

# The Attitudes of the Police towards Persons with Mental Illness: A Cross-sectional Study from Benin City, Nigeria

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**Abstract** In developing countries, the police are often required to intervene in matters relating to the mentally ill. They also constitute an important point in pathways to care. Negative attitudes towards the mentally ill limit the effectiveness of the police in facilitating care. This study sought to determine the attitudes of police officers and men towards individuals with mental illness as a way of guiding the development of appropriate anti-stigma interventions. A cross sectional study of police officers and men (n=219) was undertaken between July and August 2012 in Benin-City, Nigeria, using the self-administered Community Attitudes towards Mental Illness (CAMI) questionnaire. Negative attitudes were prevalent among the police surveyed. They were authoritarian and less benevolent in their views regarding mental illness and the mentally ill. They were also majorly against ideas to incorporate mental health care in the community. Married policemen and those with greater than 12 years of formal education were found to be more benevolent in their attitudes towards the mentally ill. Clearly, anti-stigma campaigns involving educational sessions are needed in the Police force.

**Keywords:** police, mental illness, attitudes, nigeria, stigma

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## 1. Introduction

Stigmatizing attitudes have been clearly identified across cultures, [1] and pervades several occupational groups, [2] including those that work closely with the mentally ill. [3] The negative attitudes of the public towards mentally ill persons are well documented, [4,5] and impacts significantly on functioning and illness outcomes. The police are often the first community resource called upon to respond to urgent situations involving the mentally ill [6] and therefore constitute a significant component in their pathways to care.

Attitudes are known to be shaped by such factors as contact and education. [7] Surveys done in high income countries seem to suggest that police officers may be a significant source of stigmatization and discrimination against persons with mental illness, [8] partly attributed to the fact that law enforcement agents almost always encounter such ill individuals in acutely disturbed states, [9] and also to a poor knowledge of mental illness. [10] Typically, police contact with the mentally ill occurs in emergency situations, where they are usually the first and often the sole community resource called in to render assistance, to take responsibility, or they may be called upon by concerned or involved citizens. [9] Moreover, the police may encounter such situations in the course of their beat or their help may be sought directly by patients'

relatives to control violence, enable hospitalization or ensure medication adherence. [11] Most available studies assessing the attitudes of the police towards individuals with mental illness are from high income countries and to the knowledge of the authors, none had been conducted in Nigeria.

Mental health services in Nigeria like other developed countries are poorly developed, [12] individuals who require appropriate mental health interventions either do not receive them or experience delay from utilizing alternate pathways to care. Delays also occur when the police often prefer to detain offenders with suspected mental illness rather than refer to appropriate services promptly. It is not known if negative and stigmatising attitudes mediate the reluctance of police to engage fully with mental health care services. We aimed to determine the attitudes of police officers and men towards persons with mental illness in Benin City, Nigeria; a cosmopolitan city of about a million residents, as a pre-requisite for the design and implementation of appropriate interventions to promote better attitudes in police officers and men in a developing country.

## 2. Methodology

### 2.1. Design and Setting

This cross-sectional study was carried out in the eight (8) police divisions distributed across the three local

government areas (Oredo, Egor, and Ikpoba-Okha) which make up Benin City, the administrative capital of Edo state, Nigeria. The study population was sourced from these police divisions.

## 2.2. Sample Size and Sampling Technique

Taking into cognizance the broad categories of cadres in the Nigeria police force, a simple random proportionate sampling method was employed for this study. At the time of conducting this study the police headquarter had staff strength of about 1,000 men and officers, and each division had average staff strength of three hundred men and officers. Because the police could not release their staff list to the researchers for security reasons, the total number of staff at the HQ and the divisions formed the sampling frame. A table of random numbers was used to recruit participants from this sampling frame. Based on a review of the literature on previous studies examining attitudes of policemen towards people with mental illness and utilising a statistical power calculation, we decided that a sample size of 250 officers and men would be adequate.

## 2.3. Ethical Approval

Ethical clearance for this study was obtained from the Ethics Committee of the Federal Neuro-Psychiatric Hospital, Uselu, Benin City, Edo state. Permission to carry out this study was also obtained from the Nigeria Police Force.

## 2.4. Instrument for Data Collection

Data was obtained using a 2-section self-administered questionnaire. Section 1 comprised of the socio-demographic characteristics of participants, including rank and number of years in service. Section 2 was the Community Attitudes towards Mental Illness (CAMI) scale developed by Taylor and Dear in 1981.[13] This instrument consists of 40 items rated on a five-point Likert scale from 1 (strongly agree) to 5 (strongly disagree), and divided into 4 a priori subscales of ten items each viz: Authoritarianism, Benevolence, Social Restrictiveness, and Community Mental Health Ideology. It has been widely used in Nigeria.

