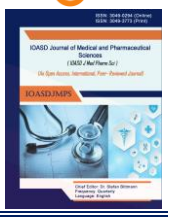
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Assessment of the Stigmatization and Discrimination of Psychiatric Clients Receiving Care in Selected Neuropsychiatric Hospitals in Rivers State, Nigeria

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ABSTRACT

Background: Stigma and discrimination associated with mental illness remain major global public health concerns and significant barriers to healthcare access and effective illness management. Beyond the challenges of mental illness itself, affected individuals may experience social isolation, low self-esteem, social anxiety, and difficulties obtaining employment and housing. ***Aim:*** This study examined stigmatization and discrimination among clients receiving care in selected neuropsychiatric hospitals in Rivers State, Nigeria. Specifically, it identified prevalent forms, contributing factors, and impacts of stigmatization and discrimination among psychiatric clients. ***Method:*** A descriptive non-experimental survey design was employed. The study was conducted at Neuropsychiatric Hospital Rumuigbo and the Neuropsychiatric Department of the University of Port Harcourt Teaching Hospital. A sample of 150 respondents was determined using Taro Yamane's formula and selected through convenience sampling. Data were collected using a structured questionnaire covering sociodemographic characteristics, forms of stigma and discrimination, contributing factors, and impacts. Data were analysed using frequencies, percentages, means on a five-point Likert scale, and chi-square statistics. ***Results:*** Respondents were predominantly aged 18–25 years (43%) and female (59%). Common experiences included negative assumptions about clients because of their mental health condition (mean = 2.86), denial of opportunities or services (mean = 2.62), and social isolation (mean = 2.73). Major contributing factors were stereotypes and misconceptions about mental health conditions (mean = 3.34) and fear and inadequate knowledge about mental health (mean = 3.20). Significant impacts included strained relationships with healthcare professionals and other patients (mean = 3.25) and feelings of shame and low self-esteem (mean = 2.99). However, the relationship between stigmatization/discrimination and its impact was not statistically significant, $\chi^2(4, N = 150) = 3.212$, $p = 0.360$. ***Conclusion:*** Stigma and discrimination negatively affect the wellbeing and recovery of psychiatric clients. Rehabilitation centres, peer support groups, mental health education, and policies protecting employment opportunities are recommended.

Keywords: Stigmatization, discrimination, psychiatric clients, neuropsychiatric hospital, mental illness, Rivers State, Nigeria.

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1. INTRODUCTION

Stigmatization is the process of labelling, stereotyping and marginalizing individuals based on certain characteristics, often leading to the devaluation and social exclusion of the stigmatized individual or group. In the context of psychiatric clients, stigmatization involves negative attitudes, beliefs and behaviours towards individuals with mental health conditions. Stigmatization of people may be as a result of age, gender, race, socioeconomic status, religion, health condition and family background. Discrimination is the differential treatment or unequal opportunities

experienced by individuals or groups based on their perceived or actual attributes, characteristics or membership in a particular social category. In the context of psychiatric clients, discrimination may manifest as denial of employment, housing, education opportunities or access to healthcare services, as well as unfair treatment or negative attitudes from healthcare providers or the general public.

Recently, the concept of stigma was introduced into medical science to describe the discrimination experienced by people suffering from illnesses such as HIV/AIDS, obesity, psoriasis, and mental health disorders. Stigma disqualifies certain groups from full social acceptance and the ability to conform to the typical standards of society, and has a persistent influence on the individual's healthcare problems, as well as on the community, family, and national political responses to illness (Copel & Al-Mamari, 2016). Stigma has been linked with problems relating to knowledge (ignorance) and attitudes (prejudice), while discrimination has largely been related to behaviour. Different types of stigma exist, ranging from public (externalized or experienced stigma) to self-stigma (internalized stigma). Though these types of stigma are interlinked and one can lead to the other, their overall effects on people with mental illness can be far-reaching. In addition to dealing with their illness, people with mental illness have to deal with the social, psychological and economic consequences of psychiatric stigma, which can exacerbate low self-esteem, marginalization from society, social isolation, social anxiety, poor social skills, difficulties in securing employment, housing difficulties as well as poor social support, all of which are important for integration into society. These effects, in turn, can lead to strained relationships, depression, low self-esteem, unemployment and be a barrier to accessing health care, compounded by poor access to health care within a health care system already challenged by widespread inequalities in resources and health personnel (Egbe *et al*., 2014).

