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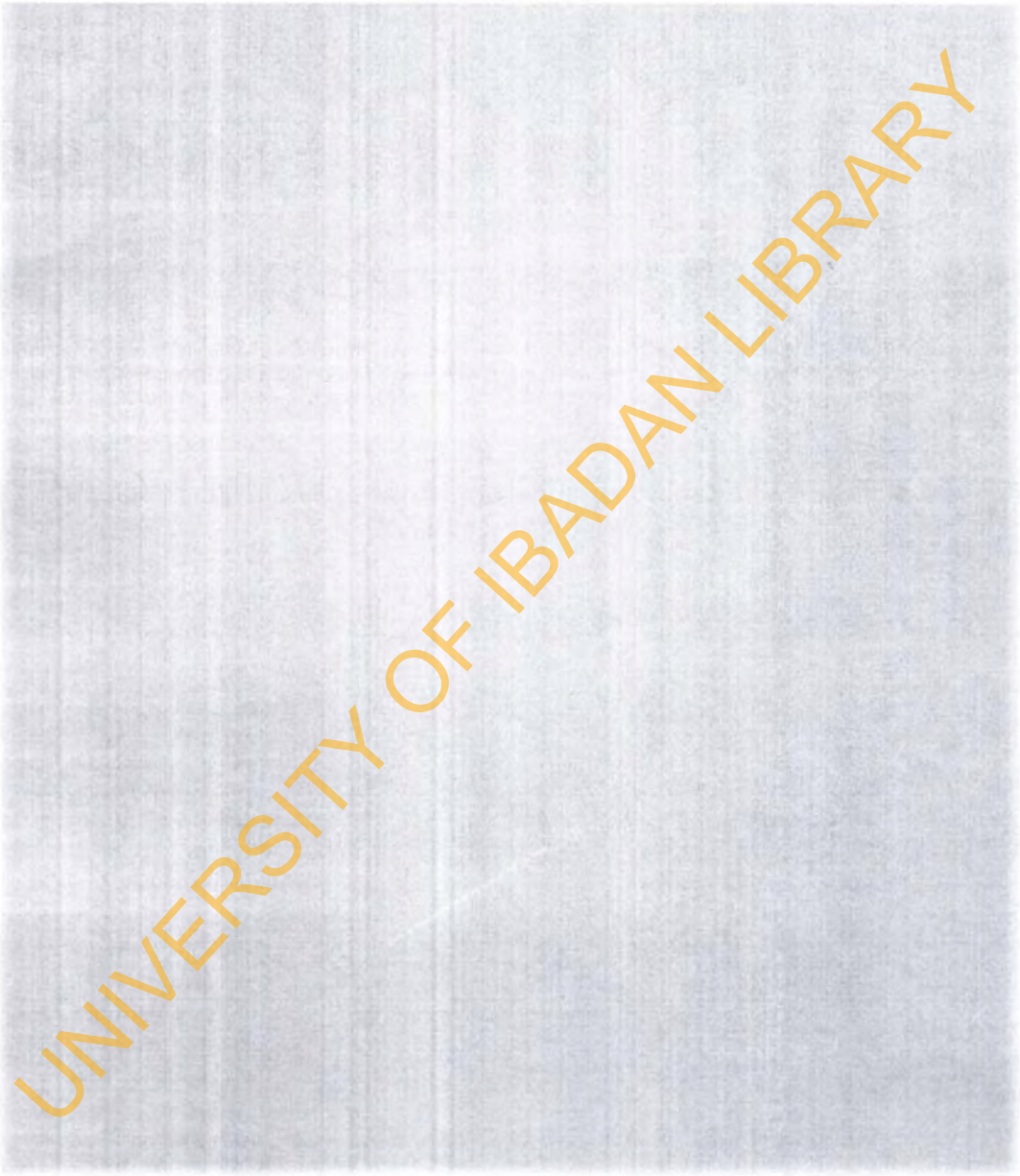

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Influence Of Discriminating Factors Of Mental Illness On The Social Wellbeing Of Patients In Contemporary Nigerian Society

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Abstract

Discrimination against individuals with mental illnesses is widespread and can have severe consequences for their recovery and well-being. In order to effectively address this issue, it is important to recognize, anticipate, and safeguard the rights of patients. A study was conducted in Ibadan to examine the social well-being of relatives of mentally ill patients and identify the distinguishing characteristics of mental illness. The research employed a descriptive methodology and utilized a simple random sampling technique, selecting 156 participants who completed a self-developed questionnaire. The collected data was analyzed using the Pearson Moment Correlation Coefficient. The findings revealed several significant relationships: knowledge was positively correlated with the social well-being of relatives ($r = .182$, $n = 146$, $p < .05$); attitude was also positively correlated ($r = .0521$, $n = 146$, $p > .05$); and behaviour showed a significant correlation as well. Based on these findings, it is recommended to enhance mental health literacy, as it can greatly benefit individuals and the overall population. Social workers should organize public awareness campaigns to educate the general public about the stigma associated with mental illness. Additionally, the government should prioritize mental health in budget allocations and allocate sufficient funding to support this area.

