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# Psychobiological factors and mental illnesses among youths in Mityana General Hospital, Mityana district. A cross-sectional study.

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## Abstract

### Background:

Mental health represents a critical public health challenge, with the majority of lifetime psychiatric disorders emerging during the early stages of development. This study aimed to determine the biological and psychological factors contributing to the occurrence of mental illness among the youth attending Mityana General Hospital in Mityana District.

### Methodology:

A descriptive cross-sectional study design was employed, with a quantitative approach for data collection. Forty (40) patients were sampled conveniently. Data was collected using questionnaires, and analyzed quantitatively using Microsoft excel that helped to generate figures and tables.

### Results:

The study involved more, 57.5% females than 42.5% males (42.5%). The majority (23) 57.5% being between 22 and 26 years, followed by (9) 22.5% between 17-21 years, (6) 15% around 27 years and above, and a few (2) 5% were in 12-16 years. The most (26) 65% were single, (9) 22.5% were married, (4)10% were divorced, and (1)2.5% were widowed. Biological factors like genetics (30) 75%, chronic physical illness (25) 62.5%, and drug abuse (28) 70%. Psychological factors like stress (22) 55%, racial discrimination (30) 75%, early motherhood/marriage (27) 67.5%, sexual violence (32) 80%, major losses and death of a beloved one (36) 90% as the main factors contributing to the occurrence of mental illness.

### Conclusion:

Genetics, chronic physical illness, drug abuse, social stigma, culture, poor parenting style, stress, racial discrimination, early motherhood and marriage, sexual violence, and major losses were the main causes of mental illness among the youth.

### Recommendation:

There should be a comprehensive review of mental health in all communities of Uganda in order to address the burden. Health promotion, which is a holistic approach to community health care through strategies and actions directed at strengthening the skills of individuals, changing social, environmental, and economic conditions.

***Key words:*** *Mental illness, Mityana general hospital, Psychology, Genetics, Chronic physical illness, psycho-biological factors.*
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## Background

Mental illness is defined as a disorder of mood, thought, perception, orientation, and memory that causes significant distress to a person or impairs that person's ability to meet the demands of daily life and includes mental conditions associated with alcohol and other drugs, but does not include intellectual disability (Government of Uganda, The Mental Health Care Bill, 2013).

Youth are defined by the United Nations (UN) as persons 15 -24; however, this term is sometimes used interchangeably with the term young people, which is defined by the World Health Organization (WHO) as persons 10-24 years of age Richardson Rashiidah, 2016). Globally ranked as one of the leading causes of illness and disability, mental illness is a widespread health challenge. In fact, data from the WHO states that approximately one in four people worldwide will suffer from a mental illness at some point in their lives (Aliant International University 2020).

Over 450 million people suffer from a mental or behavioral disorder, with nearly 1 million people committing suicide every year, and mental illness is the sixth leading cause of years lived with disability due to neuropsychiatric disorders such as depression, alcohol-use disorders, schizophrenia, and bipolar disorder (World Health Organization, 2019).

In Africa, mental illness is a pressing and growing issue, more especially in Sub-Saharan Africa, where mental and substance use disorders contribute 6.8% to the total DALYs in the Sub-Saharan Africa belt (Demming, Gastfriend, Holleran, & Wang, 2018). In East Africa, 20-30% of the youth were found to present with mental health-related disorders such as major depression and post-traumatic stress disorders (WHO, 2018).

In Uganda, mental health is recognized as a serious public health problem, and the government has issued policies and legislation to strengthen mental health care at the primary care level. A notable proportion of all lifetime cases of mental illnesses emanate early in life. These age groups constitute an estimated 80% (50.3% are under 15 years and 30.6% are 15 to 24 years) of the Ugandan population. Despite the existence of factors that trigger mental disorders, the prevalence of mental disorders in Uganda remains poorly understood Opio, 2018).

Mental health is still a great challenge in Mityana General Hospital; however, there is limited data to show its prevalence in the area. This study aimed to determine the biological and psychological factors contributing to the occurrence of mental illness among the youth attending Mityana General Hospital in Mityana District.

## Methodology

### Study design

The study used a cross-sectional descriptive design with a quantitative approach of data collection.