## 2.5. Method of Data Collection

The officer-in-charge (O/C) of personnel of the Edo state police command was given pre-numbered booklets (containing an explanation of the study as well as the consent form and the questionnaires), corresponding to

serial numbers on the staff list of the police. This booklet was distributed through the Divisional police officers (DPOs) to selected participants in the study. The respective participants, after providing written consent, returned completed questionnaires to the head of personnel through their respective DPOs. The questionnaires were subsequently retrieved by the researchers.

## 2.6. Response Rate

Three hundred and fifty (350) questionnaires were distributed (this figure adequately covers for non – response and inadequately filled questionnaires). Out of these, 223 questionnaires were retrieved; 4 had over 20% of incomplete data and were discarded. Two hundred and nineteen questionnaires were analyzed, giving a response rate of 63.71%.

## 2.7. Data Analysis

Data was analyzed using the SPSS version 17 statistical software, and results using descriptive statistics are presented in tables.

**Table 1. socio-demographic characteristics of police officers**

Variable	N (%)
Age: mean (SD)	34.9(8.1)
<b>Gender</b>	
Male	129 (58.9)
Female	90 (41.6)
<b>Level of education</b>	
No formal education	0 (0.0)
Primary	3 (1.4)
Secondary	144 (65.8)
Tertiary	69 (31.5)
Postgraduate	3 (1.4)
<b>Religion</b>	
Christian	193(88.1)
Islam	26(11.9)
<b>Rank</b>	
Officer	27 (12.6)
Inspectorate	39 (17.9)
Rank &file	152 (69.6)
<b>Number of years in service</b>	
1-10	111 (50.7)
11-20	57 (26.0)
21-30	46 (21.0)
>30	5 (2.3)
<b>Marital status</b>	
Single	44 (20.1)
Married	174 (79.5)
Widowed	1 (0.5)

**Table 2. Proportion of respondents positively endorsing statements on the authoritarianism subscale of the CAMI**

Statements (strongly disagree/disagree)	N (%)
Large mental hospitals are an outdated means of treating the mentally ill	100(55.6)
There is something about the mentally ill that makes it easy to tell them from normal people	154(88.0)
Less emphasis should be placed on protecting the public from the mentally ill	68 (37.2)
Mental patients need the same kind of control as young children	146(76.0)
A person should be hospitalised once he shows signs of mental illness	173(90.5)
Mental illness is an illness like any other	133(69.6)
Lack of self-discipline and willpower is one of the main causes of mental illness	81 (43.8)
Keeping them behind locked doors is one of the best ways to handle the mentally ill	68 (35.8)
Virtually any one can become mentally ill	63 (33.7)
The mentally ill should not be treated as outcasts from society	33 (17.5)

**Table 3. Proportion of respondents positively endorsing statements on the benevolence subscale of the CAMI**

Statement (strongly agree/agree)	N (%)
The mentally ill are a burden on society	92 (47.9)
It is best to avoid anyone who has mental problems	80 (41.5)
Our mental hospitals seem more like prisons than like places where the mentally ill can be cared for	115(59.9)
More tax money should be spent on the care and treatment of the mentally ill	41(21.4)
The mentally ill do not deserve our sympathy	26 (13.5)
The mentally ill have for too long been the subject of ridicule	30(16.1)
We have a responsibility to provide the best care for the mentally ill	15(7.7)
We need to adopt a more tolerant attitude towards the mentally ill in our society	19(9.8)
Increased spending on mental health services is a waste of tax money	19 (9.8)
There are sufficient existing mental health services in Nigeria	71 (37.6)

**Table 4. Proportion of respondents positively endorsing statements on the social restrictiveness subscale of the CAMI**

Statements (strongly agree/agree)	N (%)
The mentally ill should be denied their individual rights	156 (81.7)
Women who were once patients in a mental hospital can be trusted as babysitters	98 (53.3)
The mentally ill should not be given any responsibility	105 (57.7)
Anyone with a history of mental illness should be excluded from taking public office	104 (54.2)
The mentally ill are far less of a danger than most people suppose	67 (36.2)
I would not want to live next door to someone who has been mentally ill	88 (46.1)
The mentally ill should be isolated from the rest of the community	67 (36.0)
No one has the right to exclude the mentally ill from their neighbourhood	32 (17.2)
Mentally ill patients should be encouraged to assume the responsibility of normal life	23 (12.2)
A woman would be foolish to marry a man who has suffered from mental illness, though he seems fully recovered	45 (23.5)

### 3. Results

#### 3.1. Socio-demographic Details

The mean age of respondents was 34.9(SD=8.1) years, and 129(58.9%) of them were males; all had one form of formal education or the other, although almost two-thirds (65.8%) were of secondary level. A majority (88.1%) were Christians, married (79.5%) and of the "rank & file" cadre (69.6%). Slightly over half had spent 10 years or less (50.7%) in the police force.