Stigmatization and discrimination are universal, have no boundaries and are common issues in all societies; stigmatization and discrimination towards those with mental illness is no exception, and is widespread and evident across cultures and societies. Their repercussions are especially significant for people with mental illness: firstly, it can result in label avoidance — the process by which people are reluctant to be diagnosed with or be seen as seeking treatment for a mental illness, often resulting in delayed treatment. Stigmatization and discrimination have also been shown to be related to poor adherence with psychosocial and pharmacological treatments (Picco *et al*., 2016). Very little is known about the levels of stigma against people with mental illness in Africa and especially Nigeria, due to Nigeria's cultural diversity — a vast and culturally diverse country with about 370 ethnic groups, each having its own unique cultural beliefs and attitudes towards mental illness, which makes it challenging to generalize about stigma; a relative lack of research, as stigma against mental illness in Nigeria has historically received less research attention, hindered by limited funding, resources, and trained researchers; stigma's hidden nature, as it often operates at a subtle or hidden level, making it difficult to measure, since many individuals with mental health issues may not openly disclose their conditions due to fear of discrimination; and social stigma, as in many African societies mental illness is stigmatized due to misconceptions, superstitions, and a lack of understanding, and people with mental health conditions may be ostracized, isolated, or subjected to harmful traditional practices. It is against this background that the researcher decided to assess the levels of stigma against psychiatric clients (if any).

Psychiatric patients receiving care in neuropsychiatric hospitals often experience significant levels of stigmatization and discrimination, which pose significant challenges to their well-being and recovery. Stigma and discrimination manifest in various ways, including negative attitudes, stereotypes, and unequal treatment from healthcare providers, fellow patients, and society at large. These attitudes and behaviours contribute to a hostile and unsupportive environment, impeding the overall quality of care and hindering the patients' journey towards recovery; the negative impact of stigmatization and discrimination on psychiatric patients can lead to increased distress, reluctance to seek help, compromised treatment adherence, reduced social integration, and limited access to opportunities for personal growth and recovery. Being that stigmatization and discrimination of psychiatric patients are on the increase globally, and from its detrimental effects, this has increased psychiatric cases by reducing the desire of those affected to attend neuropsychiatric hospitals to receive treatment. This research is therefore intended to assess the level at which psychiatric patients are stigmatized and discriminated against by family members, friends and the general public before receiving treatment after attending a neuropsychiatric hospital to receive care.

The purpose of the study was to assess the stigmatization and discrimination of psychiatric clients receiving care in selected neuropsychiatric hospitals in Rivers State. The specific objectives were to examine the prevalent forms of discrimination and stigmatization experienced by psychiatric clients within selected neuropsychiatric hospitals in Rivers State; to identify the factors contributing to discrimination and stigmatization of psychiatric patients; and to assess the impact of discrimination and stigmatization on psychiatric patients receiving care in selected neuropsychiatric hospitals in Rivers State.

2. MATERIALS AND METHOD

2.1 Research Design

The research design is an overall plan for obtaining answers to the research question. The research design employed in this study was the descriptive non-experimental survey design, assessing the forms and effect of stigmatization and discrimination on psychiatric clients attending care in selected hospitals in Rivers State.

2.2 Research Setting

The research was conducted in Neuropsychiatric Hospital Rumuigbo, a specialist hospital and referral centre, and the Neuropsychiatric Department of the University of Port Harcourt Teaching Hospital (UPTH). The Neuropsychiatric Hospital is located at Rumuigbo in Obio/Akpor Local Government Area of Rivers State, Nigeria, and was established in 1977; it is owned and managed by the Rivers State Government through the Rivers State Hospitals Management Board and gives services to those in both Rivers State and Bayelsa State. The hospital consists of male and female wards with 21 beds and 7 service units educational unit, psychotherapy, outpatient unit, electroconvulsive therapy unit, occupational therapy and ward with a staff strength of about 111, comprising 5 doctors, 72 nurses and 34 other staff. UPTH is a federal tertiary healthcare institution established in 1982 and located in Choba, Rivers State, with a staff strength of about 1,700 and about 800 bed spaces, including a Neuropsychiatry department. This setting was chosen because adequate sample with relevant characteristics of the study would be easily available.