Keywords: Awareness, Discriminating factors, Mental illness, Social well-being.

Background to the Study

Contextual and historical considerations are necessary to comprehend mental illness in Nigeria. Unfortunately, Nigerians have a lot of false information and misconceptions on this subject. People generally believe that supernatural beings, including witches, demons, and even God, are to blame for mental illness (Abasiubong, Ekott, & Bassey, 2007). These ideas have had a big impact on how Nigerians view those who suffer from mental illness.

In Nigeria, those who suffer from mental diseases have endured horrible treatment throughout history. In an effort to redeem their souls, bring redemption to their families, and remove the supposed transgressions causing mental disease among their families, they were frequently subjected to burning, hanging, mutilation, desertion, and restraint with chains. These ideas on the causes of mental illness have profoundly influenced societal attitudes and the acceptance of mentally ill people in Nigeria. According to research, the causes of mental disorders in those who are mentally sick are less important than the behaviour of those who are mentally ill.

Consequently, individuals with mental illness are frequently labelled as dangerous, suspicious, unstable, unreliable, irresponsible, and even homicidal. These labels further reinforce stereotypes and contribute to the prejudices faced by people with mental illnesses (Adewuya & Labinjo, 2020). Those living with mental illness, regardless of whether it is acute or chronic, neurosis or psychosis, physical or biological, often encounter discrimination within their immediate environment and the larger Nigerian society. This discrimination can manifest in various forms, including physical, economic, and educational disparities (Gureje, Chisholm, Kola, Lasebikan, & Saxena, 2007)..

Two major tendencies have been noted in attempt to comprehend the factors affecting these patterns of prejudice. The first trend is concerned with the obstacles or determinants, such as organisational, geographic, economic, cultural, and social issues, that prevent patients from receiving the right healthcare treatments (Erinosho, 2010). The second trend is focused on the procedures or pathways that prolong the time it takes to find qualified medical help. Three main factors make up the stigma associated with mental illness: issues with knowledge (ignorance or disinformation), issues with attitudes (prejudice), and issues with behaviour (discrimination). Due to their interdependence, improving one aspect alone may not always result in improvements in the others.

Therefore, in order to address all three issues, a comprehensive response to stigmatisation and prejudice is essential. While there is some indication that the stigma related to depression and anxiety is lessening, current research shows that stigma still exists and negatively affects people's life, especially in terms of interpersonal connections and work. In conclusion, there are many concerns with mental health in Nigeria, but there are also very few people who speak out about these issues, support people with mental disabilities, and advance their rights. Addressing the nation's mental health issues is still hampered by the widespread cultural and moral stigma attached to mental illness and individuals who experience it.

Discrimination is a significant social issue that has rapidly spread and increased across various segments of Nigeria in recent decades. It affects a large population in the country, posing a threat to the effective functioning and survival of society. Individuals with mental illness face the challenge of dealing with a dual problem. Firstly, they must cope with the symptoms of the illness itself, which may include recurring hallucinations, delusions, anxiety, or mood swings.

The discriminatory attitudes of people have a direct or indirect impact on many lives, leading to outcomes such as suicidal thoughts and attempts among people with mental illness, withdrawal from social activities, involvement in violent crimes, cultism, and

prostitution, among others. These negative consequences can be attributed to the influence of discrimination and stigmatization. Despite efforts in social rehabilitation, the persistent increase in the number of individuals affected by discrimination indicates that much work remains to be done in addressing this issue.

This study aims to examine the factors contributing to discrimination and its impact on the social well-being of individuals with mental illness.

The term "mental illness," also referred to as "mental health problems," covers a wide range of illnesses that affect a person's mood, thinking, and behaviour. Examples of mental illnesses include depression, anxiety disorders, schizophrenia, eating problems, and compulsive habits. Even though many people occasionally have small mental health problems, a problem turns into a mental disease when its chronic signs and symptoms frequently cause distress and impair day-to-day activities. Mental illnesses can have a significant impact on one's wellbeing and have an impact on many aspects of one's life, such as relationships, work, and school. Fortunately, a combination of medication and talk therapy, or psychotherapy, can frequently effectively cure symptoms.

Mental illness has a variety of complicated and poorly understood causes. Theories are founded on research from many different fields, and mental diseases are frequently recognised based on a person's actions, emotions, thoughts, and perceptions. Furthermore, social interaction setting and particular brain regions or functions are typically taken into account. It is crucial to include cultural, religious, and social norms when making a diagnosis because they all have a role in comprehending mental health. The DSM-5 defines mental disorders as "a syndrome characterised by clinically significant disturbance in an individual's cognition, emotion regulation, or behaviour that reflects a dysfunction in the psychological, biological, or developmental processes underpinning mental functioning" (American Psychiatric Association, 2013).

