attributed to evil spirits like jinni and spirits, witchcraft, magic, the evil eye and demons (Belachew, et al., 2019). Most importantly, findings from Ethiopia show that these traditional healers are not educated. Mannarini, Rossi & Munari (2020) found a relationship between perception of mental illness causation and education. They revealed that patients and

mental health professionals picked biological/genetic causes (brain injury, biogenetic disposition and heredity), while students and relatives believed that psychosocial (stress, deprived family environment and traumatic childhood experiences) causes are responsible for schizophrenia. This is also closely related to Tarakita et al. (2019) study which revealed that patients and their relatives endorsed psychosocial stressors, while professionals considered biological conceptions. From the foregoing, it is safe to say that there is a significant relationship between education and perception of mental illness causation.

The study sought to examine the factors responsible for the choice of faith based healing in the treatment of mental disorders It was observed from the responses gathered that factors responsible for choice of faith based healing in the treatment of mental disorders included socioeconomic status (41%), culture (49%), religious beliefs (51%), and lack of knowledge and superstitious beliefs (47%). On the other, the believe that mental illness is revertible only by a divine power and not modern medicine (42%) is not considered a factor responsible for the choice of faith based healing in the treatment of mental disorders. Amin, Younis & Wani (2021) recorded that illiterates, unemployed patients and those belonging to the lower socioeconomic class were the ones making the most faith healer visits. Meanwhile, those with higher socioeconomic status and literates prefer medical treatment (Alosaimi, et al., 2015; Lichtenstein, Berger & Cheng, 2017).

From the narrative of a participant in the interview section, it was included that one reason for the choice of faith healers is the cost effectiveness of faith healers and those faith healers are more spiritually inclined to tackle the mental illness. Vivek, et al. (2019) noted that accessibility and availability were factors responsible for the choice of faith healing. The lack of adequate mental health practitioners is a deciding factor why treatment is sought for at healing centres (Lambert, et al., 2020). It is important to note also that people patronise faith based healers because of the benefit they get (Ae-Ngibise et al., 2010), or as a result of their dissatisfaction with medical interventions arising from side effects of anti-psychotic medications (Read, 2012).

It is imperative to acknowledge, nonetheless, that certain individuals pursue therapy from faith based healers due to the benefit they derive or their dissatisfaction with modern medicine.

According to Read (2012), some people who were prescribed anti-psychotic medicine stopped using it due to the negative effects and turned to spiritual healing as n alternative. A few individuals involved in our research reported feeling reassured and rejuvenated after visiting faith healing centres.

Conclusion

The study concluded that there are several perceived causes of mental illness among Bayelsans; this translates to the mental illness treatment option they chose. Also, education largely determines the perception of Bayelsans on their perceived causes of mental illness. Finally, treatment of mental illness is dependent on the person's economic status, income, religious beliefs and culture.

Recommendations

The study recommends that:

1. Proper orientation on the causes of mental illness should be conducted in the state so that families of mentally ill persons can embrace evidence-based treatments. Evidence-based treatments for mental health conditions include cognitive-behavioural therapy (CBT), medication management, dialectical behaviour therapy (DBT), and other therapies supported by scientific research. These approaches have been proven to be effective in managing and treating mental health disorders.

2. It is important for governments to prioritize mental health and provide accessible and affordable mental health services to the citizens of Bayelsa State. Government should allocate resources to mental health initiatives, raise awareness, reduce stigma, and ensure that mental health services are integrated into the healthcare system.

Authors' Profile

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