### Study setting

The study was conducted in Mityana General Hospital, located in the central business district of the town of Mityana, about 82 kilometers (51 mi) east of Mubende Regional Referral Hospital and 77km away from Kampala City. It is the main health care facility serving over 600,000 people in the district parliamentary constituencies of Mityana North, Mityana South, Mityana municipality, Busujju, and neighboring districts of Mpigi, Kiboga, and Gomba. It is a 100-bed capacity hospital. In December 2013, the Government of Uganda, using funds borrowed from the World Bank, began an update and renovation of the institution, which concluded in 2015. The chief economic activity near the hospital is trade, and the predominant tribe is Baganda. The place was chosen due to the increasing number of youths with mental health challenges attending the outpatient unit of the hospital.

### Study population

The study focused on all youth, both female and male, aged between 12 and 30 years, attending the mental health unit of Mityana General Hospital in Mityana district.

### Sample size determination

A total of 40 youths, both female and male, were considered to be appropriate to form the planned sample size. This was determined from the total number of 120 youth visiting the mental health outpatient clinic. The proposed sample was sufficient and a representative of the general population, given the overall population of youth and the time for data collection.

### Sampling procedure

A convenient sampling technique was used to select the right respondents to participate in the study. 5 respondents who were eligible and willing to participate in the study were targeted per day of attendance. There was an explanation and self-introduction to the sample clients, about the objectives of the study, and whoever accepted and had a sound mind was considered. However who denied participation were left out. The data collection process took a total of 8 days to collect data from 40 participants. On each data collection day, an average of 5 participants were interviewed. The same process was followed for each of the 8 data collection periods until a total of 40 participants were interviewed. For each of the sampled clients, informed written consent was sought and secured before the actual data collection interview.

### Inclusion criteria

The study included all youth, both female and male, aged between 12 and 30 years with mental health challenges attending the mental health clinic in Mityana general hospital during the time of study, and had consented to participate in the study.

### Dependent variable

Occurrence of mental illness among the youth

### Independent variables

Biological (genetics, chronic medical conditions, brain injuries, and substance abuse) and psychological (divorce, stress, discrimination, sexual violence, loss, early motherhood, and neglect) factors contribute to the occurrence of mental illness among the youth.

### Research instruments

Questionnaires were used as research instruments for collecting data from youth, both male and female, attending the mental health clinic in Mityana General Hospital. The questionnaire was designed in line with the specific objectives, literature review, and under the guidance of the supervisor. The tool contained closed-ended questions.

### Data collection procedures

After approval of the proposal by the supervisor, the principal investigator obtained an introductory letter from St. Michael Lubaga Hospital Training Schools that was used as an entry in Mityana General Hospital. After receiving permission from the Chief Administrative Officer, the letter was presented to the head of the mental health clinic at Mityana General Hospital. The principal investigator was introduced to clients and informed them about the study, and obtained verbal consent on their willingness to participate in the study. The clients were then informed about the rationale, background of the study, and procedures. The clients were told to respond to questions regarding

biological, social, and psychological factors contributing to the occurrence of mental illness among the youth. 5 participants were sampled per day of attendance, up to a total of 40 participants for 8 days. After consenting, the questionnaires were distributed to the respondents who were able to read and write, fill them, and those who were not able were interviewed using guided questionnaires.

## Data management

Data was managed and kept under strict supervision. Questionnaires filled during data collection were checked for completeness and edited for accuracy. The half-filled questionnaires were forwarded back to their respective respondents to be completed before leaving the area of study.

## Data analysis

The collected data were entered into the computer, cleaned, corrected, clarified, and analyzed using the Statistical Package for the Social Sciences (SPSS). Univariate analysis was done for categorical variables using frequency and proportion, and displayed in tables and bar charts. Continuous variables were summarized in median, mean, and standard deviation.

## Ethical consideration

A letter of introduction was obtained after the research ethics committee of St Michael Lubaga Training Schools reviewed the proposal regarding its relevance to the research ethics and approval to conduct the research, seeking permission to carry out the study from Mityana General Hospital. The participants were given complete and clear information about the study being conducted to enable them to make an informed consent about their participation in the study. Consent was obtained from clients who had qualified for the study. Privacy and confidentiality were ensured as stipulated in nursing research ethics.