It is believed that a mix of hereditary and environmental variables contribute to the development of mental illnesses. Inherited characteristics are important because those who have a family history of mental disease are more likely to develop a mental disorder. The risk may be increased by particular genes, and life circumstances may cause them to manifest. Mental health issues have also been linked to prenatal environmental exposures to stress, inflammatory illnesses, pollution, alcohol, or opioids. Furthermore, changes in nerve receptors and systems can result in diseases like depression and other emotional disorders by altering the brain's chemistry, particularly the neurotransmitters that carry information between brain cells.

Discrimination and Stigma in Mental Illness

When people label individuals largely based on their condition rather than recognising their unique identity, stigma is created. For instance, someone can be mistakenly classified as "psychotic" rather than as "a person experiencing psychoses." Stigma develops when someone holds unfavourable opinions of another person because of a certain trait or characteristic, such as skin tone, cultural background, a physical impairment, or mental illness. Social stigma and prejudice may be experienced by people who are dealing with mental health issues, which can exacerbate their issues and make the road to recovery even more challenging. People may be reluctant to get the help they need out of a fear of being stigmatised. Stigma has a significant impact on how prejudice and exclusion are encouraged, as well as how people feel about

themselves, how their families are affected, how they may socialise, and how easy it is for them to get housing and employment. Additionally, it thwarts efforts to avoid mental health problems, promote mental health, and offer suitable care and treatment. Additionally, it aids in the violation of human rights. Serious mental illness presents a dual difficulty for those affected. On the one hand, people have to deal with the symptoms and challenges brought on by their illness. On the other side, they have to deal with discrimination and biases that result from misunderstandings regarding mental illness. People with mental diseases are consequently excluded from opportunities for a satisfying life, including meaningful employment, secure housing, adequate treatment, and a wide variety of social networks. While study into the effects of stigma on mental health has been ongoing for some time, understanding the consequences of mental illness has advanced significantly.

Public stigma refers to the negative attitudes and behaviours that members of the general public have towards those who suffer from mental diseases. The internalised prejudice and discrimination that people with mental illnesses direct at themselves is referred to as self-stigma, on the other hand. Three key factors that both the public and one's own self-stigma are based on stereotypes, prejudice, and discrimination. In the study of social psychology, stereotypes are seen as useful social knowledge structures that are widely acquired by members of a social group. These generalised beliefs about particular groups of individuals are known as stereotypes. They are said to be "efficient" because they make it easy for individuals to quickly form opinions and expectations regarding members of a stereotyped group. It is important to emphasise that understanding stereotypes does not mean acceptance of them. Although some people disagree with the validity of prejudices towards other ethnic groups, they may be aware of them. Prejudice, especially when coupled with rage, can motivate violent acts like attacking minority communities physically. Anger-based prejudice may result in withholding aid and substituting criminal justice services for medical care when it comes to mental illness. On the other side, fear usually causes avoidance. For instance, employers might decide not to hire those who have mental problems out of concern and a wish to keep them away from the workplace.

The stigma attached to mental illness seems to be generally acknowledged by the general people in Western countries. A significant section of the population in the United States (Link, 2007) and several Western European nations (Bhugra, 2009) stigmatises mental illness, according to numerous studies. Furthermore, stigmatising attitudes about mental illness are not just held by the uneducated; according to Lyons and Ziviani (2009), even highly qualified professionals from a variety of mental health areas have preconceived notions about the condition.

In contrast, stigma appears to be less common in Asian and African countries. It is not apparent, nevertheless, whether this finding reflects a societal structure that prevents stigma or merely a lack of research in these nations. According to existing research, which demonstrates that non-Western cultures have a diversity of attitudes towards mental illness, there is evidence that the stigma associated with mental illness may be less severe in non-Western cultures than in Western cultures (Fabrega, 2002). Fabrega (2002) asserts that one significant factor for this gap is that the three main non-Western medical traditions do not clearly distinguish between psychiatric and non-psychiatric diseases. Based on media reviews of films and print materials, misconceptions about mental illness and the stigmatising attitudes that go along with

them can be divided into a variety of themes. Three recurring themes include depicting people with mental illnesses as dangerous killers to be feared, as possessing infantile worldviews to be admired, and as being blamed for their disease as a result of perceived character faults (Taylor & Dear, 2007).

These conclusions are supported by the outcomes of two separate factor analyses done on survey responses from over 2,000 English and American respondents. The investigations identified three main causes of stigmatising beliefs about mental illness:

a) Fear and exclusion: People with serious mental illness should be kept out of most communities because they are feared.
b) Authoritarianism: People with serious mental illness are seen as being incapable of making decisions for themselves, which leads to the idea that others should do so.
c) Generosity: Those who suffer from serious mental illness are thought of as being like children who need nurturing and caring.

