

Psychosocial Factors Influencing the Wellbeing of Persons Living with Mental Illness in Abeokuta North Local Government Area of Ogun State, Nigeria

Rita Nkiruka Ezeokoli, PhD¹, Olanrewaju Seun Adegbite^{2*}, Sharon-Halleluyah Oluwasanya³
Oluwafikayomi Opeyemi Banjo⁴

^{1,2,3,4}.Department of Social Work & Human Services, Babcock University, Ilishan, Ogun State, Nigeria
Corresponding author*

Abstract: Background: Mental illnesses are generally characterized by a combination of abnormal thoughts, perceptions, emotions, behaviour, and relationships with others. Persons with mental illness often experience both psychological and social issues in different areas and are stigmatized in many countries and cultures. The shame and fear associated with mental illness remain substantial obstacles to help seeking, to diagnosis, and to treat worldwide.

Aims: The purpose of the study was to examine the psychosocial factors influencing the wellbeing of people living with mental illness in Abeokuta North Local Government, Ogun State Nigeria.

Methods: The study adopted a cross-sectional survey research design and stratified and proportional simple random sample was used to select 400 respondents. The study used a self-developed questionnaire tagged “Psychosocial Mental Illness Scale” with reliability test score of 0.76. The demographic characteristics and research questions were analyzed using the descriptive statistics of simple percentage and frequency distribution while Pearson product correlation was used to analyze the research hypotheses at $p=0.00$.

Results: The results revealed that there is a significant influence of low self-esteem on wellbeing of persons living with mental illness ($r = 0.611$, $n=400$, $p(0.01)<.05$), also there is a significant influence of identity confusion on wellbeing of persons living with mental illness ($r = 0.836$, $n=400$, $p(0.01)<.05$), equally, there is a significant influence of stigmatisation on wellbeing of persons living with mental illness ($r = 0.731$, $n=147$, $p(0.01)<.05$) and finally, there is a significant influence of lack of access to services on wellbeing of persons living with mental illness in Abeokuta North Local Government, Ogun State ($r = 0.851$, $n=147$, $p(0.01)<.05$).

Conclusions: The study concluded that all the psychosocial variables like stigmatization and low self-esteem, lack of access to services and identity confusion influence the wellbeing of persons living with mental illness. Thus, the need for the government to provide services that are designed to support mentally ill persons to enhance self-efficacy, as well as other diverse attributes and roles in the community.

Key words: mental illness, psychosocial factors, low self-esteem, stigmatization, identity confusion.

I. INTRODUCTION

In recent years there has been an increase in the discussion on mental health globally. With the poor understanding of the prevalence of mental disorders worldwide, there is need to understand the concept of mental illness. Mental illness is a term that cannot be used without understanding the basis of mental health. World Health Organization (WHO, 2014) defined mental health as a state of well-being whereby an individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and is able to make a contribution to his or her community. Mental health is not just about absence of diseases or illness but a state of mind which allows individuals function effectively in the society. With this it can be assumed that mental illness is a subset of mental health.

According to the World Health Organization (WHO, 2019), over a billion people, about 15% of the world's population, have some form of mental illness. Between 110 million and 190 million adults have significant difficulties in functioning. Rates of mental disability are increasing due to population ageing and increases in chronic health conditions, among other causes. Thus, the burden of mental illness continues to grow with significant impacts on health and major social, human rights and economic consequences in all countries of the world. (Silvana, Cicero, Tiago, Luana, Camino, and Silva, 2019).

Mental illness is generally characterized by a combination of abnormal thoughts, perceptions, emotions, behaviour, and relationships with others (WHO 2014). Mental illness is a clinically significant psychological or behavioural disorder associated with distress, disability or a significantly increased risk of suffering pain, disability, death or important loss of freedom (United Nations Development Programme, 2015). Mental illnesses are major health condition that affects individuals, families, and communities in both the developed and developing world. Statistics from the World Health Organization (2014) indicate that one quarter of the world's population will experience mental illness in their lifetime. There are various range of mentally illness some of which are clinical depression, anxiety disorder, bipolar disorder,

dementia, schizophrenia, obsessive compulsive disorder, autism, post-traumatic stress disorder, attention deficit/hyperactivity disorder, substance abuse and addiction, psychosis etc.