# Results

## Demographic characteristics of respondents

**Table 1: Demographic characteristics of respondents**

| | | (n=40) |
|---|---|---|
| **Sex** | **Frequency (f)** | **Percentage (%)** |
| Male | 17 | 42.5 |
| Female | 23 | 57.5 |
| **Total** | **40** | **100** |
| **Marital status** | | |
| Single | 26 | 65 |
| Married | 9 | 22.5 |
| Divorced | 4 | 10 |
| Widowed | 1 | 2.5 |
| **Total** | **40** | **100** |
| **Education level** | | |
| None | 2 | 5 |
| Primary | 8 | 20 |
| secondary | 23 | 57.5 |
| Tertiary | 7 | 17.5 |
| **Total** | **40** | **100** |
| **Location** | | |
| Trading center | 12 | 30 |
| town council | 16 | 40 |
| Village | 12 | 30 |
| **Total** | **40** | **100** |
| **Age** | | |

| | | |
|---|---|---|
| 12-16 | 2 | 5 |
| 17-21 | 9 | 22.5 |
| 22-26 | 23 | 57.5 |
| 27 and above | 6 | 15 |
| **Total** | **40** | **100** |

Findings from table 1 show that the majority of respondents (23) 57.5% were female, and a minority (17) 42.5% were male. This implies that female respondents dominated the study, and this could be due to the fact that females are very sensitive to their lives and seek medical attention more than males.

Still, findings from Table 1 show that (26) 65% respondents were single, (9) 22.5% were married, (4)10% were divorced, and (1)2.5% were widowed. This implies that more than half of the respondents were single because they had a mental illness.

Table 1 shows that more respondents (23) 57.5% had reached secondary, followed by primary (8), 20%, then tertiary (7) 17.5% and lastly (2), 5% had not attended any school. This shows that most people with mental health conditions do not succeed with their studies.

Furthermore, Table 1 shows that most of the respondents (16), 40% stayed in the town council, those who stayed in the trading center were (12) 30%, and in the village were also (12) 30%. This implies that city living is associated with high risks of mental illness.

Lastly, Table 1 shows that the majority of respondents (23) 57.5% were in age brackets of 22-26, followed by (9) 22.5% were in 17-21, then (6) 15% around 27 and above, few (2) 5% were in 12-16. This implies that people in age brackets of 22-26 face a lot of challenges that predispose them to mental illness

## Biological factors contributing to the occurrence of mental illness.

### Table 2: Presents the genetic predisposition of mental illness (n=40).

| **Do you have a relative with a mental illness** | **Frequency(f)** | **Percentage (%)** |
|---|---|---|
| yes always | 30 | 75 |
| No | 6 | 15 |
| no opinion | 4 | 10 |
| **Total** | **40** | **100** |

According to table 2 most of respondents (30) 75% had relatives with mental illness as compared to (4) 10% without.

### Table 3: Represents whether respondents had ever suffered a chronic physical illness (n=40).

| **Have you ever suffered from a chronic medical illness** | **Frequency(f)** | **Percentage (%)** |
|---|---|---|
| yes always | 5 | 12.5 |
| yes some times | 25 | 62.5 |
| No | 10 | 25 |
| **Total** | **40** | **100** |

Table 3 shows that more than half of the respondents (25) 62.5% had ever suffered a chronic medical condition, while (10) 25% had not.

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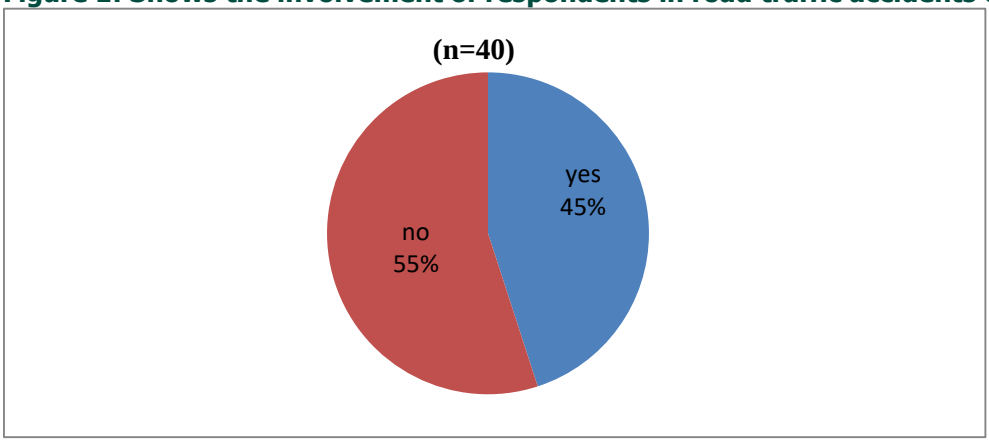
**Figure 1: Shows the involvement of respondents in road traffic accidents or a head injury**




Findings from Figure 1 show that the majority of the respondents (22) 55% were neither involved in a road traffic accident nor had sustained a head injury, while a minority (18) 45% were involved.

