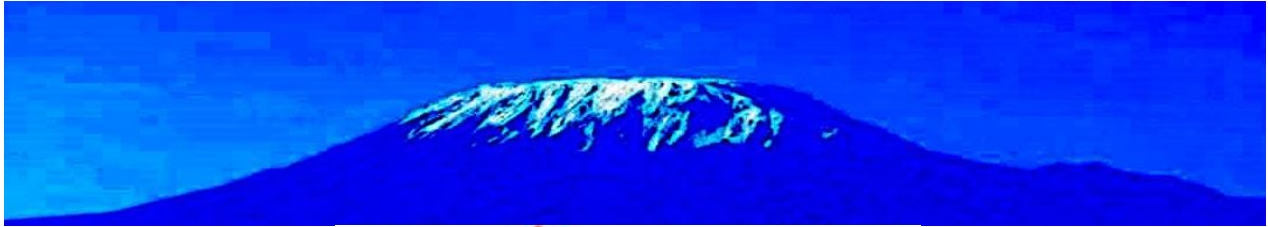


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Perception and Attitude of Community Members on Psychotic Disorders in Temeke District, Tanzania

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Abstract

The present research project aimed at examining the discernment of the public regarding psychotic illnesses in the Temeke area, Tanzania. The following questions were answered by the findings of the study. What are the community members' perceptions of psychotic disorders? What are the community members' attitudes to people suffering from psychotic disorders? Both quantitative and qualitative approaches were used simultaneously. It was a descriptive study that collected information from neighbors of the selected people with psychotic disorders in this area for the investigation. In the course of the research undertaking, eighty mentally ill people were purposively designated from the psychiatric clinic of the Temeke Hospital in 2020. Two neighbors emanating from all experimented patients were purposively selected from distinct households to take part in the study as main informers. Hence, the study had 160 respondents. Through data obtained via questionnaires and interviews, the study noted that community members had negative perceptions and attitudes towards psychotic disorders. Generally, they could see psychosis as a humiliating sickness, a sign of failure in life. They believed psychosis was caused by witchcraft and therefore, they could not maintain close relations with the patients. There is a need to educating community members on facts about psychotic disorders to increase their awareness and improve their perception and attitude towards people with psychotic challenges.

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INTRODUCTION

Psychiatric or mental disorders are diseases of the mind; the pain is in the mind and not in any physical part of the body (World Health Organization; WHO, 2004 cited in Vigo, et al., 2016). Psychotic disorders, such as psychosis, schizoaffective, schizophrenia, bipolar, mania, depression, and anxiety, are serious mental illnesses that affect a significant proportion of the global population (Van-Weeghel, et al., 2019). Globally, psychotic disorders account for 13 percent of all diseases or 25.3 percent of all non-infectious diseases in the globe. The annual increase rate of new psychotic disorders is 7.4 percent (Sfetcu, et al, 2017). According to the World Health Organization (WHO), over 21 million people worldwide are affected by schizophrenia, and it is estimated that bipolar disorder affects approximately 45 million people globally (WHO, 2020). The impact of these disorders on individuals, families, and communities is substantial, and they pose a significant challenge to healthcare systems worldwide.

Mental diseases' have been proven to be a global phenomenon and they largely lead to global illness and death (Copeland, Tong, & Shanahan, 2022; Lyness, 2020; Solmi et al., 2020). Such illnesses include neurosis, schizoaffective, schizophrenia, bipolar, obsession, despair, nervousness, and so on. The three leading forms of mental illnesses include despair, schizoaffective, and neurosis whereby neurosis or sociopath represents the most acute state of mental illness (Garcia et al., 2020; Gundugurti, Bhattacharyya, & Koneru, 2022; Tamouza, Krishnamoorthy, & Leboyer, 2021). Globally, mental illnesses represent 13% of overall diseases on earth or 25.3% of all non-communicable diseases around the globe. Psychotic disorders increase by 7.4% annually (Hossain et al., 2020; Merikangas, Nakamura, & Kessler, 2022; Shorter, 2022).

Perception and attitude towards psychotic disorders is an important aspect of mental health that influences the help-seeking behavior of individuals affected by the disorder (Lyness, 2020; Nemani et al., 2021). In recent years, there has been a growing recognition of the need to address mental health issues globally, especially in low and middle-income countries (LMICs) where the burden of mental illness is high, and resources for mental health are scarce (Patel, 2018).