Complex mixes of environmental, biological, and social determinants affect individual well-being (Greenwood, 2018). As a result, there is no ascertained cause of mental illness as it cannot be said to have one underlining cause, but it can occur as a result of a combination of several factors. Biological and social factors influence mental illness but such factors vary among persons. Substance abuse, environment, life experiences and personality factors are few variables that can cause mental illness. Early life environment also influences mental illness as persons who suffered from neglect and abuse have higher risk of mental illness. Causes of mental illness is different for all persons therefore making mental illness unique to each person.

There are several challenges faced by persons living with mental illness which are all interwoven and are likely occur as a result of negative public opinion, inadequate knowledge and bias of persons living with mental illness, but this study concentrated on stigmatization, lack of access to services, low self-esteem of the mentally ill and identity confusion. Thus, despite social advances towards the passage of laws guaranteeing the rights of people suffering from mental illness, inspired by the movement for Psychiatric Reform and Social Inclusion, negative perception of those living with mental illness still remains as they are thought to represent a threat to the society (Wilson, Jaques, Johnson, Brotherton, 2017). The challenges persons living with mental illness face is emphasized by the attitudes and behaviours of the public which undermine their capacity to make their full contribution to the community.

In Nigeria and most African countries, there are cultural beliefs and myths surrounding mental illness as they are seen as curses from the gods for evil deeds of individuals or from family misdeeds or as a result of witchcraft. The belief and practice of witchcraft and its relation to mental illnesses and seeking of mental health treatments from native doctors/traditional healers and spiritual/prayer camps healers are common and these traditional/native healers are regarded as part of the wider cultural belief systems (Elegbeleye, 2013). Furthermore the perception has led to the stigmatization of persons living with mental illness as most persons do not want to be identified with such beliefs and myths.

Stigmatization can affect people living with mental illness through mechanisms of direct discrimination, such as a refusal to hire the person; structural discrimination, such as the availability of fewer resources for research and treatment; or social psychological processes that involve the stigmatized person's perceptions (Silvana et al 2019). According to research, individuals diagnosed with mental illness find themselves stigmatized by family, society, and the community at large. A large majority of individuals with the illness find

themselves discriminated against due to society's perception of mental illness (Wilson et al 2017).

Self-esteem is the individual's assessment of self-worth and is affected both by ones ideas about how they are measuring up to their own standards and by one's ability to control ones sense of self in interactions with others; both these processes have important repercussions on ones feelings about themselves (Elegbeleye, 2013). People with high self-esteem regard themselves highly and are generally pleased with who they are. In contrast, feelings of failure, incompetence, and worthlessness are common characteristics of people with low self-esteem (Singh, 2015). Consciously or unconsciously low self-esteem causes patients or others to hate and reject themselves, which may be expressed in direct or indirect ways (Silvana et al 2019).

Identity confusion is another consequence of mental illness and may happen when there has been persistent neglect or emotional abuse. It is a psychological response to interpersonal and environmental stresses. and involve a sense of confusion about who a person is, and has trouble defining the things that interest them in life, or their political or religious or social viewpoints, or their sexual orientation, or their professional ambitions (Komilla and Rashimi, 2015; Hine, Maybery, & Goodyear 2019). In addition to these apparent alterations, the person may experience distortions in time, place, and situation and have trouble functioning in one or more major life areas (Teresa, Ritsuko, Lisa, Palmer, Harry, Joao, and Michelle, 2019).

Furthermore, people with mental illness have less access to health care services and therefore experience unmet health care needs. Mental disability is the interaction between individuals with a health condition and personal and environmental factors for example, negative attitudes, inaccessible transportation and public buildings, and limited social supports. WHO (2019) noted that all people with mental disability have the same general health care needs as everyone else, and therefore need access to mainstream health care services without discrimination, but listed likely service that the mentally illness people are denied of in terms of prohibitive costs, limited availability of services, physical barriers, inadequate skills and knowledge of health workers, etc.

All these problems and many more have impacted our society and if left unchecked could further worsen health, productivity, economic and social development as well as mortality rates. Based on the urgency to address the issues of mental illness, the study seeks to assess the psychological and social factors influencing the wellbeing of people living with mental illness in Abeokuta North Local Government, Ogun State Nigeria.

Research Hypothesis

1. There is no significant influence of low self-esteem on wellbeing of persons living with mental illness in Abeokuta North Local Government, Ogun.

2. There is no significant influence of identity confusion on wellbeing of persons living with mental illness in Abeokuta North Local Government, Ogun State.
3. There is no significant influence of stigmatisation on wellbeing of persons living with mental illness in Abeokuta North Local Government, Ogun State.
4. There is no significant influence of lack of access to services on wellbeing of persons living with mental illness in Abeokuta North Local Government, Ogun State.

