



EFFECT OF MENTAL DISORDERS ON THE DETERIORATION OF SECONDARY SCHOOL EDUCATION IN KATSINA STATE NIGERIA

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Abstract

This paper discussed the Effect of mental disorder and the deterioration of secondary school education in Katsina state. Nigeria. This paper discussed some psychological problems that are related to mental disorder which are mainly concerned with students' learning and education. As explained the mental disorders are not insanity but when it becomes serious it may lead to disease that needs medical treatment. Mental disorders that include organic, schizophrenia, anxiety, dissociate, personality and substance related disorders are commonly seen among our youth globally. Individual affected tend to be unable to speak properly, think coherently, impaired attention, angry voices, split minds, unable to recall experiences, lack of concentration, mind destruction, loss of senses and so many others are mainly displayed by affected people. Many researchers have tried to find out how these mental disorders are related to child's education. In the same way, this paper has attempted to find out the relationship between these mental disorders and children education in Katsina state. Nigeria. Based on the extensive discussion in the paper it was concluded that serious mental disorders can affect the education of the child. Following this conclusion. The researchers recommend that, parents should avoid practicing wrong behaviors in the presence of their children so that the children will not imitate such unwarranted behaviors. Secondly since the children are part of the community where the cultural norms are binded on them. The communities should do their best to see that they shun away from such unwarranted behaviors to avoid producing youths with psychological disorders.

Keywords: Mental Disorders, Detoriation of Education

Introduction

For long, the abnormality is known to be the violation of social norms and cultural rules that tell us how we should or not behave in various situations especially in relation to others. Based on this norms violation criterion, where people behave in these ways in an unusual or disturbing enough to violate the school norms and culture may be described as abnormal. However, many instances norm violation alone is not enough to measure abnormality this is because some norm violations are better characterized as eccentric or illegal than as abnormal.

Some centuries ago as explained by Douglas (2011) abnormal behavior was focused on gods or demons. Disordered people were seen either as innocent's victims of evils spirits or social or moral deviant suffering from super natural punishment. He explained that, other explanations of abnormality have focused on mental incompetence, weak character, personal choice, illness or other physical problems, faulty learning and difficult social conditions. As Fontama (2009) in Douglas (2011) put it that each explanation of psychological disorders tend to influence society's attitude responses towards the people who displays them. He explained that, where



disorders are seen as a sign that a person is evil and that person may be targeted of anger and punishment. But in societies where the cause of disorder is thought to be demonic possession, the person may be the object of sympathy and might be offered an excision ceremony, if abnormality is viewed as a personal decision to behave in odd ways, those who do so are likely to be avoided isolated and ignored, but if the psychological problems are assumed to be caused by illness or learnt habit such trouble people are likely needed to receive drugs and offered programmes that are designed to teach them to lessen these troublesome behaviors.

Most of us have periods when we feel anxious, depressed, unreasonable angry, mental incapacitated or inadequate in dealing with life complexities in trying to have a satisfied and meaningful life which is not easy in an era of rapid social and technological change. Many of our traditional assumptions about work, religion, sex, marriage and family are being questioned as the social and religious values that gave our fathers and grandfathers a sense of security is no longer provided clear guidelines for behaviour.

Number of factors suggests that life today is more stressful than it was a century ago. The increase assumption of tranquilizers, sleeping pills, alcohol and other drugs and on the other hand the increase in violent crimes and an attempt to find relief through meditation and various forms of therapy are disturbing both medical, psychologists and security services (Nanaware & Baviskar, 2023).

It is an unusual person who manages to get through life without periods of loneliness,

self-doubt and despair. But most people do not breakdown, they manage to cope with their problems and continue to function. It is important to remember that we are labeling the individual's behavior abnormal but not the individual. For example we speak of someone as having a schizophrenic disorder (which may or may not change over time) rather than saying that person is a schizophrenic. Label should be attached to the condition and not to the individual (Nanaware & Baviskar, 2023). They further explained that some individuals tend to give up and can no longer manage on their own and some of them develop self-destructive lifestyle.

The classification of mental disorders used by most mental health professionals known as Diagnostic and statistical manual of mental disorders fourth edition (DSM-IV in Douglas 2011) which correspond closely to international system formulated by world health organization (WHO) classified mental disorders as follows:

1. Disorders first evidence in infancy childhood and adolescence.
2. Organic mental disorders.
3. Substance-Related disorders.
4. Schizophrenic disorders
5. Paranoid disorders
6. Affective disorders
7. Anxiety
8. Somatoform disorders.
9. Psychosexual disorders
10. Conditions not attributable to a mental disorder
11. Personality disorder

These mental disorders classified by (DSM-IV) tend to be considered to be a variety of ineffective ways of coping with the problem of living. These behaviors are certainly seen as a dividing line between normal and abnormal.