**Table 4 represents drug abuse and frequency of abuse (n=40).**

| **Have you ever abused drugs** | **Frequency(f)** | **Percentage (%)** |
|---|---|---|
| yes | 28 | 70 |
| no | 12 | 30 |
| **Total** | **40** | **100** |
| **How often** | n=28 | |
| always | 6 | 21.4 |
| Sometimes | 18 | 64.3 |
| once in a while | 4 | 14.3 |
| | | |
| **Total** | **28** | **100** |

NB: The total number in Table 4 was less because not all respondents replied to this question when asked.
Findings from table 4 show that most of the respondents (28) 70% had ever abused drugs. Still in table 3, the results show that (18) 64.3% of respondents had abused drugs sometimes, compared to (4) 14.3% who had abused them once in a while.

## Psychological factors contributing to the occurrence of mental illness

**Table 5: How can stress lead to mental illness among the youth?**

| | | | **(n=40)** |
|---|---|---|---|
| **variable** | **response** | **Frequency(f)** | **Percentage (%)** |
| **Stress** | feels helplessness | 7 | 17.5 |
| | hopelessness | 11 | 27.5 |
| | depressed | 22 | 55 |
| | no opinion | 0 | 0 |
| **Total** | | **40** | **100** |

Findings from table 5 show that the majority of respondents (22) 55% feel depressed when they are stressed, others (11) 27.5% said that they feel hopelessness, and the minority (7) 17.5% feel helplessness when they are stressed.

**Table 6: Does racial discrimination increase the rates of mental illness among youths?**

| | | (n=40) |
|---|---|---|
| **Racial discrimination** | **Frequency(f)** | **Percentage (%)** |
| yes | 30 | 75 |
| no | 10 | 25 |
| **total** | **40** | **100** |

From table 6, more than half of the respondents (30) 75% accepted that racial discrimination increases the rates of mental illness among the youth, while (10) 25% did not accept.

**Table 7: Early motherhood /marriage can contribute to the occurrence of mental illness.**

| | | | (n=40) |
|---|---|---|---|
| **Variable** | **category** | **Frequency(f)** | **Percentage (%)** |
| early motherhood /marriage | yes always | 12 | 30 |
| | yes some times | 27 | 67.5 |
| | never | 1 | 2.5 |
| **Total** | | **40** | **100** |
| **From 19 above, give a reason.** | | | |
| Lack of connection with their family | | 5 | 12.5 |
| Unsupportive husband | | 25 | 62.5 |
| Domestic violence | | 4 | 10 |
| Disappointment | | 5 | 12.5 |
| mistreatment at home | | 1 | 2.5 |
| **Total** | | **40** | **100** |

Findings from table 7 show that most of the respondents (25) 67.5% accepted that sometimes early motherhood/marriage is associated with mental illness, and others (12) 30% accepted that it is always true, whereas (1) 2.5% never accepted.

Still unsupportive husbands (25) 62.5%, lack of connection with their family (5) 12.5%, disappointment (5) 12.5%, and domestic violence (4) 10% were reasons associated with the occurrence of mental illness, while (1) 2.5% never accepted and stated that mistreatment at home forces them to early marriage, where they get peace.