The general public is more hostile to those with psychiatric disabilities than to those who suffer from physical ailments, demonstrating that stigmatising attitudes go beyond mental illness (Weiner, Perry, & Magnusson, 2007). Even criminal activity, prostitution, and drug addiction have been connected to severe mental illness (Skinner, Berry, & Griffith, 2010). Contrary to people with physical disabilities, people with mental disorders are usually believed to be in charge of and accountable for their symptoms (Weiner, Perry, & Magnusson, 2011). Furthermore, research demonstrates that people are less likely to react with anger and the belief that those with mental illnesses do not need care than they are to react with empathy (Link, 2002). Public stigma can show as behavioural discrimination in a variety of ways, including withholding aid, avoiding people, treating them harshly, and isolating people. Previous studies have demonstrated that because of associated stigmas, the general public withholds aid from particular minority groups (Weiner, Perry, & Magnusson, 2011). Even more extreme forms of this practise, such as social avoidance, involve people consciously avoiding interactions with those who are mentally ill. For instance, the United States' 1996 General Social Survey (GSS), which polled 1444 people, used the Mac Arthur Mental Health Module. According to the research, more than half of those surveyed said they wouldn't want to work with, date, or marry someone who has a mental condition. Social avoidance is a real-world phenomenon, not only something people report to themselves. According to research, stigma has a detrimental effect on one's ability to locate safe housing and professional opportunities (Taylor & Dear, 2007).

There may be indications of prejudice in how people with mental illnesses are treated in public opinion. For instance, more than 40% of the 1996 GSS sample thought that schizophrenia patients should be forced to accept treatment even though recent research has failed to demonstrate its efficacy (Dols, 2007). The general public also thinks that institutionalising those who have serious psychiatric problems is the best course of action. People with psychiatric disability may internalise these sentiments and think that their mental health condition makes them less significant in a culture where stigmatising ideas are widely accepted. Their future self-worth and confidence may consequently deteriorate. On the other hand, evidence suggests that self-stigma is a paradoxical response to stigma. Instead of being devalued by prejudice from society, many people with mental illnesses feel justifiably enraged as a result of the

unfairness they face (Devine, 2009). As a result, they are able to change their roles within the mental health system, participating actively in their treatment regimens and pushing for an increase in the calibre of services (Crocker & Major, 2012). It is challenging to understand self-stigma because of the tension between righteous wrath and low self-esteem. Individuals whose sense of self is harmed by social stigma, those who are inspired by and passionately respond to the injustice, and a third group who appear oblivious to the impact of stigma on their sense of self must all be considered in models attempting to explain the experience of self-stigma. How people respond in specific circumstances when stigma is present depends on a number of variables, such as primed collective images, the validity of stigma as a concept, and membership in the larger community of people with mental illnesses. This approach has implications for reducing self-stigma among people with mental illnesses as well as for identifying public policies that foster circumstances that foster the growth of stigma. Fear, erroneous beliefs, guilt, and self-criticism are some of the influences on discrimination. Feelings of guilt, helplessness, loneliness, reluctance to seek help or treatment, lack of understanding from family, friends, or others, limitations on one's ability to work or socialise, bullying, physical violence or harassment, and self-doubt regarding one's ability to recover from illness or achieve life goals are a few of the effects of stigma. People with mental illnesses are frequently discriminated against, which substantially impedes their ability to rehabilitate. Despite how distressing they are, acknowledging the presence of discrimination, being prepared for it, and knowing how to preserve one's rights may be the best methods to deal with it.

The ability to actively participate in a community, including one's family and cultural environment, while exhibiting respect for others, is referred to as social wellness. It includes all of our interpersonal connections, social networks, and civic engagement. The sense of fulfilment people feel when they believe they are essential contributors to the compassionate community they have helped to build is known as social wellbeing. This community works to ensure the government, physically fit people, and elites offer the essential resources for community growth and development in order to provide equitable opportunity for all of its members to enjoy satisfying lives. It entails establishing a sustainable community, encouraging educational parity, respecting human rights, and attending to the basic needs of the populace, including reducing poverty, giving work opportunities, and ensuring that social, medical, and educational services are accessible to all. How people view their relationships with others and the quality of those connections is key to measuring social wellbeing.

Because of the information, attitudes, and conduct of others, people with mental illnesses are routinely stigmatised. This stigmatisation can have detrimental effects on socioeconomic well-being, patient impoverishment and social marginalisation, poor medication adherence, poorer quality of life, disease exacerbation, and diminished health-seeking behaviour. Serious mental illness (SMI) patients are disproportionately affected by self-stigma, which has been connected to subpar patient outcomes. Serious mental illness (SMI) and autism spectrum disorders (ASD) are misunderstood by the general population in many ways, including the possibility of aggressiveness and a person's ability to work or function in society. These assumptions may result in social exclusion and rejection. According to the World Health Organisation (WHO), because of widespread misconceptions about the origins and nature of mental health illnesses, people with mental and psychosocial disorders experience high levels of stigma and discrimination (Funk, 2010). Stigma in their private and public lives, as well

as within their families, places a heavy burden on people with mental illnesses (Gaebel, Zäske, & Cleveland, 2011).