In Africa, mental health issues have often been overlooked, and there is a significant treatment gap in the management of mental disorders. Studies have shown that the prevalence of psychotic disorders in African countries ranges from 0.3% to 4.3%, with an estimated treatment gap of up to 90% (Gureje et al., 2015; Jenkins et al., 2019). This treatment gap is mainly due to the lack of mental health resources, including trained personnel, medications, and equipment, as well as cultural beliefs and stigma associated with mental illness (WHO, 2019).

In East Africa, mental health is also a growing concern, with limited resources for mental health services, inadequate health systems, and cultural beliefs that may influence attitudes towards mental illness (Kizza et al., 2020). In Tanzania, like other countries in the region, mental health is a significant public health issue. Studies have shown that the prevalence of mental disorders in Tanzania is high, with up to 24% of the population experiencing some form of mental illness (Mbwayo et al., 2013). However, the country's mental health system is under-resourced, with only 0.1% of the health budget allocated to mental health services (WHO, 2020). Psychotic disorders are prevalent and contribute significantly to the country's disease burden. A study conducted by Mhando et al. (2021) in Tanzania reported a prevalence of 0.6% for schizophrenia and 0.3% for bipolar disorder. The study also found that individuals with these disorders face significant challenges, including social stigma, lack of access to appropriate treatment, and poor outcomes.

Community attitudes and perceptions towards individuals with psychotic disorders are critical factors that influence their social and clinical outcomes (Lysaker, et al., 2018). In many low- and middle-income countries, including Tanzania, people with mental illnesses face stigma and discrimination, which can affect their ability to access appropriate care and support (Fekadu et al., 2019). Previous studies have shown that community members' attitudes and beliefs towards individuals with mental illnesses are shaped by cultural, social, and economic factors (Ssebunnya et al., 2009; Hygen et al., 2020; Küpeli Akkol et al., 2021).

Research on community attitudes towards mental illness in Tanzania is limited, and there is a need for more studies that explore the attitudes and perceptions of community members towards psychotic disorders. The present study aims to fill this gap by investigating the attitudes and perceptions of community members towards individuals with psychotic disorders in the Temeke district of Tanzania. The findings of this study may have implications for mental health policy and interventions in Tanzania and other low- and middle-income countries.

Statement of the Problem

Despite the high burden of mental illness in Tanzania and the need for effective mental health care, there is limited information on the perception and attitudes of community members towards psychotic disorders in Temeke district, Tanzania. The lack of understanding of the community's perceptions and attitudes towards psychotic disorders may contribute to the treatment gap in mental health care in the region, as it can hinder the implementation of effective interventions. Therefore, the problem addressed in this study is the need to explore the perception and attitudes of community members towards psychotic disorders in Temeke district, Tanzania.

LITERATURE REVIEW AND THEORETICAL FRAMEWORK

Two theories guided this study; the Health Belief Model (HBM) and the Social Cognitive Theory (SCT). The selection of these theories was influenced by their ability to inform the relation between behaviors which explain the perception and attitude of community members and health which explains psychotic disorders. The Health Belief Model is a widely used theory in health behavior research, which posits that people's behavior is influenced by their beliefs about health and their perception of the benefits and barriers to taking action (Rosenstock, 1974). According to the HBM, people are more likely to take action if they perceive themselves as susceptible to the health problem, perceive the health problem as severe, perceive the benefits of taking action as high, and perceive the barriers to taking action as low. In the context of mental health, the HBM was used to explore how community members perceive the risk of developing psychotic disorders, the severity of the condition, and the perceived benefits and barriers to seeking help.

The Social Cognitive Theory, on the other hand, emphasizes the role of social factors in shaping behavior. According to SCT, behavior is influenced by personal, behavioral, and environmental factors, which interact with each other (Bandura, 1986). The personal factors include cognitive processes such as beliefs, attitudes, and expectations, while behavioral factors include the individual's actions and the consequences of those actions. Environmental factors include social and cultural influences that may shape behavior. In the context of mental health, SCT was used to explore how cultural beliefs and social norms may influence the perception and attitudes of community members towards psychotic disorders.

Therefore, the combination of the HBM and SCT provided a comprehensive framework for exploring the perception and attitude of community members towards psychotic disorders in Temeke district, Tanzania. The HBM provided insight into how community members perceive the risk of developing psychotic disorders, the severity of the condition, and the perceived benefits and barriers to seeking help. On the other hand, SCT provided insight into how cultural beliefs and social norms may influence the perception and attitudes of community members towards psychotic disorders. By using a theoretical framework that combines these two theories, the study provided a more comprehensive understanding of the factors that influence the perception and attitude of community members towards psychotic disorders in Temeke district, Tanzania.