Since this paper is discussing the relationship of mental disorder and inclusive education, the following mental disorders that involved or marked with disturbance of thinking, perception, problem solving and memory will be considered. They may include:

1. Organic mental disorder
2. Schizophrenic disorders
3. Anxiety
4. Dissociate disorders
5. Personality disorders
6. Substance disorders
7. Disorders first evidence in

infancy childhood and adolescence

These mental disorders identified and explained by (DSM-IV) are known globally in the past and present days. In the past these disorders are not widely practiced but today they are found in almost all corners of the world due to the advancement of science and technology. They actually affect the life of our children and their educational development. Let's examine how these mental disorder effect our lives and educational status.

Organic Mental Disorders and Child's Education

An organic mental is a psychological or behavioral abnormally due to known is a brain functionary. This disorder can be caused by injury, disease or abnormal aging (senility). When an organic mental disorder is caused by a psycho active substance it is known as a substance induced organic mental disorder. This psychological that caused it depends on several factors such as the type of substance used. The duration of the use and individual differences is susceptibility to the effects of the particular substance. Among the common substances induced organic disorders are delirium, hallucinosis, and delusional syndromes (Douglas 2011)

The chief symptom of delirium is the disturbance of attention in which a person finds it difficult to focus or to shift attention to external stimuli. The person may be unable to speak or think coherently or engage in simple activities like watching T.V, blackboard in the classroom etc. His consciousness may fluctuate from drowsiness to a coma. Memory is also impaired to the extent that a person cannot recall present and past experience (Andrew et al.1983). This really affect the child's understanding on what has been taught in the classroom. This type of problem may actually unable the child to comprehend what has been explained in the classroom which at the end may affect the child's academic performance and his total education.

The organic hallucinosis as explain by Douglas (2011) refers to the substance-induced hallucinations in the absence of other psychotic symptoms common drug induced hallucinations induced the sensation of (bugs) crawling under the skin angry voices or frightening visual images. Organ hallucinosis occurs mostly commonly with alcohol, opiate and psychedelic drug abuse. Having these characteristics it may be understood that the child having these type of mental problem may end up in facing a lot of problem in learning, since learning required consciousness in sensation and courage, the child having this problem may lose memorial incapacitation which at the end cannot recall the past experiences and resulted to failure in academic performance and education in general. The organic delusional syndrome vary from suspiciousness to a full blown delusion of persecution which may be caused by the psychedelic or stimulant drugs. This is a substance induced organic mental disorders usually subside as the body metabolizes and excretes the offending substance. In the



interim the person can be helped by calming reassurance reminders of the cause of his/her symptoms by tranquilizing medication. The delusional syndrome resulted from stimulant drugs is widely practiced silently. Children and adolescents use stimulant drugs for many reasons known by them; some use them for enjoyments other for increasing bodily function. With this perception many of them take them in excess which they gradually become addicted to them and affect their health and school activities. They develop stresses which unable them to pay attention and think abstractly in learning processes which at the end cause them to fail woefully in their academic performance and the total education.

Schizophrenia Mental Disorder and its Effects on Children Learning and General Education

No other psychological disorder is as widely misunderstood as schizophrenia. Schizophrenic literary means "split mind" the term refers to the fragmentation or splitting normally of integrated psychological functioning (Bleuler 1950 in Andrew 1983). Schizophrenia is the level applied to a group of disorders characterized by severe personality disorganization, distortion of reality and an inability to function in daily life. Schizophrenia occurs in all cultures even in those that are in remote areas. It is usually appears in young adulthood between the ages of 25-35 years. Sometimes the disorder develops slowly as a gradual process of increasing reclusiveness and in appropriate behavior and sometimes its onset is sudden and is marked by an intense confusion and emotional turmoil. Such cases are usually precipitated by a period of stress in individuals whose lives have tended towards isolation, self-preoccupation and feeling of in security (Rita et al 1983).

A schizophrenic patient has only one personality but his/her mental activity is often severely disorganized. But because schizophrenia is a severe disorder requiring intensive treatment it tends to take all the mental health facility. During the active phase of this disorder, the patient experiences psychotic, state of consciousness or psychosis which is marked by an impaired ability to interpret and test reality. Hallucination is an aspect of schizophrenia focusing on perceptual experiences occurring in the absence of external stimuli. Also, psychotic is a symptom of schizophrenia in which the patient suffers with impaired attention, disorder though processes and disturbance of affective expression. In less active phases of the disorder, the patient is said to be in a "residual" phase (Douglas 2011).