Stigma and discrimination against people with mental health issues have a huge influence in the United Kingdom. Unbelievably, 87% of those who have mental health disorders have faced stigma and discrimination, which has put them through various hardships (Corry, 2008). In fact, fear of stigma and prejudice has prevented 73% of people affected from pursuing activities they would have liked to (Corry, 2008). Similar patterns have been shown in Pakistan, where research have revealed that stigmatisation of people with mental illness is more prevalent than that of people with diabetes (Suntan, 2011). When people are trying to get treatment for their disorders, the stigma surrounding mental illness frequently becomes a significant barrier (Mile, 2015). Many people with mental disorders are unable to receive the support they need to maintain their wellbeing despite the availability of excellent therapies (Canadian Mental Health Association, 2008).

In 2001, the World Health Organisation (WHO) acknowledged the importance of stigma by designating it as the hardest obstacle to overcome in society (Alonso, Buron, & Bruffaerts, 2008). 13.5% of the sample in studies conducted in 16 different nations reported experiencing stigma, with rates in developing nations being higher (22.1%) than in industrialised nations (11.7%) (Angermeyer, Beck, Dietrich & Holzinger, 2014). According to studies conducted in Germany, people with mental illnesses frequently expect unfavourable responses from their surroundings, especially those living in small towns and suffering from schizophrenia or depression (Lee, Chiu, Tsang, Chui & Kleinman, 2016). Additionally, schizophrenia patients report feeling more stigmatised than other patients, which might result in treatment non-adherence (Lai, Hong, & Chee, 2011). According to a study conducted in Singapore, 73% of people with schizophrenia had trouble finding work, and 51% thought that their disease would make their friends and coworkers ignore them (Cechnicki, Angermeyer & Bielaska, 2011). People with mental illnesses who live in metropolitan regions and older patients reported experiencing more prejudice in job and interpersonal relationships in southern Poland (Funk, 2010).

Stigma manifests itself in several ways in the lives of those who suffer from mental health conditions. According to Corrigan (2004), stigma diminishes self-worth and restricts social opportunities, frequently leading to the denial of employment or housing due to mental illness. Social distance is a form of stigma that develops when individuals avoid interacting with those who have mental illnesses, which can prevent them from participating in activities like caring for children or even going on dates (Corrigan et al., 2001). People who struggle with their mental health may also internalise stigmas associated with mental illness, practise self-discrimination because they fear rejection from others, and feel unworthy (Livingston and Boyd, 2010).

A person's self-esteem and confidence are greatly affected by discrimination, which worsens feelings of exclusion and social disengagement and increases isolation (Erinosho, 2010). According to the Queensland Alliance for Mental Health (2010), people with mental illnesses are frequently ridiculed in the media and shown to be violent, impulsive, and inept. Despite evidence to the contrary, the notion that mental illness and violence are associated persists. Discrimination against people with mental health issues is ubiquitous, even in the health professions, according to a research

done by Chadda (2000) and published by the Mental Health Foundation. 70% of the 556 respondents to the survey, which was released on April 25 to coincide with Mental Health Action Week, claimed they have encountered bias as a result of their own discomfort or the discomfort of a friend or relative. General practitioners (GPs) and other healthcare professionals also lack empathy and compassion for mental illness, in addition to family and friends. According to the survey, 44% of respondents said that their general practitioners (GPs) had discriminated against them, with the GP's denial of medical conditions as mainly mental distress or having psychosomatic causes being the most common form of discrimination. For instance, a patient claimed that a doctor misdiagnosed lung and liver cancer as schizophrenia and bewilderment.

Existing research reveals that a person's unique mental health diagnosis has an impact on how the public views them. Those who battle with alcohol and drug addiction are not only considered as hazardous but are also held accountable for their addiction (Crisp et al., 2005), in contrast to those with schizophrenia who are frequently perceived as unpredictable and dangerous (Crisp et al., 2000). Particularly when it comes to providing care for small children, people with mental health issues are still generally perceived as being unreliable. Many people think that mental illness reduces intelligence and makes decision-making more difficult Bechard-Evans, Schmitz, Abadi, Joober, King and Malla, 2016). According to studies, most people have a limited or frequently incorrect understanding of mental illness, which is the root of stigma and discrimination. Goulding, Leiner, Thompson, Weiss, Kaslow, & Compton, (2008).