Related Empirical Literature

Perception of psychotic disorders by community members has been reported by several studies. Research has shown that community members' perception of psychotic disorders is influenced by their level of knowledge and exposure to individuals living with these conditions. A study by Oliver et al. (2021) found that community members with higher levels of education had more positive attitudes towards individuals with psychotic disorders. In contrast, community members with lower education levels were more likely to hold negative attitudes and stigma towards individuals with psychotic disorders. Similarly, a study by Jorm et al. (2021) found that individuals with more significant exposure to individuals with psychotic disorders, such as healthcare professionals, had more positive attitudes towards them.

Several studies have explored the perceptions of Tanzanian communities towards psychotic disorders. A study conducted by Aagaard-Hansen et al. (2016) in the Kilimanjaro region found that people with psychotic disorders were often stigmatized and discriminated against by their communities. Kilonzo et al. (2020) in the Temeke district of Dar es Salaam found that many community members believed that psychotic disorders were caused by witchcraft or curses. Participants in the study described people with psychotic disorders as being "cursed" or "bewitched." Another study conducted by Kilonzo et al. (2018) in the Mtwara region found that community members had limited knowledge about psychotic disorders. Participants in the study expressed a need for more information on the causes, symptoms, and treatment of psychotic disorders. Furthermore, a study conducted by Goff et al. (2017) in the Mbeya region found that community members had a high level of mistrust towards mental health services. A study by Mushi et al. (2018) found that community members in Temeke district had a limited understanding of psychotic disorders, and there were widespread misconceptions about the causes and treatment of these conditions. Similarly, a study by Mbonile et al. (2020) found that there was a high level of stigma towards individuals with mental illness in Temeke district. Participants in the study reported that individuals with mental illness were often discriminated against, ostracized, and excluded from social activities. Moreover, the study found that there was a significant treatment gap in mental health care in Temeke district, with many individuals with mental illness not receiving appropriate care. Lastly, Kimambo et al. (2019) revealed that there was a lack of awareness and knowledge about mental health disorders among community members in Temeke district.

Attitudes of community members towards individuals with psychotic disorders have been reported by several studies. A study by Brown et al. (2021) found that negative attitudes towards individuals with psychotic disorders were prevalent in the community, leading to discrimination and social isolation. Similarly, a study by Link et al. (2021) found that community members' negative attitudes towards individuals with psychotic disorders were a significant barrier to their access to mental health services. These negative attitudes were often based on

misconceptions about the causes of psychotic disorders, such as beliefs that these conditions are caused by drug abuse or personal weakness.

On another hand, several studies have explored Attitudes of community members towards individuals with psychotic disorders in Tanzania. A recent study conducted by Mbatia et al. (2021) found that community members held negative attitudes towards individuals with psychotic disorders, including fear, avoidance, and blaming the individual for their illness. In a similar study, Temu et al. (2020) found that health care providers held negative attitudes towards individuals with psychotic disorders, including fear and blaming the individual for their illness. Furthermore, a study conducted by Semakula et al. (2020) aimed to explore the attitudes of family members towards individuals with psychotic disorders in Tanzania. The study found that family members held negative attitudes towards affected individuals, including fear, embarrassment, and blaming the individual for their illness. In contrast, a study conducted by Hiza et al. (2020) found that community health workers held positive attitudes towards individuals with psychotic disorders and were willing to provide appropriate care to affected individuals. Moreover, the study found that community health workers had received training on how to provide appropriate care to individuals with psychotic disorders, which contributed to their positive attitudes.

Interventions to improve the perception and attitudes of community members towards individuals with psychotic disorders have been studied. Several interventions have been developed to improve the perception and attitudes of community members towards individuals with psychotic disorders. A study by Knaak et al. (2021) found that education and awareness-raising programs were effective in improving community members' knowledge and attitudes towards individuals with psychotic disorders. These programs involved providing accurate information about psychotic disorders, debunking myths and misconceptions, and promoting empathy and understanding towards those affected. Similarly, a study by Thornicroft et al. (2021) found that contact-based interventions, where individuals with psychotic disorders interacted with community members, were effective in reducing stigma and improving social inclusion.

MATERIALS AND METHODS

Study area

The study was conducted in Temeke District, which is located in the coastal region of Tanzania. Temeke District is one of the three districts in the Dar es Salaam region and is home to approximately 1.2 million people. The district is characterized by a diverse population with a mix of ethnic groups and religions. The district has both rural and urban areas and is known for its industrial and commercial activities. According to a study published in 2019 in the journal BMC Psychiatry, mental health issues are a significant public health concern in Temeke district, Tanzania. The study found that the prevalence of depression and anxiety was higher in Temeke district than in other regions of Tanzania, and that there was a significant treatment gap in mental health care. The study also highlighted the need for community-based interventions to address the high levels of stigma and discrimination towards individuals with mental illness in the district (Abubakar et al 2019).