2.3 Target Population and Sample Size

The research population consisted of clients receiving out-patient care in the selected hospitals in Rivers State. The sample size was determined using Taro Yamane's formula at a 5% margin of error, based on a population of 240, yielding a sample size of 150.

2.4 Sampling Technique

A convenience sampling technique was employed in administering the questionnaire to respondents a non-probability sampling technique in which subjects are selected because of their convenient accessibility and proximity to the researcher.

2.5 Data Collection Instruments

A structured questionnaire was used, constructed in accordance with the specifications of the research questions, sectioned into Section A (socio-demographic data of the respondent), Section B (Likert-scale items on prevalent forms of stigmatization and discrimination), Section C (factors contributing to stigmatization and discrimination), and Section D (impact of stigmatization and discrimination). Data were collected over a period of one week, retrieved on the spot, with necessary explanation and guidance given as regards filling the questionnaire.

2.6 Validity and Reliability of the Instrument

Validity refers to the extent to which an instrument accurately measures what it is meant to measure; the instrument was developed and submitted to the researcher's supervisor to assess the suitability of the items, as well as the face and content validity. Reliability, referring to the consistency and stability of the measure, was assessed using the test-retest method, in which the instrument was administered to the same group of participants on two separate occasions with a reasonable time interval in between, using 10% of the sample size in the Neuropsychiatric/Mental Health department of UPTH.

2.7 Ethical Considerations

A letter of introduction was obtained from the Head of the Department of Nursing Science, University of Port Harcourt, and presented to the Assistant Director of Nursing in charge of Neuropsychiatric Hospital Rumuigbo and the Neuropsychiatric Department in UPTH, explaining the purpose of the research and requesting permission to conduct the research in the establishments; due approval was granted.

3. Data Analysis

The responses of the structured questionnaire were analysed and organized in tables using descriptive statistics of frequency, percentages and mean, using a five-point Likert scale of strongly agree, agree, neutral, disagree and strongly disagree, to answer the research questions. Strongly agree and agree were treated as positive perceptions, while disagree and strongly disagree were treated as negative perceptions; for positively stated items, strongly agree carried the highest score (5), agree (4), neutral (3), disagree (2) and strongly disagree (1). Chi-square inferential statistics were used to test the hypothesis at the decision rule that $p < 0.05$ is significant.

4. RESULTS

A total sample population of 150 respondents was purposefully selected and analysed using descriptive statistics and chi-square.

4.1 Socio-Demographic Characteristics

Results showed that the respondents were between the age brackets of 18–25, 26–33, 34–41, and 42 years and above, but the majority of respondents were aged between 18–25 years (43%). Results also showed the respondents were mostly female (59%). Marital analysis revealed that the psychiatric patients were mostly single (51%), 31% were married, 11% were divorced, 3% were widowed, while 4% were separated. A breakdown of educational analysis showed that the majority (64%) of respondents attained tertiary education, 21% attained secondary education, while 15% attained primary education, implying that the respondents were literate. The study also revealed that 34% of respondents were self-employed, 24% were employed while the majority (42%) were unemployed.

The respondents were mostly Christian (69%), with 12% Muslim, 11% Traditionalist and 8% of other religions.

Table 1: Socio-Demographic Data of Respondents (N = 150)

Variable	Category	Frequency	Percentage
Age	18–25 years	65	43%
	26–33 years	55	37%
	34–41 years	18	12%
	42 years and above	12	8%
Sex	Male	62	41%
	Female	88	59%
Marital Status	Single	77	51%
	Married	46	31%
	Divorced	17	11%
	Widowed	4	3%
	Separated	6	4%
Educational Background	Primary	23	15%
	Secondary	31	21%
	Tertiary	96	64%
Occupational Status	Employed	36	24%
	Self-employed	51	34%
	Unemployed	63	42%
Religion	Christian	104	69%
	Muslim	18	12%
	Traditionalist	16	11%
	Others	12	8%

Source: Field Survey, 2023.