There are still misconceptions about mental disease, such as the notion that schizophrenia is distinguished by a split personality, the association between learning disabilities and mental illness, and the notion that people who are depressed may just "snap out of it" (Thornicroft, 2006). Depression and anxiety disorders are highly stigmatised, albeit not being as much so as psychotic conditions. Depression sufferers are usually portrayed as drowsy and challenging to interact with (Thornicroft, 2006). There doesn't seem to be any noticeable differences depending on gender, educational attainment, or socioeconomic status in these unfavourable public attitudes of mental illness. The strongest negative sentiments were found in people over 50 and in their teens or early 20s (Alonso et al., 2009; Crisp et al., 2005). Unfavourable attitudes towards people with mental illnesses, especially addiction, continue to exist in this age group, which is surprising given the extensive media coverage of young people's drug and alcohol use (Crisp et al., 2005). These results suggest a "them" against "us" mentality, suggesting that many users of alcohol and drugs do not take the possibility of developing an addiction into account.

In a study by Dubreucq (2020), a total of 738 outpatients were drawn from the cohort of the French National Centres of Reference for Psychiatric Rehabilitation. In the evaluations, sociodemographic information was gathered, illness characteristics were evaluated, and clinical severity, quality of life, life satisfaction, wellbeing, and personal recovery were measured using standardised questionnaires. Additionally, a daily functional assessment and a comprehensive cognitive testing were given.

The results showed that 31.2% of the sample as a whole exhibited significant levels of self-stigma. The prevalence of self-stigma was highest for borderline personality disorder (43.8%) and lowest for autism spectrum disorder (ASD) (22.2%). The ability to determine one's mental health and to promote both individual and societal well-

being are both facilitated by mental health literacy (Crocker & Major, 2016). According to the available research, better understanding of mental health and mental disorders, as well as greater awareness of the benefits of receiving treatment, as well as a decrease in stigma associated with mental illness at the individual, communal, and institutional levels, can help identify mental disorders earlier, lead to better mental health outcomes, and encourage the use of health services (Crocker & Major, 2016).

Objectives of the Study

i. To investigate the relationship between knowledge and social wellbeing of mentally ill person

i. To examine the relationship between attitude and wellbeing of mentally ill person

ii. To examine the relationship between behaviour and wellbeing of mentally ill person

Methodology

According to the labelling hypothesis, an individual's self-identity and behaviour can be influenced by how they are characterised or categorised. It is closely related to the concepts of stereotypes and self-fulfilling prophecy. This theory emphasises how the majority negatively identifies minorities or individuals who break from societal norms rather than the intrinsic qualities of an activity that constitute deviance (Wikipedia, 2013). In the 1960s and 1970s, the theory rose to prominence, and modified versions of it are still widely used today. According to Link, Mirotznik, and Cullen (2001), stigma is characterised as a very negative label that has a significant negative effect on a person's sense of self and social identity. Emile Durkheim, a French sociologist, wrote "Suicide" in 1897, which is where labelling theory's foundations may be found. Durkheim first put out the idea that labelling deviation satisfies society's need to control behaviour. The labelling hypothesis asserts that people pick up labels based on how other people view their inclinations or behaviours.

This theory acknowledges the subjective nature of self-conception, but it also recognises that other people's opinions may interfere with an individual's reality and provide "objective" (inter-subjective) information that, depending on the reliability of those opinions, may require a re-evaluation of that individual's self-conception. In contrast to strangers, family and friends may have distinct opinions, and people in positions of social authority, such as judges and police officials, may be thought to have more widely accepted opinions. The group typically refers to a person who deviates from the norms upheld by the majority as deviant, signifying a transgression of their social or moral standards. The strength of the group is in its capacity to label violations of its norms as deviant and treat the offender differently depending on the gravity of the infraction. The impact on a person's perception of themselves increases with the degree of differential treatment. Negative perceptions that further support society's rejection of some behaviours are exacerbated by erroneous roles. The social labelling process that takes place in society heavily depends on the social construction of deviant behaviour. This process includes both the labelling of behaviour related with mental illness, which frequently carries stigma and stereotypes, as well as the labelling of criminal deviant behaviour, which is defined as behaviour that differs from socially created norms.

Research Hypotheses

i. There is no significant influence of knowledge (ignorance, misinformation) and social wellbeing of mentally ill person.

ii. There is no significant influence of attitude (prejudice) on the wellbeing of mentally ill person

iii. There is no significant influence of behaviour (discrimination) on the wellbeing of mentally ill person

Methodology

The design adopted for the study is the descriptive survey research design. The study population consists of mentally ill patients in Ibadan Metropolis. A simple random technique was employed in the study. A simple sampling technique was used to select 146 mentally ill patients. A research instrument tagged "Discriminating factors and Social Wellbeing Questionnaire" (DFWQ) was the main instrument used for the research. The instrument has four sections. Section A, demographic data, section B measure knowledge, section C measures attitude while section D measure behaviour towards the mentally ill patients.

FINDINGS AND DISCUSSION OF FINDINGS

Hypothesis one: There is no significant relationship between knowledge and social wellbeing of the mentally ill patients in Ibadan.