An impaired attention is the process of selective attention which is a term to be an early symptom of the active phase of only schizophrenia which under this problem the patient is unable to attend a portion of the external stimuli and the internal mental activity potentially available to consciousness. In this case the patient of schizophrenia is often uncontrollably overwhelmed with external and internal stimuli which can easily convey the distressing experience which unable to concentrate because of continual distraction (Andrew et al 1983). McGhie & Chapman (1961) in Andrew et al (1983) gives a short note on this, where he explained that "My concentration is very poor. I jump from one thing to another. If I am talking to someone I only need to cross to his legs or scratch his head and I am distracted and forget what I was saying. I would concentrate better with my eyes shut". At this point schizophrenic patients understandably become increasingly frightened. They often feel they are going crazy because of their inability to

control the content of their conscious experiences (Andrew at el 1983).

Another schizophrenic aspect of disorder is thought disorder. Normally the communication and thought require in placing one idea after another in a logical sequence of related ideas. But the schizophrenic patient has difficulty in maintaining these orderly flow ideas. Thought and speech are more likely to resemble a tangled mass of only marginally related themes. Many psychologists such as Chapman & Chapman 1973 in Andrew (1983) feel that the thought disorder in schizophrenia is closely related to impaired selective attention. The patient seems to be unable to filter out" their flowing ideas. Their thought and speech therefore become fragmented by the involuntary intrusion of normal inhibited thoughts.

The affective disturbances in schizophrenia cause the patient to lose the ability to express his emotion. Even when his discussing voice may be monotonous and their facial expression become rigid and immobile. These symptoms are known as "flat effect" and often make the patient appear like a zombie. Other patients may express emotions in unusual and inappropriate ways. For example, a patient may laugh or smile while discussing how he/she is being tortured by unknown persecutor (Andrew, 1983).

Having the above characteristics, a schizophrenic patient may be affected to his attention, thinking and in expressing his emotion. In the classroom the learners may possibly loose contact with the teachers and the facts of the lesson. They may not be attentive, thinking and contribute in the running of the lesson by inability to express their views and opinions.

Anxiety and Its Effects on Students' Academic Performances and Education

Anxiety is an emotion characterized by unpleasant state of inner turmoil often accompanied by nervous behavior such as facing back and forth somatic complaint and rumination. It is subjectively unpleasant feeling of dread over anticipated event such as feeling of imminent death. Anxiety is not the same as fear which is a response to a real or perceived immediate threat, whereas anxiety is the expectation of future threat. Anxiety is a feeling of uneasiness and worry, usually generalized and unfocussed as an overreaction to a situation that is only subjectively seen as menacing.

It is often accompanied by muscular tension, restlessness, fatigue and problem in concentration. Anxiety can be appropriate, but when experienced regularly the individual suffer from an anxiety disorder. When anxiety is so intense and long-standing that reach the level of disrupting a person's daily functioning is called anxiety disorder. There are many types of anxiety disorders but the most common ones among them are phobia, generalized, panic and obsessive-compulsive disorders. (Douglas 2011). Let's briefly discuss them and examine how they affect the academic performance of students and their general education.

The phobia type of anxiety is referred to be an intense of irrational fear of an object or situation that is not likely to be dangerous. Even though people experience phobia may realize that their fears are groundless in which their efforts to void some events that greatly interfere with their daily life. The DSM-IV has classified phobia in to three-specific phobia, social phobia and agoraphobia. The specific phobias are fear and avoidance of specific stimuli and situations and social phobias involve anxiety



about being criticized by others or acting in a way that is embarrassing or humiliating and when it is intense and persistent it impairs the person's normal functioning and this can lead to fear of speaking and performance. Agoraphobia anxiety is a strong fear of being away from a state place such as home and crowds. People who suffer from agoraphobia prefer to stay at home thus avoid any sort of crowd including schools and classrooms (Douglas 2011).

The generalize anxiety disorder is a strong and long-lasting anxiety. This disorder is sometimes called free-floating anxiety which is essentially a disorder of worry (Fisher & Wells 2009). The person suffering from this disorder becomes jumpy and irritable and cannot sleep soundly and resulted to fatigue depression and inability to concentrate.