4.2 Prevalent Forms of Stigmatization and Discrimination

Research Question 1 asked: What are the forms of stigmatization and discrimination experienced by psychiatric clients receiving care in selected neuropsychiatric hospitals in Rivers State? Table 2 shows that respondents agreed (mean = 2.86) that people have made negative assumptions about them because of their mental health condition, the highest-scoring item, followed by agreement (mean = 2.84) that discrimination and stigmatization have affected their experience as psychiatric clients. Respondents also agreed that they had experienced social isolation due to their mental health condition (mean = 2.73), that other patients treat them differently because of their mental health condition (mean = 2.69), that they had been denied opportunities or services due to their mental health condition (mean = 2.62), and that they had personally experienced discrimination or stigmatization during their stay (mean = 2.57). The lowest-scoring item was agreement that discrimination and stigmatization are significant issues faced by psychiatric clients (mean = 2.34).

Table 2: Prevalent Forms of Stigmatization and Discrimination against Psychiatric Clients (n = 150)

Item	SA (%)	A (%)	SD (%)	D (%)	Mean
I have personally experienced discrimination or stigmatization during my stay.	20	35	27	18	2.57
Discrimination and stigmatization have affected my experience as a psychiatric client.	30	34	26	10	2.84
Other patients treat me differently because of my mental health condition.	17	42	34	7	2.69
Discrimination and stigmatization are significant issues faced by psychiatric clients.	12	31	36	21	2.34
I've experienced social isolation due to my mental health condition.	16	48	30	5	2.73
People have made negative assumptions about me because of my mental health condition.	22	51	18	9	2.86
I have been denied opportunities or services due to my mental health condition.	21	39	21	19	2.62

Source: Field Survey, 2023.

4.3 Factors Contributing to Stigmatization and Discrimination

Research Question 2 asked: What are the primary factors that contribute to discrimination and stigmatization of psychiatric patients? Table 3 shows that the highest-scoring factor was agreement that stereotypes and misconceptions about mental health conditions fuel discrimination (mean = 3.34), followed by fear and lack of knowledge about mental health issues leading to stigmatization (mean = 3.20). Respondents also agreed that misinformation and myths about mental health contribute to discrimination (mean = 3.08), that lack of awareness and understanding about mental health issues contributes to discrimination (mean = 3.01), that negative media portrayals of mental illness worsen discrimination (mean = 2.98), that a lack of proper education and training among healthcare professionals contributes to discrimination (mean = 2.84), and that discrimination and stigmatization are often based on the appearance of psychiatric patients (mean = 2.84). The lowest-scoring factor was agreement that a lack of support and understanding from the community contributes to stigmatization of psychiatric patients (mean = 2.55).

Table 3: Factors Contributing to Stigmatization and Discrimination (n = 150)

Item	SA (%)	A (%)	SD (%)	D (%)	Mean
Lack of awareness and understanding about mental health issues contributes to discrimination.	30	50	11	9	3.01
Negative media portrayals of mental illness worsen discrimination.	36	38	14	12	2.98
A lack of proper education and training among healthcare professionals contributes to discrimination.	32	34	20	14	2.84
Stereotypes and misconceptions about mental health conditions fuel discrimination.	48	40	10	2	3.34
Fear and lack of knowledge about mental health issues lead to stigmatization.	42	42	10	6	3.20
Discrimination and stigmatization are often based on the appearance of psychiatric patients.	35	29	21	15	2.84
Misinformation and myths about mental health contribute to discrimination.	40	38	12	10	3.08
Lack of support and understanding from the community contributes to stigmatization of psychiatric patients.	19	35	32	10	2.55

Source: Field Survey, 2023.