Table 1: Pearson Product Moment Correlation (PPMC) showing the relationship between physical health hazards and wellbeing of Health Assistants in Federal Medical Centre Abeokuta

Variables	Mean	Std. Dev.	n	r	p-value	Remarks
Knowledge	17.3836	4.0159	146	.182*	.028	Sig.
Social Wellbeing	26.6507	4.8460				

* Sig. at 0.05 level

According to Table 1 (r =.182, n = 146, p (.028) .05), there is a strong correlation between knowledge and social well-being among mentally ill patients in Ibadan. Consequently, knowledge affects the social wellbeing of people with mental illness. The hypothesis is therefore rejected. Previous studies, such as the one conducted by Drake, Bond, and Essock (2009), have consistently demonstrated that low rates of seeking psychiatric help can be attributed to inadequate knowledge about mental

health disorders (MHD), including information about symptoms and available treatments. This finding is further supported by research conducted by Henderson et al. (2016) and Hansson et al. (2016), which both found a significant relationship between knowledge and social well-being among individuals with mental illness. Moreover, these studies indicate that increased knowledge leads to reduced stigma and improved social well-being for individuals with mental illness.

Hypothesis two: There is no significant relationship between attitude and social wellbeing of the mentally ill patients in Ibadan.

Table 2: Pearson Product Moment Correlation (PPMC) showing the relationship between attitude and social wellbeing of the mentally ill patients in Ibadan

Variables	Mean	Std. Dev.	N	r	p-value	Remarks
Attitude	17.7397	4.1173	146	.521	.534	Sig.
Social Wellbeing	26.6507	4.8460				

Table 2: shows that there is no significant relationship between attitude and well-being among mentally ill patients in Ibadan (r = .0521, n = 146, p (.534) > .05). Consequently, the hypothesis is rejected. This finding is consistent with the research conducted by Socall and Holtgraves (2016), which indicates that stigmatizing attitudes extend beyond mental illness. However, the public tends to exhibit significantly more disapproval towards individuals with psychiatric disabilities compared to those with related conditions such as physical illness. The authors concluded that mental illness is often associated with drug addiction, prostitution, and criminality. Unlike physical disabilities, the public perceives individuals with mental illness as having control over their disabilities and being responsible for causing them. Additionally, a study conducted by Yin ,Liao, Chen, Kao, Lee, and Wang (2012) revealed that many members of the public hold negative attitudes towards individuals with mental health issues, particularly when it comes to forming close personal relationships, which subsequently impacts their social well-being negatively.

Hypothesis three: There is no significant relationship between behaviour and social wellbeing of the mentally ill patients in Ibadan.

Table 3: Pearson Product Moment Correlation (PPMC) showing the relationship between behaviour and social wellbeing of the mentally ill patients in Ibadan

Variables	**Mean**	**Std. Dev.**	**N**	**r**	**p-value**	**Remarks**
Behaviour	16.1370	4.9167	146	.317	.931	Sig.

Social Wellbeing	26.6507	4.8460				

According to Table 3 (r =.317, n = 146, p (.931) >.05), there is a substantial correlation between behaviour and social well-being among mentally ill patients in Ibadan. The hypothesis is therefore rejected. This finding aligns with the research conducted by Alonso, J, A. Buron and R. Bruffaerts, (2014).which suggests that public stigma can manifest in various behavioural impacts, including withholding help, avoidance, coercive treatment, and the use of segregated institutions. The study further reveals that some members of the public withhold assistance from mentally ill patients due to the associated stigma. Social avoidance represents an even more extreme form of this behaviour, where the public actively avoids any interaction with individuals with mental illness.

Social work implications of discrimination of mental illness

Discrimination plays a significant role in individuals with mental illnesses concealing their struggles. This reluctance leads to avoidance of necessary help and reluctance to seek medical treatment at hospitals. Unfortunately, this avoidance perpetuates a worsening of their condition, making the path to recovery even more challenging. In response, social workers actively engage in public awareness programs within communities to debunk misconceptions surrounding mental illness. In addition, they help with family and group casework to involve loved ones in the treatment of people with mental illness, encouraging medication adherence and creating improved recovery outcomes. Furthermore, social workers advocate for the government's involvement in implementing inclusive mental health policies that benefit those with mental illness.

Conclusion

Individuals with serious mental illness often face dual challenges. Firstly, they grapple with the symptoms and disabilities stemming from their condition. Secondly, they encounter stereotypes and prejudice fuelled by misunderstandings surrounding mental illness. As a result, many who suffer from mental illness are denied access to opportunities that would otherwise help them lead fulfilling lives, such as secure employment, stable housing, adequate healthcare, and meaningful social connections. The study highlighted a noteworthy correlation between knowledge, attitudes, behaviour, and the social well-being of individuals with mental illness.