The people suffer from panic disorder experience recurrent, panic attacks such as heart palpitation, pain in the chest, dizziness and feeling faint. They may worry about having panic episodes that they limit their activities to avoid possible embarrassment. People suffering this anxiety begin to fear and avoid places where panic recur (Grant et al 2006 in Douglas 2011). Obsessive-compulsive disorder anxiety affects about 2-3 percent of the world population at some time of their lives (Mathews 2009 in Douglas 2011) people displaying this disorder are plagued by persistent upsetting and unwanted thoughts called "obsession" that often focus on the possibility of infection, contamination doing harm to themselves and others. They want actually carry out harmful acts but the obsessive thoughts motivate repetitive behavior called compulsions that a person believe to be obsessions (Noyes & Hoehn-Saric (2006 in Douglas 2011). A long-standing anxiety that reach the level of disrupting a person's daily

functioning in doubt can affect the student's academic performance and general education. The way in which the phobia anxiety cause irrational fear on situation, interfering on an individual daily life, fear of speaking and performance strong fear of avoiding crowds as a result of specific social and agoraphobia anxiety with no doubt affect the student's academic performance and general education. Also, the wariness that may lead to heart palpitation, pain at the chest, dizziness and feeling faint as a result of panic disorder as well as the upsetting and unwanted thoughts called obsession resulted from obsessive-compulsive disorder anxiety may affect student's learning and academic performance and his education in general.

Dissociate Mental Disorder and its Effect on children's Secondary Education in Katsina State.

Dissociate mental disorder may happen after the loss of memory for at least an hour. This experience does not signal a mental disorder but when it disrupts in the person's memory, consciousness or identity become intense and long-lasting it may lead to "dissociate disorder". These disruptions can come on gradually but they usually occur suddenly and last from few hours to many years. The most famous dissociate disorder is Dissociate Identity Disorder (DID). A person with DID appears to have more than one identity, each of which speaks and acts in a different way. Researches available such as Hart et al (2005) and Foot et al (2006) in Douglas (2011) So far suggest four conclusions: First memory loss and other forms of dissociate are genuine phenomenon and (as seen in fugue reactions) can sometime be extreme. The second conclusion has shown that many people displaying DID have experienced events they would like to forget and void. The majority (some clinicians believe all) have suffered severe, unavoidable, persistent abuse in childhood. The third conclusion shown that



most of these people appear to be killed at self-hypnosis, through which they can induce a trace-like dissociate state. The fourth conclusion showed that most people faint that they could escape the trauma of abuse.

Following these research finding that include loss of memory, displaying experienced event, unavoidable and persistent abuse in childhood and thinking how to escape trauma abuse have indicated that with such dissociate mental disorders may have a lot of learning difficulties which can lead to academic failure and total education.

Personality Disorders and Its Effects on Secondary School Learning and Education in Katsina State

Personality disorders are long-standing and inflexible ways of behaving that are not severe mental disorder as dysfunctional styles of living. (Clarkin2006). These disorders affects all areas of functioning from childhood to adolescence and create problems to those who display them and others (Cohen 2008in Douglas 2011). Some psychologists such as Widiger (2008) viewed personality disorders as interpersonal strategies or as an extreme rigid and maladaptive expression of personality traits.

There are at least ten personality disorders identified by DSM-IV and were divided in to clusters. The first cluster known as odd eccentric cluster include paranoid, schizoid and schizotypal personality disorders. People diagnosed as having schizotypal disorder have some peculiarities but are not disturbed enough to level as schizophrenic. The second cluster involving anxious fearful cluster include dependency obsessive-compulsion and avoidance personality disorder. The patient tends to be "loners" having pattern of avoiding social situation and sensitive to criticism and rejection. The third cluster is known as

dramatic-erratic cluster that include histrionic narcissistic borderline and antisocial personality disorder. The main characteristics of narcissistic disorder include exaggerated sense of self-importance and extreme sensitivity to criticism, need for attention and a tendency to arrogantly over estimate to personal abilities and achievements. The most serious, costly and intensively studied personality disorder I antisocial disorder which is marked by a long term pattern of irresponsible impulsive, unscrupulous and sometimes criminal behavior beginning in childhood or early adolescence. In the nineteenth century the pattern was called moral insanity because people display it appears to have no morals or common decency. Later, people called it psychopaths or sociopaths. Currently it is known as "antisocial personality" label more accurately portrays them as troublesome but not "insane" by legal standard (Douglas 2011).

There is no doubt that personality disorders that include paranoid, schizoid schizotypal, obsessive-compulsion and the antisocial disorder that is marked by irresponsible, impulsive unscrupulous are mental disorders can affect child's academic performance in school as well as his total education.