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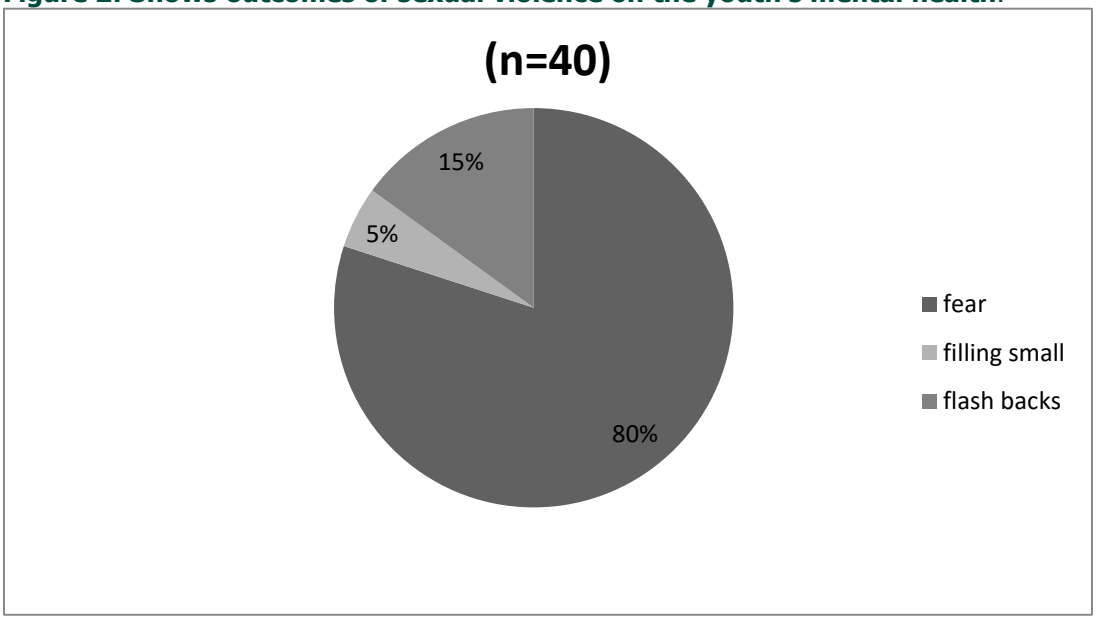
**Figure 2: Shows outcomes of sexual violence on the youth's mental health.**




From figure 2, the results show that the most common outcome of sexual violence (32) 80%was fear, followed by (2) 5% feeling small, and the least was (6) 15% flash backs.

**Table 8: Represents losses and deaths of beloved ones.**

| | | (n=40) |
|---|---|---|
| **Major losses and death** | **Frequency(f)** | **Percentage (%)** |
| yes | 36 | 90 |
| no | 4 | 10 |
| **Total** | **40** | **100** |

Findings from table 8 show that most of the respondents (36) 90% accepted that major losses and death can contribute to a lot of psychological distress among the youth.

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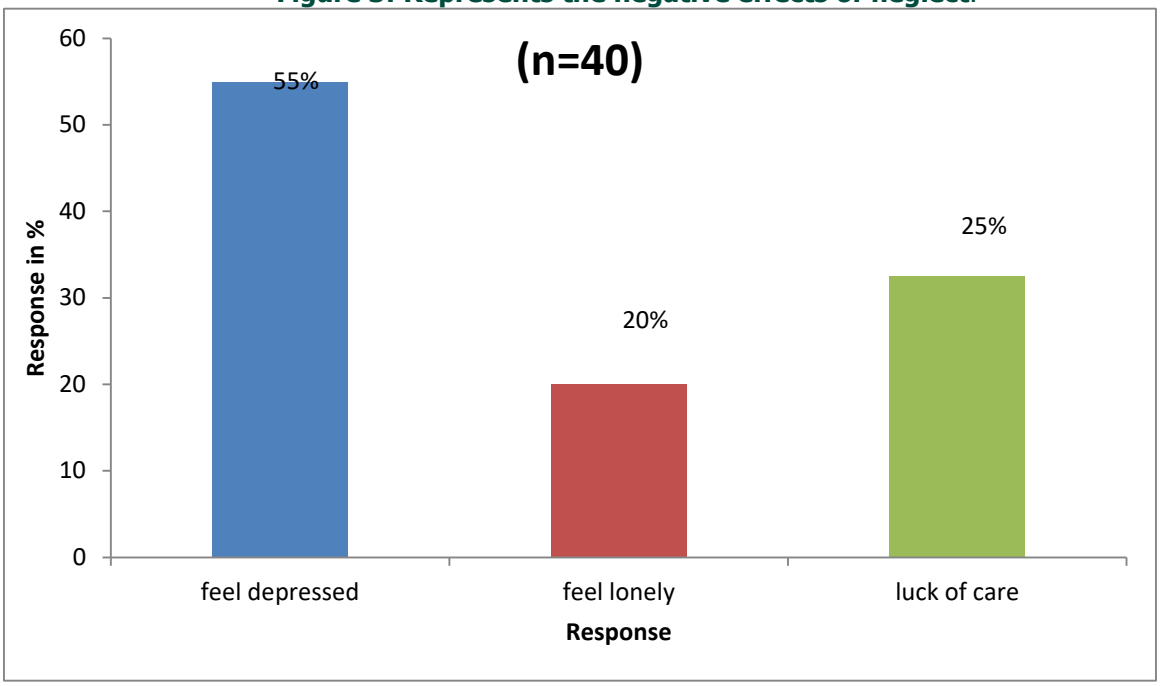
**Figure 3: Represents the negative effects of neglect.**




Results from figure 3 show that most of the respondents (22) 55% feel depressed, while (10) 25% said lack of care, and the least (8) 20% said they feel lonely.