#### 3.2. Police Attitudes towards the Mentally Ill

##### 3.2.1. Authoritarianism

Overall, police attitudes toward the mentally ill as expressed on the authoritarianism scale were stigmatizing. 88% of police men interviewed agreed that something about the mentally ill made them readily distinguishable from normal persons and 90.5% would want a person who showed signs of mental illness hospitalized. Almost 70% considered mental illnesses different from other forms of illnesses and 76% agreed that mentally ill persons need the same kind of control as young children. Only 17.5% agreed to the statement that "the mentally ill should not be treated as outcast from society". A great proportion (81%) blame the mentally ill endorsing the statement that "lack of self-discipline or will-power is the cause of their illness". About two thirds (68%) agreed that "keeping the mentally ill behind locked doors is the best way to cater for the mentally ill" while only about half endorsed the statement that large mental hospitals are outdated

##### 3.2.2. Benevolence

Quite surprisingly the majority of police officers and men scored high on the benevolence scale. Almost 60% of

them did not see much difference between mental hospitals and prisons; only 9.8% disagreed with the statement "we need to adopt a more tolerant attitude towards the mentally ill in our society."

##### 3.2.3. Social Restrictiveness

Over 50% of respondents did not consider persons with a history of mental illness capable of holding public office or executing sensitive responsibilities; they were unwilling to commit such delicate tasks as baby-sitting to these individuals.

##### 3.2.4. Community Mental Health Ideology

Although only 13.6% of respondents disagreed with the statement that "as far as possible mental health services should be provided through community-based facilities" nevertheless overall views on the CMHI sub-scale were stigmatizing. Police officers and men consider the location of mental health facilities in residential neighbourhood a risky (65.6%) and frightening (68.1%) idea; and only 16.5% of those interviewed felt mentally ill persons coming into residential areas for treatment may not constitute a threat.

##### 3.2.5. Comparison of Some Socio-demographic Variables with Subscales on CAMI

While comparing the socio-demographic variables of gender, marriage and number of years of education, with the respondents endorsements of the subscale on the CAMI, males respondents were less likely to be authoritarian and benevolent compared to female respondents ( $t=-2.50, p=0.01$ ). Those respondents with <12 years of education were also less likely to be benevolent compared to those with more than 12 years of education ( $T= -2.26, P= 0.03$ ). Both differences were statistically significant and is reflected on [Table 5](#).

[Table 6](#) reveals that there were no significant correlation between the continuous variables (age and

years in service) of the respondents and their endorsements of the different subscales on the CAMI.

**Table 5. Proportion of respondents positively endorsing statements on the community mental health ideology subscale of the CAMI**

Statement (strongly agree/agree)	N (%)
Having mental patients living in a residential area might be good therapy, but the risks are too great	124 (65.6)
It is frightening to think of people with mental problems living in residential neighbourhoods	128 (68.1)
Mental health centres should be kept out of residential areas	103(54.5)
Locating mental health services in residential neighbourhoods does not endanger local residents	63 (34.0)
Local residents have good reasons to resist the location of a mental hospital in their area	90 (47.6)
Residents have nothing to fear from people coming into their area to receive mental health treatment	31 (16.5)
The best therapy for many mental health problems is to be part of a normal community	41 (22.2)
As far as possible, mental health services should be provided through community-based facilities	25(13.6)
Locating mental health facilities in residential areas downgrades the neighbourhood	55 (29.4)
Residents should accept location of mental health facilities in their neighbourhood to serve the needs of the local community	36 (29.4)

**Table 6. comparison of some socio-demographic variable of respondents with their endorsements of the subscales on the CAMI**

variable	Authoritarianism Mean (SD)	Benevolence Mean (SD)	Social Restrictiveness Mean (SD)	CMHI Mean (SD)
Male	24.28 (6.8)	26.96 (7.3)	25.64 (7.6)	24.2 (7.8)
Female	25.73 (5.7)	27.59 (6.1)	25.94 (6.2)	24.2 (6.3)
t/p	-1.58, 0.12	-0.65, 0.52	-0.29, 0.77	0.04, 0.97
Single	22.66 (6.8)	25.20 (7.5)	24.34 (7.5)	23.20 (8.5)
Married	25.42 (6.2)	27.76 (6.5)	26.13 (6.9)	24.5 (6.9)
t/p	-2.50, 0.01	-2.17, 0.03	-1.45, 0.15	-1.04, 0.30
≤ 12yrs	24.66 (6.2)	26.50 (6.5)	26.03 (6.57)	23.93 (6.5)
>12yrs	25.31 (6.9)	28.80 (7.6)	25.16 (7.93)	25.02 (8.5)
t/p	-0.67, 0.50	-2.26, 0.03	0.82, 0.41	-0.99, 0