4.4 Impact of Stigmatization and Discrimination

Research Question 3 asked: How does stigmatization and discrimination impact the psychiatric clients receiving care in selected neuropsychiatric hospitals in Rivers State? Table 4 shows that the highest-scoring impact was agreement that discrimination has negatively impacted respondents' relationships with healthcare professionals and other patients (mean = 3.25), followed by agreement that experiencing discrimination has led to feelings of shame and low self-esteem during treatment (mean = 2.99), and that discrimination and stigmatization have made it more challenging to seek mental health treatment (mean = 2.86). Respondents also agreed that they have felt reluctant to discuss their mental health condition with healthcare professionals due to stigmatization (mean = 2.84), that stigmatization has resulted in a lack of support and understanding from family and friends (mean = 2.78), that the discrimination faced has hindered overall mental health recovery (mean = 2.73), and that discrimination and stigmatization have hindered overall well-being and quality of life (mean = 2.63). The lowest-scoring impact was agreement that discrimination has affected respondents' ability to engage in treatment and therapy (mean = 2.32).

Table 4: Impact of Stigmatization and Discrimination on Psychiatric Clients (n = 150)

Item	SA (%)	A (%)	SD (%)	D (%)	Mean
Discrimination and stigmatization have made it more challenging for me to seek mental health treatment.	20	57	13	9	2.86
Experiencing discrimination has led to feelings of shame and low self-esteem during my treatment.	29	51	11	8	2.99

Item	SA (%)	A (%)	SD (%)	D (%)	Mean
Discrimination has negatively impacted my relationships with healthcare professionals and other patients.	37	53	8	2	3.25
The discrimination I've faced has hindered my overall mental health recovery.	22	38	31	9	2.73
Discrimination has affected my ability to engage in treatment and therapy.	15	30	30	22	2.32
I've felt reluctant to discuss my mental health condition with healthcare professionals due to stigmatization.	30	34	26	10	2.84
Stigmatization has resulted in a lack of support and understanding from family and friends.	18	50	24	8	2.78
Discrimination and stigmatization have hindered my overall well-being and quality of life.	27	29	26	16	2.63

Source: Field Survey, 2023.

4.5 Test of Hypothesis

Ho: There is no significant difference between the forms of stigmatization and discrimination and the impact of stigmatization and discrimination among psychiatric clients receiving care in selected neuropsychiatric hospitals in Rivers State. A chi-square test of independence was performed to examine the relationship between the forms of stigmatization and discrimination and the impact of stigmatization and discrimination (Table 5).

Table 5: Chi-Square Test – Forms of Stigmatization/Discrimination and Their Impact (n = 150)

Response	Prevalent Forms	Impact	Total
Strongly Agree	29	37	66
Agree	60	67	127
Strongly Disagree	41	31	72
Disagree	19	15	34
Total	149	150	299

χ^2cal = 3.2117, df = 4, p = 0.360, Decision: Ho accepted.

The relation between these variables was not significant, $X^2(4, N = 150) = 3.2117$, $p = 0.360$. Therefore, the null hypothesis was accepted: there is no significant difference between the forms of stigmatization and discrimination and the impact of stigmatization and discrimination among psychiatric clients receiving care in selected neuropsychiatric hospitals in Rivers State.

4.6 Summary of Findings

The prevalent forms of discrimination and stigmatization include differential treatment by other patients, social isolation, negative assumptions and denial of opportunities. The factors contributing to discrimination and stigmatization include lack of awareness and understanding, negative media portrayals, stereotypes, misconceptions, fear, lack of knowledge, misinformation and myths. The impact of discrimination and stigmatization includes challenges in seeking mental health treatment, feelings of shame and low self-esteem, hindrance to mental health recovery, reluctance to discuss mental health, lack of support and understanding from family and friends, and hindrance to overall well-being and quality of life.

5. DISCUSSION

This section interprets the findings in relation to Labelling Theory (Scheff, 1966; modified by Link *et al*., 1989), which holds that expectations of labelling can have a large negative effect on psychiatric patients, causing them to withdraw from society, and that those labelled as having a mental disorder come to anticipate and perceive negative societal reactions to them, which potentially damages their quality of life.