Recommendations

On the basis of the study's findings, the following suggestions are made:

- Improving mental health literacy is crucial for advancing both individual and societal well-being. According to research, better understanding of mental health and disorders, increased awareness of getting help and treatment, and a decrease in stigma at the individual, communal, and institutional levels can all help to identify mental disorders earlier, improve mental health outcomes, and boost the use of health services. Social workers should organize

awareness programmes to educate the general public in order to reduce stigma on the mentally ill patients.

- Government should ensure that mental health is given special priority in the budget and adequate fund should be provided for this sector. It is hoped that a careful consideration and implementation of the recommendations will be of immense benefits.

- In order to influence the response to treatment, it is crucial to promote a positive attitude among healthcare professionals, including nurses, psychologists, social workers, psychiatrists, and other healthcare providers, towards individuals with mental illness.

REFERENCES

Abasiubong F, Ekott JU, Bassey EA (2007) A comparative study of attitude to mental illness between journalists and nurses in Uyo, Nigeria. African journal of medicine and medical sciences36:345-351.

Adewuya AO, Makanjuola RO (2008) Lay beliefs regarding causes of mental illness in Nigeria: pattern and correlates. Social psychiatry and psychiatric epidemiology 43:336-341.

Alonso, J, A. Buron and R. Bruffaerts. (2014). Association of perceived stigma and mood and anxiety disorders: Results from the World Mental Health Surveys," *Acta Psychiatrica Scandinavica*, vol. 118, no. 4, pp. 305–314

American Psychiatric Association. (2000). Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Washington, DC, American Psychiatric Association.

Asmal, L., Mall, S., Emsley, R., Chiliza, B., & Swartz, L. (2014). Towards a treatment model for family therapy for schizophrenia in an urban African setting: Results from a qualitative study. International Journal of Social Psychiatry, 60(4), 315-320.

Babalola, W. 2003.The conception of Mental Illness among the Yoruba. *Journal of Environment and Culture.* 3 2: 12-56

Bechard-Evans, L., Schmitz, N., Abadi, S., Joober, R., King, S., & Malla, A. (2016). Determinants of help-seeking and system related components of delay in the treatment of first-episode psychosis. Schizophrenia Research, 96(1-3), 206-214.

Bentz, W. K., Edgerton, J. W., and Miller F. T. 2007.Perceptions of Mental illness among public school teachers. *Sociology of Education.* 42:400

Crocker, J. & Major, B. (2016), Social stigma and self-esteem:.Perceptions of Mental illness among public school teachers. *Sociology of Education.* 42:400-6

Drake, Bond, and Essock (2009),. Chronic mental patients: the quality of life issue *American Journal of Psychiatry* 139: 1271- 1276.

Erinosho, L. 2010. Community Psychiatry in Nigeria: Retrospection, Challenges, and Future Prospects

Esterberg, M. L., Trotman, H. D., Brasfield, J. L., Compton, M. T., & Walker, E. F. (2008). Childhood and current autistic features in adolescents with schizotypal personality disorder. Schizophrenia research, 104(1-3), 265-273.

Goulding, S. M., Leiner, A. S., Thompson, N. J., Weiss, P. S., Kaslow, N. J., & Compton, M. T. (2008). Family strengths: a potential determinant of the duration of untreated psychosis among hospitalized African-American first-episode patients. Early Intervention in Psychiatry, 2(3), 162-168.

Gureje, O., Chisholm, D., Kola, L., Lasebikan, V., & Saxena, S. (2007). Cost-effectiveness of an essential mental health intervention package in Nigeria. World Psychiatry, 6(1), 42.

Henderson LA, Loring SH, Gill RR, Liao KP, Ishizawar R, Kim S, Perlmutter-Goldenson R, Rothman D, Son MB, Stoll ML, Zemel LS, Sandborg C, Dellaripa PF, Nigrovic PA.J Rheumatol. 2013 Mar;40(3):273-81. doi: 10.3899/jrheum.121048. Epub 2013 Feb 1

Julio, A.F., (2012). From Sin to Science: Fighting the Stigmatization of Mental Illnesses Schizophrenia Research, Vol 57 issue, 8 96(1-3), 206-214.

Labinjo,T, Serrant, L., Ashmore, R, Turner,J. (2020). Perception attitudes and cultural understandings of mental health in Nigeria. A scoping review of public literature toward people with mental illness. Community mental health journal, 40(3), 265-274.

Socall & Holtgraves, T. (2016) Solutions for improving communication with Parkinson's disease patients Neurodegenerative Disease Management, 6, (6), 449-452.

Yen, C. H., Liao, W. C., Chen, Y. R., Kao, M. C., Lee, M. C., Wang, C. C. (2012). A Chinese version of Kogan's attitude toward older people scale: reliability and validity assessment. International Journal of Nursing Studies, 46(1), 38-44.

Wikipedia. 2013. Labeling Theory: Social Constructionism, Social Stigma, Deinstitutionalisation, George Herbert Mead, Howard S. Becker, Labelling. General Books LLC. ISBN 9781234583347