**Table 7. correlations between continuous socio-demographic variables of the respondents and their endorsement of the subscales on the CAMI**

variable	Authoritarianism r, p	Benevolence r, p	Social restrictiveness r, p	CMHI r, p
Age	0.10, 0.13	0.12, 0.09	0.09, 0.20	0.03, 0.70
Years in service	0.12, 0.10	0.10, 0.16	0.09, 0.20	0.08, 0.26

## 4. Discussion

This study finds that the attitude of police officers and men towards the mentally ill was poor. They expressed very negative opinions on the authoritarianism, social-restrictiveness and community mental health ideology sub-scales. It has been previously shown that the perception of severity of mental illness is largely judged on the nature of the police-citizen interactions as well as the personality of the officer. [8] The police usually encounter the mentally ill in acutely disturbed states [9].

Increasing contact between the police and mentally ill persons has largely been facilitated by increasingly greater emphasis on community care, to the extent that police have been considered “de facto frontline mental health providers. [6] Although the greater majority of respondents had at least a secondary level of education and almost half had spent over 10 years in the police force, stigmatizing attitudes were still evident. This is suggestive of the fact that educational attainments may not necessarily translate to improved attitudes, [14] although studies have shown that tailored enlightenment may ultimately lead to improvement in attitudes towards mentally ill persons. [9] Arguably, longer serving police officers are more likely to have encountered mentally ill persons in the course of their police duties and such contacts may have been with severe psychotically ill persons; it is not surprising therefore that negative impressions are more likely to be held by these officers

against the backdrop of the fact that outcome of contacts with the mentally ill depend upon the nature of the illness, and the severity of the mental illness. Poor attitudes by the police may lead to criminalization of mentally ill persons, with potentially serious consequences considering that policemen in Nigeria are likely to bear arms on duty.

Probably arising from the fact that police are more likely to encounter the mentally ill in severe psychotic states, the majority of respondents in this study believed sufferers of mental illness are distinct from normal persons and other kinds of patients. It therefore appears that the majority of police officers and men perceive “mental illness” only as severe psychotic illnesses; it may also suggest that police are able to make a distinction between severe psychotic illness and criminal behaviour in a “normal” person, a finding that is further corroborated by the significantly high positive attitudes expressed on the benevolence scale. Arguably, this may be a positive factor in reduction of incidents of criminalization of mentally ill persons, particularly in situations where police have to exercise discretion. However, as a reflection of police view of the mentally ill as potentially dangerous persons,

Stigmatising attitudes exist among police officers and men studied, and are even worse among long serving officers. Participants in this study believed the public should be protected from the mentally ill, and did not mind having them institutionalised, even if such mental health facilities were considered outdated. Again this may translate to a situation where the police may make a decision to opt for transfer of a mentally ill person whose

behaviour has necessitated contact with the police force, to a mental health facility rather than to law enforcement institutions

Only about a third of respondent in this study did not think that virtually anyone could become mentally ill. This is in keeping with the relatively high number of those who believed that mentally ill persons are somehow responsible for their illness through a lack of self-discipline and willpower. This is contrary to the study conducted by [15] amongst police officers in Canada in which they also utilised the CAMI and found that respondents did not show high levels of authoritarianism or significantly socially restrictive attitudes toward individuals with mental illness. They interpreted this to mean that they are less likely to attribute responsibility for their situation to the mentally ill, particularly with schizophrenics.

Furthermore, married policemen and those with greater than 12 years of formal education in this study were found to be more benevolent in their attitudes towards the mentally ill. Other studies have revealed a mixed picture concerning the effect of education and marriage on attitudes towards the mentally ill. This picture ranges from those who are married and with higher educational status tending to be less pessimistic in their view of people with mental illness (Gureje et al, 2005; Murphy et al, 1993) to some other studies where no relationship was found (Ng et al, 1995).

This study is limited by its small sample size and so findings may not be widely generalised. Also responses may have been influenced by social desirability bias.

## Conflict of Interest

The authors report no conflict of interest

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