Substance-Related Disorders and How it Affect Student's Academic Performance and General Education

Childhood disorder especially externalizing disorders often lead to substance related disorders in the adolescence and adulthood. The DSM-IV defines substance-related disorders as the use of psychoactive drugs for months or years in ways that harm the user and others. These disorders create major political, economic, social and health problems worldwide. The substance include



most often are alcohol and other depressants such as barbiturates, opiates, stimulant such as cocaine or amphetamis and hallucinogenic drugs such as LSD. About half the world's population uses at least one psychoactive substance and about two-third of the population were either alcoholic or drug addiction has affected them, their families or friends. (Leomon Wright & Myrick 2008 in Douglas 2011).

One effect of using some substances is addiction which is a physical need for the substance. Even when the use of drugs do not create physical addiction, some people may over use or abuse it because the drugs give them temporary self-confidence, enjoyment or relief from tension. The DSM-IV defines substance abuse as a pattern use that causes serious social, legal or interpersonal problems. In other words, people can become psychologically dependent on psychoactive drugs without becoming psychologically addicted to them.

Alcohol abuse is characterized by pattern of continuous drinking that may lead to alcohol dependence and end up in addiction. Alcohol addiction always causes severe social, physical and other problems. Furthermore, prolonged over use of alcohol can cause life-threatening, liver damage, reduce cognition, vitamin deficiencies that can lead to severe memory loss and other physical ailment [Homer et al 2001]. Hoffmann and Cerbone [2002] observed that children growing up in families in which one or both parents are alcohol abuse are at increase risk for developing a host of mental disorders including substance-related disorders. Also Odger et al [2008], described that alcohol abuse and dependence carry stagger cost in term of suffering medical expenditure, lost productivity and short of life.

Like alcoholic, those who are addicted to heroin or cocaine suffer many serious health problems as a result of both the drugs themselves and poor eating and health habits related to use of those drugs. Addiction to heroin and cocaine appear in about four percent of the adult population in U.S, and is mainly a biological process brought by the physical effects of the drugs (Campton et al 2005).

Indeed, substance and other drugs related disorders whether addicted or not addicted can cause mental disorders that lead to mental retardation. As soon as it reach such level, the patient may not properly think, perceive and solve problems. The child with such disorder or mental retardation may not possibly perform better academically and may affect his total education.

Conclusion

Psychological disorders such as mental disorders appear in every country in the world. Despite the fact that psychological disorders (especially mental disorders) are enormous, costly in terms of human suffering, wasted potentials, economic burden and lost of resource. As Inset (2008) put it the number of people affected is increasing every year throughout the world.

Although mental disorder is not insane, but if it exceed beyond expected it may lead to serious psychological problems or disorders that may need medical treatment. The mental disorder such as organic, schizophrenia anxiety, dissociate personality and substance-related disorders are the most common disorders commonly seen among our youths and school children. Many of the affected individuals tend to be enable to speak, think coherently, lost or impaired of attention fluctuation in their consciousness, drowsiness to a coma, angry voices, frightening visual images, split mind



inability to recall past and present experiences, lost of sense, unable to concentrate, mind distraction inability to control the over whelmed external and internal stimuli and so many other psychological problems.

There is no doubt that an individual who is affected with such psychological problems must affect his total education and general life. If care is not taken even if an individual is alive he may find himself in an insane situation which may be very difficult to be treated and that may lead to an end to his life.

Recommendations

Psychological problems such as mental disorders are caused by many factors resulted from the home, community, peer group schools and authorities.

1. In many instance the home contributed in such psychological problems. The family that does not care to properly train the child to be disciplined, moral, good conduct and in obeying the cultural and norms of the community, the child may end of in such problems. Some researches confirmed that the parents either the father or mother who take any type of drugs or alcohol the children may tend to imitate such behavior from the parents. In view of this, the parents are hereby advice to stop from practicing wrong behaviors to avoid children imitating such behaviors that may them to psychological disorders.
2. The cultural norms is part of the child's life. The community that practices such kind of behaviors, its children may tend to imitate such unwanted behaviors. Although there is different in the cultural norms among communities and societies but these behavioral disorders are not accepted in most cultures and communities. In

view of this, the communities are advice to shun away from such unwarranted practices to avoid producing youths with psychological disorders.

3. Each individual must find himself in peer group. Most of these disorders are being practiced by groups and if the child finds himself among such group, he must obey if he want be accepted in the group. So it is important to the parents to know and watch the type of peer group that their children stay with.
4. Every child must or is supposed to attend school (s) many activities these disorders are practiced in the school either by some teachers or the children themselves. It is important to the parents to study and know the kind of school that they enroll their children.
5. It is important or even necessary to all organs of government and the stakeholders responsible in controlling such disorders to work hard and put more effort that cause these disorders. So the parents, teachers, communities and the government should avoid any activities that may cause stressful situations to the children to avoid them falling in to such disorders.

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