The finding that the prevalent forms of discrimination and stigmatization include differential treatment by other patients, social isolation, negative assumptions and denial of opportunities is in agreement with Evans-Lacko *et al*. (2013), who highlight that psychiatric clients often face differential treatment from fellow patients due to their mental health condition. This finding is in tandem with Clement *et al*. (2015), who suggest that psychiatric clients commonly experience social isolation as a result of stigmatization and discrimination; concurs with Hinshaw (2005), who indicates that psychiatric clients frequently face negative assumptions and stereotypes based on their mental health condition; and is in accord with Thornicroft *et al*. (2008), who underscore that psychiatric clients are often denied opportunities and services because of their mental health condition.

The finding that the factors contributing to discrimination and stigmatization include lack of awareness and understanding, negative media portrayals, stereotypes, misconceptions, fear, lack of knowledge, misinformation and myths is in agreement with Corrigan and Watson (2002), who highlight that public stigma often arises from ignorance and misconceptions about mental health conditions; is in tandem with Stuart (2006), who suggests that sensationalized and inaccurate depictions in media can reinforce stigmatizing beliefs; concurs with Pescosolido *et al*. (2010), who indicate that common misconceptions often include beliefs that individuals with mental illness are dangerous or unpredictable, which can fuel discrimination; agrees with Link and Phelan (2001), who propose that people may stigmatize what they do not understand or fear; and is in accord with Wahl (1995), who postulates that false beliefs about the causes and consequences of mental illness can perpetuate stigma.

The finding that the impact of discrimination and stigmatization includes challenges in seeking mental health treatment, feelings of shame and low self-esteem, hindrance to mental health recovery, reluctance to discuss mental health, lack of support and understanding from family and friends, and hindrance to overall well-being and quality of life is in tandem with Pescosolido *et al*. (2007), who suggest that the fear of being judged or encountering biased attitudes may deter people from seeking the help they need; is in agreement with Livingston and Boyd (2010), who state that being subjected to negative attitudes or behaviours can erode one's self-worth; is in accord with Livingston *et al*. (2010), who indicate that negative experiences can increase stress and reduce motivation to engage in treatment; is in assent with Barney *et al*. (2006), who note that fear of being judged or misunderstood can prevent open and honest communication; is in consensus with Corrigan *et al*. (2012), who point out that negative attitudes in the community can isolate individuals and hinder their social support networks; and is consistent with Rüsch *et al*. (2005), who note that stigmatization and discrimination can lead to increased stress, isolation, and reduced life satisfaction.

A chi-square test of independence performed to examine the relation between the forms of stigmatization and discrimination and the impact of stigmatization and discrimination found the relation between these variables was not significant, $X^2(4, N = 150) = 3.2117$, $p = 0.360$, and the null hypothesis was accepted. Results showed that the psychiatric clients receiving care in the study areas experienced stigmatization and discrimination, highly affected by low self-esteem and shame.

6. CONCLUSION AND RECOMMENDATIONS

6.1 Conclusion

From the preceding discussions, it could hence be said that stigmatization and discrimination of psychiatric patients receiving care in the area have negatively impacted on their wellbeing, and their chances of quick recovery might be delayed. The major effect of stigma and discrimination was found to be those clients, as a result of the stigma, do not adhere to medical instructions and do not take their drugs religiously.

6.2 Implication to Nursing

This study will help to improve the knowledge of nurses on the effects of stigmatizing and discriminating against psychiatric clients and the overall well-being and mental health outcomes of these clients, by increasing the need for advocacy, education, cultural competence and patient-centred care.

6.3 Recommendations

Rehabilitation centres should be made available to psychiatric clients so as to help reduce the level of stigmatization and discrimination among psychiatric clients.

Those who have recovered from mental illness should come together to form support groups in order to morally support those who are mentally ill.

Policies should be enacted to protect psychiatric clients from losing their employment prior to their recovery.

6.4 Limitations of the Study

The major constraint faced by the researcher was insufficient financial resources. A poor time duration did not allow the researcher to collect data from more respondents.

6.5 Suggestions for Further Study

Further research should be carried out in neuropsychiatric hospitals in other states to determine the existence of stigmatization and discrimination among psychiatric clients and the level at which the clients are stigmatized.

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