Research design, Sampling techniques, Sources of data and Data collection

The descriptive design was used to describe the current perception and attitude of community members towards psychotic disorders. Temeke district was purposively selected due to its mental health status as indicated by Abubakar et al. (2019). A purposive sampling method was used to designate 60 mentally ill people who were treated at the psychiatric unit of Temeke area

Hospital in 2020. For each sampled psychotic patient, two neighbors were purposively designated from two different homes; therefore, the study included a total of 160 representative sample of individuals (neighbors of PPDs) to represent community members. The paper aimed at directly gathering data from community members' points of view on how they perceived psychotic disorders and what were their undertakings to take care of mentally ill people. The condition for selection based on: 'participants should have stayed in the Temeke area for at least five years and should be aged at least 18 years'.

The study involved only the voluntary respondents who were conversant with either Kiswahili or the English language. The respondents were not selected based on their age, gender, social status, occupation, or religion categories. All 160 respondents filled questionnaire and returned. In addition, out of 160 the interview was conducted with 5 participants, as they were available and willing to participate in the interview process. Ethics were adhered to throughout the study, including the confidentiality of all participants. This study generally involved a combination of methods to obtain primary and secondary data. Primary data specifically focused on obtaining information about the Perception and Attitude of Community Members on Psychotic Disorders in Temeke District, Tanzania. Secondary data include a documentary review to supplement information abstained from the primary sources and included; census reports, journals, and research reports.

Data analysis

In the questionnaire, participants were requested to rate their opinions on a Likert scale spanning from 1 to 5; with 1 being strongly disagreed, 2 beings disagree, 3 being neutral, 4 agreeing, and 5 strongly agreeing. The study employed descriptive analysis to analyze numerical data that involved the respondents' characteristics, quantifiable perception, as well as the participants' attitudes towards psychosis. During the descriptive analysis, the study employed frequency, percent, and means to interpret the results. Interpretations of the mean scores were as follows: - 4.21-5.00 = Strong positive perception or attitude; 3.41-4.20 = Positive perception or attitude; 2.61-3.40 = Neutral perception or attitude; 1.81-2.60 = Negative perception or attitude; and 1.00-1.81= Very negative perception or attitude. The study translated the qualitative data from Kiswahili into English and subjected them to thematic analysis, whereby the researcher clustered the related themes that emerged from the interview and drew conclusions.

RESULTS AND DISCUSSIONS

This section presents the result and discussion of the study.

Respondents' profile

The socio-demographic information of the selected respondents was reported in terms of their gender, age brackets, levels of education, and years of residency in Temeke Municipality. Table 1 shows that 61.3% of the respondents were male while 38.8% were female; hence the study contained views of both male and female genders. Concerning age brackets, respondents aged 18-30 years old presented 7% of all respondents, 31-40 years presented 15.8%, 41-50 years old presented 24.7%, 51-60 years old 34.2% and those with 60 years and above presented 18.4%. Concerning educational qualifications, 1.9% had no formal education, 46.8% had primary education, 38.6% had secondary education and 12.7% had tertiary education. This indicates the vast majority of respondents could read and write without the help of a third party.

It was continued that respondents with no employment were 8.8%, self-employed were 33.3%, those employed in the informal private sector were 39.6% of all respondents, those employed in the formal private sector were 10.1%, and those employed in the government sector were 8.2%. Those who had stayed within Temeke municipality for 5-8 years were 8.1%, 9-12 years were 10%,

12 -14 years were 14.1% and 15 years and above were 67.5%. Statistics show that the majority stayed in this municipality for many years and therefore people who had created some level of social networks and they were well familiar with the community culture.