## Discussion

### Biological factors contributing to the occurrence of mental illness.

According to findings, most of respondents (30) 75% had relatives with mental illness as compared to (4) 10% without. This implies that if you have relatives with a mental illness, there is a high chance of getting the condition genetically. These findings are in line with those of Uher and Alyson Zwicker (2017), which revealed that there is a gradient of genetic contribution, with higher estimates of heritability for the more severe and less common disorders (autism, schizophrenia, bipolar disorder) and a lesser degree of heritability for more common and less severe disorders (anxiety, major depressive disorder.

The findings showed that half of the respondents (20) 62.5% had ever suffered a chronic physical illness, while (15) 25% had not. This implies that suffering from a chronic physical illness predisposes youth to risks of developing mental illness. This was similar to Adam's findings (2019), which stated that youth with chronic physical conditions (CPCs) may be at greater risk for developing chronic mental health conditions (MHCs) and limitations in the ability to engage in developmentally appropriate activities.

Findings show that the majority of the respondents (22) 55% were neither involved in a road traffic accident nor had sustained a head injury, while a minority (18) 45% were involved. This showed that not every youth with mental illness is linked to accidents or a head injury. This was slightly similar to a study conducted by Forry and others (2019) to find out the prevalence and associated factors of mental disorders among the prisoners in Mbarara municipality, which revealed that the majority of the individuals with mental illness were young and had a history of traumatic brain injury.

Findings showed that most of the respondents (28) 70% had ever abused drugs. This implies that most youth get mental health challenges due to drug abuse. Still, findings show that (18) 64.3% of respondents had abused drugs at some point, while (6) 21.3% who had abused it always. This still explains that others do not recognize addiction as a mental illness, thus staying in captivity of the condition. This was related to Juma and others (2019) on the burden drivers and impacts of poor mental health among the youth in West and Central Africa, which found that the use of illicit drugs and psychoactive substance abuse among young people was associated with severe outcomes, including mental illness.

### Psychological factors contributing to the occurrence of mental illness among the youth.

Findings show that the majority of respondents (22) 55% feel depressed when they are stressed, others (11) 27.5% said that they feel hopelessness, and the minority (7) 17.5% feel helplessness when they are stressed. This implies that

stress is a bothersome and challenging factor that almost all youth face, and it's linked with high rates of mental illness. This findings were in line with that of Omar Ali Omari (2020) about the prevalence and predictors of depression, anxiety, and stress among youth at the time of COVID-19 which revealed a significant predictors of stress, anxiety, and depression as being female, being in contact with a friend and/or a family member with mental illness, being quarantined for 14 days, and using the internet.

Findings showed that more than half of the respondents (30) 75% accepted that racial discrimination increases the rates of mental illness among the youth, while (10) 25% did not accept. This indicates that racial discrimination is associated with high rates of mental illness among the youth. This was similar to Bongki Awoo's (2019) findings on the role of racial/ethnic identity in the association between racial discrimination and psychiatric disorders, which revealed that a cumulative body of evidence consistently documents a relationship between racism—usually operationalized as self-reported racial discrimination—and mental health impairments such as negative mood and depressive symptoms.

Findings show that most of the respondents (27) 67.5% accepted that sometimes early motherhood/marriage is associated with mental illness, and others (12) 30% accepted that it is always true, whereas (1) 2.5% never accepted. However unsupportive husbands (25) 62.5%, luck of connection with their family (5) 12.5%, disappointment (5) 12.5%, and domestic violence (4) 10% were reasons associated with the occurrence of mental illness while (1) 2.5% never accepted and stated that mistreatment at home forces them to early marriage, where they get peace. This explains why most young mothers experience mental health challenges due to early marriage/motherhood. This was in line with Smith Battle's findings (2016) on teen mothers' mental health, which stated that psychological distress is common in teen mothers. High rates of distress are attributed to teen mothers' childhood adversities and the challenges of parenting in the context of chronic stress, cumulative disadvantage, and limited social support.