Table 1: Respondents' socio-demographic characteristics

Characteristics	Total	
Gender	Female	62 (38.8%)
	Male	98 (61.3%)
	Total	160 (100%)
Age bracket	18-30yrs	11 (7%)
	31-40 yrs	25 (15.8%)
	41-50 yrs	39 (24.7%)
	51-60yrs	54 (34.2%)
	Above 60 yrs	29 (18.4%)
	Total	158 (100%)
Level of education	No Formal training	3 (1.9%)
	Primary schooling	74 (46.8%)
	Secondary schooling	61 (38.6%)
	Tertiary schooling	20 (12.7%)
	Total	158 (100%)
Employment status	Not employed	14 (8.8%)
	Self employed	53 (33.3%)
	Employed in casual private sector	63 (39.6%)
	Employed in official private sector	16 (10.1%)
	Employed in the public sector	13 (8.2%)
	Total	159 (100%)
Residential duration	5-8 years	13 (8.1%)
	9-12 years	16 (10%)
	12-14 years	23 (14.1%)
	15 years and above	108 (67.5%)
	Total	160 (100%)

Source: Field Survey (2021)

Community members' perceptions of psychotic disorders

Results in Table 2 indicate that community members had a good opinion on grounds that the problem was not caused by the patient himself/herself (mean 3.67), that it is not a communicable disease (mean 3.66), and that it was not God's punishment (mean 3.66). Furthermore, the fact that psychotic disease is not caused by misfortune (mean 3.33), that PPDs are not risky persons (mean 2.78), and that psychotic drugs do not cause addiction (mean 2.66), established that they had a neutral perspective regarding psychosis. Community members' negative perception of psychosis was due to their ideological misperception that it was a shameful disease (mean 2.58), that it is a sign of failure or weakness (mean 2.56), that it is incurable (mean 2.51), and that they should not wed somebody with psychotic ailments (mean 1.83). The overall findings, on the other

hand, established that community members had a neutral perception vis-à-vis the psychotic conditions (weighted mean = 2.91).

Table 2: Perceptions of the community members

Perceptions	Disagree	Neutral	Agree	Strongly agree	Total	Mean
The patient is not a source of the disorders	25(15.6%)	50(31.3%)	22(13.8%)	59(36.9%)	160(100%)	3.67
Psychosis is not a contagious disease	14(8.8%)	60(37.5%)	33(20.6%)	48(30%)	160 (100%)	3.66
Psychosis is not God's punishment	14(8.8%)	60(37.5%)	50(31.3%)	31(19.4%)	160 (100%)	3.55
Bad fortune does not cause psychosis.	34(21.8%)	40(25.6%)	50(32.1%)	25(16%)	156 (100%)	3.33
Patients are not risky people	60 (37.5%)	33(20.6%)	33(20.6%)	15(9.4%)	160 (100%)	2.78
Psychotic drugs do not cause addiction	42(26.3%)	44(27.5%)	32(20%)	10(6.3%)	160 (100%)	2.66
The disorders are not shameful ones.	64(40%)	57(35.6%)	18(11.3%)	5(3.1%)	160 (100%)	2.58
The disorders are not a sign of failure or weakness	51(31.9%)	52(32.5%)	26(16.3%)	4(2.5%)	160 (100%)	2.56
The disorders are curable	90(56.3%)	18(11.3%)	28(17.5%)	8(5%)	160 (100%)	2.51
You can wed a person with a psychosis disorder	50(31.3%)	41(25.6%)	0	0	160 (100%)	1.83
Weighted mean						2.91

Source: Field Survey (2021)

The research findings presented in Table 2 suggest that the community members surveyed had a generally neutral perception of psychosis. Specifically, the respondents had a positive opinion that the patient was not responsible for causing their own illness and that the illness was not a communicable disease or a punishment from God. They also had a neutral perspective on several other factors related to psychosis, including the fact that it is not caused by misfortune, that people with psychotic personality disorders are not inherently risky, and that psychotic drugs do not cause addiction. These findings contradict those of Khosravi, *et al* (2021) as well as Massazza *et al* (2019) who found that there were a considerable number of people who claimed that most of the mentally ill people have been punished by God.

However, the community members also held some negative perceptions about psychosis, such as the belief that it is a shameful disease, a sign of failure or weakness, and incurable. They also expressed a strong belief that someone with psychotic ailments should not be married, indicating a significant social stigma associated with mental illness in the community. The findings concur with those of Gibbons (2021) who found that psychosis was seen as a humiliating sickness by the majority of community members. This demonstrates that they were stigmatizing and, most likely, discriminating against the patients. Therefore, they could see and negatively treat them because of

their mental illness (Furin et al., 2020; Hampson, Watt, & Hicks, 2020). Without a doubt, stigma may separate PPDs from others, socially marginalize them, and result in poor social standing. The results also agree with Mutashar (2022) who found that it may be considered that a deteriorating condition of health in PPDs might be a direct result of stigmatizing views or an indirect effect of a delay in seeking assistance from credible sources or being given substandard care as a result of the stigmatizing behavior of community members.

Overall, the study found that community members had a neutral perception of psychosis, with a weighted mean of 2.91. However, the negative perceptions identified suggest that there is still significant work to be done in addressing stigma and improving mental health literacy in the community. These findings highlight the importance of targeted education and awareness-raising initiatives to address negative beliefs and attitudes towards mental illness and improve mental health outcomes. The findings agree with Oliver et al. (2021) who found that community members with higher levels of education had more positive attitudes towards individuals with psychotic disorders. In contrast, community members with lower education levels were more likely to hold negative attitudes and stigma towards individuals with psychotic disorders. In addition, Kilonzo et al. (2018) study revealed that participants in the study expressed a need for more information on the causes, symptoms, and treatment of psychotic disorders.

As far as the patient not being the source of psychosis and the disease not being infectious, the following argument was made. *".....I know mental illness is not a choice, it can occur in anyone" (Neighbor, aged 44 years).*

Regarding the assumption that psychosis is not God's punishment; the following were mentioned during interview. "In many Tanzanian communities, particularly those with Muslim majority, psychosis may be seen as a punishment from God. Allah may utilize incurable illnesses to punish his people and accept it as God's will" (respondent; aged 37 years). "Mental illness has been interpreted in a religious or spiritual perspective, in which a person may be considered as being possessed by an evil spirit or made to act in that manner as a form of retaliation for doing something wrong. Others are said to have been cursed or charmed by their adversaries. In many situations, medical knowledge that mental illness is caused by a lifelong brain disorder is more stigmatizing to patients and their families, leading them to conceal their sickness and, as a consequence, not use accessible mental health care from the hospitals, resulting in ongoing suffering" (respondent; 35-year-old).

The following were mentioned regarding psychosis is not caused by bad fortune: "the notion is that the individual has been bewitched, which is why they are brought to a witch doctor; they are sent there to find out who charmed them to become mentally sick. Relatives refuse to admit that the mental sickness is normal like malaria and other diseases and can be treated in the hospitals as well" (respondent; aged 29 years).

"Mental illness is an indication that the family members have been practicing witchcraft or has disobeyed the directions of their ancestors. I recall my neighbor, at the onset of his mental illness, was telling people here that he could hear people talking to him but couldn't see them. He was sometimes claiming to see persons who have died. This demonstrates that spiritual issues are linked with his mental illness" (respondent; aged 46 years).

They mentioned the following regarding whether PPDs are not dangerous and are not a shameful disease.

"I am concerned about interacting with someone who exhibits symptoms of psychosis. It is deemed risky to approach a mentally ill person. You are highly likely to be beaten or harassed by a

mentally ill person even if you have not disturbed him or her (respondent; aged 23 years). "I try not to touch such people since I have heard it is bad luck if a psychotic patient touches my body".

If you are touched by such a person, you may encounter rejection at job, business, and even face marriage troubles" (respondent; aged 34 years).

"Historically, many in our community have made negative or incorrect remarks regarding mental illness. In our community, those who are mentally ill are defined by their sickness rather than by who they are as persons. For example, they may be labeled as crazy ('chizi') rather than a person suffering from psychosis....."I'm not sure how we can assist combat the stigma attached to mentally ill persons in our community" (respondent; aged 35 years).

Almost all participants did not wish to marry a person with a mental illness, and they mentioned the following:

"People with psychotic disorders (PPDs) should not marry since they are unable to fulfill the responsibilities of marriage because of their instability and inability to work" (respondent; aged 46 years). "I'm afraid of falling in love with a mentally ill person since people with psychosis problems are ferocious" (respondent; aged 31 years).

Attitude of the community members towards psychotic disorders

The results (Table 3) show that, on average, community members had a negative attitude towards those who were suffering from psychotic disorders (weighted mean 2.27). They were not maintaining closeness with patients (mean 2.34), assisting patients in gaining access to their livelihood (mean 2.31), communicating with patients regularly (mean 2.29), empowering patients to achieve their goals (mean 2.29), or providing advice to patients when they were in crisis (mean 2.16).