The study revealed that (32) 80%was fear as the most common outcome of sexual violence, followed by (2)5 % feeling small, and the least was (6) 15% flash backs. Which is why most youth who experienced sexual violence later in their life have mental health challenges? These findings were similar with that of Tarzia (2018), who found significant associations between rape/sexual assault and poor mental health, and between coercion and/or reproductive control and higher PTSD and anxiety scores, compared to women with no SV experiences.

Finding showed that most of the respondents (36) 90% accepted that major losses and death can contribute to a lot of psychological distress among the youth. This shows that major losses and death have a lot to do with one's mental health. This finding was partially in line with that of Kaasa (2013), which revealed that the experience of loss around developing a mental illness is ambiguous because losses are not clear or obvious to the individual and society. The loss of having a mental illness is also a form of disenfranchised grief, because it is not seen as a significant loss by society. The grief process holds no hope of resolution or a return to what life used to be, and the griever can feel stuck in the grief process.

Results show that most of the respondents (22) 55% feel depressed, while (10) 25% said lack of care, and the least (8) 20% said they feel lonely. This implies that neglecting an individual complicates almost every aspect of life, which in turn results in a mental illness. This was slightly in line with Cohen and others (2018), who found that neglect was a potent risk factor for the development of psychological distress, especially internalizing disorders. Early exposure to childhood neglect was closely associated with the proximal development of depression and anxiety in youth.

## Conclusion

Based on the findings of the study, it was worthy to reason out that; the findings of this study confirmed that the major factors that contributes to the occurrence of mental illness were categorized into themes of biological such as genetics (30) 75%, chronic physical illness (25) 62.5%, road traffic accidents or head injuries (18) 45%, drug abuse (28) 70%. Social factors, which included poverty (24) 60%, though religion (16) 40% was not so certain, social stigma (27) 67.5%, culture (26) 65%, individual's income status (29) 72.5%, and poor parenting style (22) 55%. Psychological factors like stress (22) 55%, racial discrimination (30) 75%, early motherhood/marriage (27) 67.5% with associated reasons like" unsupportive husbands (25) 62.5%, and domestic violence 10%'' sexual violence (32) 80%, major loses and death of beloved one (36) 90%, lastly was neglecting however most of them (22) 55% felt depressed.

## Recommendation

To achieve effective integration of mental health services in PHC in Ugandan communities, including Mityana, there is a need for some health system changes in the following areas: modification of the education system for health workers to make the training in mental health more comprehensive and practical.

There should be a comprehensive review of mental health in all communities of Uganda to address the burden.

Health promotion, which is a holistic approach to community health care through strategies and actions directed at strengthening the skills of individuals, changing social, environmental, and economic conditions.

The Ministry of Health, through programs like community-based health rehabilitation services, should reach out to people with mental disabilities to reduce the burden.

The government should increase the budget to solve issues resulting from financial constraints on mental health.

There is a need to reduce the paucity of mental health care providers to intensify service provision, which includes

sensitization on the causes of mental illness and how to avoid them.

The government should make new reforms and policies that integrate the traditional healers and spiritual healers in a referral system of Uganda for early identification and treatment of mental illness.

## Acknowledgement

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## List of abbreviations

**AIDS**: Acquired Immune Deficiency Syndrome
**DALYs:** Disability-Adjusted Life Years
**HIV**: Human Immune Virus
**MOH:** Ministry of Health
**SDGs:** Sustainable Development Goals
**WHO**: World Health Organization

## Source of funding

The study was not funded.

## Conflict of interest

The author declares that there was no conflict of interest.

## Author contributions

**PK**- Developed and investigated the study.
**CM**- Supervised the study.
**JFN**- Supervised the study.

## Data availability

Data is available upon request.

## Informed consent

Written informed consent was obtained from all participants prior to their inclusion in the study. Participants were informed about the purpose of the study, procedures involved, potential risks and benefits, and their right to withdraw at any time without penalty.

## Author biography

Peter Kayiza is a student at St. Michael Lubaga Hospital Training Schools, pursuing a diploma in nursing.

Clare Mukomuzibu is a tutor and research supervisor at St. Michael Lubaga Hospital Training Schools.

Donatus Kimera is a research supervisor at St. Michael Lubaga Hospital Training Schools.

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