Table 3: Community members' attitudes

Attitudes	Strongly disagree	Disagree	Neutral	Agree	Strongly agree	Total	Mean
You uphold closeness with the PPDs	53(33.1%)	39(24.4%)	29(18.1%)	39(24.4%)	0	60(100%)	2.34
You facilitate PPDs access to their livelihoods	32(20%)	76(47.5%)	22(13.8%)	30(18.8%)	0	160(100%)	2.31
You regularly interact with the PPDs	40(25%)	57(35%)	40(25%)	22(13.8%)	1(0.6%)	160(100%)	2.29
You allow PPDs to achieve their goals	35(21.9%)	76(47.5%)	17(10.6%)	31(19.4)	1(0.6%)	160(100%)	2.29

You pay deserved attention to this disease	44(27.5%)	55(34.4%)	38(23.8%)	21(13.1%)	2(1.3%)	160(100%)	2.26
You provide counselling to PPDs whenever in trouble	55(34.4%)	48(30%)	35(21.9%)	21(13.1%)	1(0.6%)	160(100%)	
Weighted mean						2.16	2.27

Source: Field Survey (2021)

The research findings suggest that community members in Temeke district, Tanzania, have a negative attitude towards individuals with psychotic disorders. The mean score of 2.27 indicates that community members generally hold negative attitudes towards individuals with psychotic disorders. Additionally, community members were not maintaining close relationships with patients, which could contribute to feelings of social isolation and exclusion. This could have detrimental effects on the mental health and wellbeing of patients with psychotic disorders. The findings correspond with those of Semakula et al. (2020) who found that family members held negative attitudes towards affected individuals, including fear, embarrassment, and blaming the individual for their illness. Additionally, the study found that family members lacked knowledge about psychotic disorders, which contributed to their negative attitudes.

Moreover, community members were not assisting patients in accessing their livelihoods or empowering them to achieve their goals. This could have a significant impact on the economic and social status of patients, making it challenging for them to lead productive and fulfilling lives. Additionally, community members were not providing advice to patients when they were in crisis, indicating a lack of support and understanding towards individuals with psychotic disorders. The findings agree with Mbatia et al. (2021) who found that community members held negative attitudes towards individuals with psychotic disorders, including fear, avoidance, and blaming the individual for their illness. Moreover, the study found that community members lacked knowledge about psychotic disorders, which contributed to the negative attitudes towards affected individuals.

These findings suggest that there is a significant gap in the provision of mental health care and support for individuals with psychotic disorders in Temeke district. The negative attitudes of community members towards individuals with psychotic disorders, combined with the lack of support and resources available, can result in a challenging environment for those affected by these conditions. To address this issue, there is a need for community-based interventions aimed at improving the perception and attitudes of community members towards individuals with psychotic disorders. Additionally, mental health services need to be made more accessible and available to individuals with psychotic disorders to ensure that they receive appropriate care and support. The results agree with Economou et al. (2020) who found that community people were not willing to preserve closeness (interaction and communication) with PPDs. Because of this, it is clear that they had a negative outlook on these patients (Janoušková et al., 2021). Overall, community members had an unfavorable view of psychosis disease and a negative impression of PPDs (Watson, Fossey, & Harvey, 2019; Yang et al., 2020).

Regarding the maintenance of closeness and communication with PPDs, respondents made the following comments.

"Psychotic patients may injure or sexually assault me, and others will claim it's because they're insane. It's hard to imagine having interpersonal interactions with psychotic patients. It became difficult for me to connect with such a person since my mind is filled with such dangerous notions about them" (respondent; 35-year-old). Also, community members had a skewed view of PPDs when it came to assisting patients in securing a job.

CONCLUSION

Based on the findings, it can be concluded that community members in the study area have a relatively neutral perception towards psychotic disorders, but a negative attitude towards individuals who suffer from these conditions. While community members do not hold stigmatizing beliefs about the causes of psychosis, they exhibited a lack of support and empathy towards individuals with psychotic disorders. They do not maintain closeness with patients, assisting patients in gaining access to their livelihood, communicating with patients regularly, empowering patients to achieve their goals, or providing advice to patients when they were in crisis. The negative attitude towards individuals with psychotic disorders may stem from the misperception that these conditions are shameful, incurable, and a sign of weakness or failure. Therefore, interventions are needed to improve community members' understanding of psychotic disorders and reduce the associated stigma to ensure that individuals with these conditions receive adequate support and care.

IMPLICATIONS

Education and Awareness Campaigns: Educating individuals (members of the community) to understand and embrace PPDs can help reduce the stigma associated with them. The community is not familiar with psychotic ailments. If brochures on the mental disease were disseminated and information about mental illness was broadcast on radio and television, more people would be aware of the illness and this would diminish the negative views about PPDs. Community members' negative perception of psychosis was due to ideological misperceptions. Therefore, educational programs and awareness campaigns could help to correct such beliefs. These programs should target not only community members but also healthcare providers, religious leaders, and local authorities, among others.

Community-based Psychosocial Interventions: Community members had a negative attitude towards those suffering from psychotic disorders and were not maintaining closeness with patients or providing support to patients. Therefore, community-based psychosocial interventions such as peer support groups, family therapy, and community mobilization could help to increase social support and reduce stigma.

Mental Health Services Accessibility: Community members had a neutral perspective regarding psychosis but believed it was incurable. Hence, increasing access to mental health services and providing effective treatments could help to reduce stigma and enhance positive perceptions of mental illness. Mental health services should be made available and accessible to everyone, regardless of their socioeconomic status, and communities should be sensitized to seek help when needed.

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Perception and Attitude of Community Members on Psychotic Disorders in Temeke District, Tanzania:

Lessons Learned and Policy and Practice Recommendations

Psychotic disorders pose significant challenges to individuals, families, and communities. This policy brief highlights the key lessons learned from a study conducted in Temeke District, Tanzania, regarding the perception and attitude of community members towards psychotic disorders. The findings provide valuable insights into the existing gaps in knowledge, attitudes, and practices related to mental health. Based on these lessons, this policy brief puts forward recommendations for policymakers, practitioners, and professionals working in community development to address the identified challenges and improve mental health outcomes.

Key Lessons Learned:

1. **Negative Perceptions:** the study revealed that community members often perceive psychotic disorders as a humiliating sickness and a sign of failure in life. They attribute these disorders to witchcraft, leading to fear and avoidance of individuals with psychotic challenges.
2. **Lack of Awareness:** the study highlighted a lack of understanding among community members regarding the facts and causes of psychotic disorders. This ignorance contributes to the perpetuation of stigmatizing attitudes and behaviours towards affected individuals. Misconceptions, stigmatization, and myths surrounding mental health contribute to the perpetuation of discriminatory attitudes.
3. **Inadequate Community Support Systems:** there is a shortage of community-based support systems for individuals living with psychotic disorders. Limited access to mental health services, including counselling and rehabilitation, further exacerbates the challenges faced by affected individuals and their families.
4. **Role of Traditional Healers:** traditional healers play a prominent role in the community, often being sought as the first point of contact for mental health issues. Collaborating with traditional healers and integrating traditional healing practices into the formal mental health system can contribute to improved outcomes.

Policy and Practice Recommendations:

1. **Mental Health Education and Awareness Campaigns:** develop and implement comprehensive mental health education programs targeting community members, schools, religious institutions, and community leaders. These programs should aim at increasing awareness, reducing stigma, and promoting early detection and intervention for psychotic disorders.
2. **Strengthen Community-Based Support Systems:** establish and enhance community-based support systems for individuals living with psychotic disorders. This includes increasing the availability of trained mental health professionals, establishing support groups, and providing accessible counselling and rehabilitation services.
3. **Enhance Mental Health Service Provision:** allocate adequate resources to mental health services in Temeke District, including the recruitment and training of mental health professionals, expansion of mental health facilities, and improved access to medication and treatment options.
4. **Strengthen Policy and Legal Frameworks:** develop and enforce policies that protect the rights of individuals with psychotic disorders and promote their inclusion in society. Advocate for the integration of mental health into broader development plans and ensure the provision of mental health services in primary healthcare settings.
5. **Community Education and Awareness:** develop targeted educational campaigns: Policy-makers should allocate resources to design and implement educational campaigns aimed at raising awareness about psychotic disorders, their causes, and treatment options. b. **Collaboration with local leaders and influencers:** Engage community leaders, traditional healers, and influential

figures to endorse and participate in educational initiatives, ensuring a wider reach and acceptance.

6. **Mental Health Training for Practitioners and Professionals:** enhance professional training: Policy-makers should prioritize the inclusion of mental health components in the training curriculum of community development practitioners and professionals. b. **Support capacity-building initiatives:** Establish training programs and workshops to equip professionals with the necessary skills to identify, support, and refer individuals with psychotic disorders to appropriate services.
7. **Strengthening Support Networks:** encourage the creation of community-based support groups for individuals with psychotic disorders and their families. These groups provide a safe space for sharing experiences and fostering understanding. b. **Promote social inclusion:** Policy-makers should develop policies and programs that promote the social integration of individuals with psychotic disorders, such as employment support and housing initiatives.

8. **Conclusion:** Addressing the perception and attitude of community members towards psychotic disorders in Temeke District requires a multi-faceted approach involving policymakers, practitioners, and professionals in community development. By implementing the policy and practice recommendations outlined in this brief, Temeke District can make significant strides in improving mental health outcomes, reducing stigma, and promoting the overall well-being of individuals living with psychotic disorders.

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