II. METHODOLOGY

Research Design:

The study adopted a descriptive cross – sectional design. The design was adopted due to the fact that the research cut across different sections of people in the local government which comprises of civil servants, traders, transporters and residents in the Local Government Area.

Sample

The target population for this study consists of all residents of Abeokuta North Local Government Area of Ogun State, Nigeria. A Stratified Random Sampling Technique was used to select the Sample size for the Study. The Respondents was stratified into Civil Servants, Traders,

Transporters and Residents. After Stratification, a proportional simple random sample was used to select participants randomly from the sample frame until the sample size was obtained. The sample size included a total of 400 participants, 100 participants from each stratum.

Instrument

The instrument that was used to gather information from respondents was a self-developed questionnaire tagged “Psychosocial Mental Illness Scale”. To establish the reliability of the instrument, a pilot test was conducted using 30 respondents from another Local Government Area that did not form part of the sample. Cronbach’s Alpha reliability method was used. The Cronbach’s Alpha was computed and this yielded reliability co- efficiency (r) of 0.76. The instrument was therefore deemed highly reliable and good enough for use for the present study.

III. DATA ANALYSIS

The demographic characteristics were analyzed using the descriptive statistics of simple percentage and frequency distribution while Pearson product correlation was used to analyze the research hypotheses.

Ethical Consideration

In accordance to the ethical code of conduct of social work profession, the research was conducted in line with the ethical principles and regulations. Approval was duly sort from the administrative body of the local government and verbal

consent was sort from participants of the study. The participants were duly informed about the study with assurance of confidentiality and anonymity through voluntary participation and they gave their consent for their data to be used in the research.

IV. RESULTS

Demographic and Socio-Economic Characteristics

Table 1: Frequency and percentage of demographic distribution

Variables	Frequency	Percentage (%)
Sex		
Male	185	46.0
Female	215	54.0
Age		
21-30	50	13.0
31-40	220	55.0
41-50	50	12.0
51-60	40	10.0
61- above	40	10.0
Religion		
Islam	108	27.0
Christianity	264	66.0
Traditional	28	7.0
Marital Status		
Single	76	19.0
Married	324	81.0
Occupation		
Ethnicity		
Hausa	20	5.0
Ibo	90	22.0
Yoruba	270	68.0
Others	20	5.0
Civil Servants	100	25
Traders	100	25
Transporters	100	25
Residents	100	25

Table 1 above shows 54% of the respondents are female, 46% of the respondents are male. For age, 50, 220, 50 and 40 fell within age range 21-30, 31-40, 41-50 and 51-60 respectively, and 61 years above had 40(10%). Under religion, Christians were 264(66.0%), Muslims 108(27.0%) and traditional 28(7.0%). Most of the respondents were Yoruba and Ibos with frequency distribution of 270(68.0%) and 90(22.0%) respectively, Hausas had 20(5.0%) and other tribes had 20(5.0%). Married respondents were 324(81.0%) and single respondents were 76(19.0%).

V. TESTING OF HYPOTHESES

Hypothesis One: There is no significant influence of low self-esteem on the wellbeing of persons living with mental illness in Abeokuta North Local Government, Ogun State

Table 2: showing the influence of low self-esteem on persons living mental illness

Variables	Mean	Standard Deviation	N	R	P	Remark
Low Self-esteem	18.2800	4.61849	400	.611	0.01	Sig
Wellbeing	21.0133	3.49878				

Table 2 shows that there is a significant influence of low self-esteem on wellbeing of persons living with mental illness in Abeokuta North Local Government, Ogun State ($r = 0.611$, $n=400$, $p(0.01)<.05$). Thus, the hypothesis was rejected.

Hypothesis Two: There is no significant influence of identity confusion on persons living with mental illness in Abeokuta North Local Government, Ogun State

Table 3: showing the influence of identity confusion on wellbeing of persons living mental illness

Variables	Mean	Standard Deviation	N	R	p	Remark
Identity Confusion	10.9333	2.45405	400	.836	0.01	Sig
Wellbeing	21.0133	3.49878				

Table 3 shows that there is a significant influence of identity confusion on wellbeing of persons living with mental illness in Abeokuta North Local Government, Ogun State ($r = 0.836$, $n=400$, $p(0.01)<.05$). Thus, the hypothesis was rejected.

Hypothesis Three: There is no significant influence of stigmatisation on wellbeing of persons living with mental illness in Abeokuta North Local Government, Ogun State

Table 4: showing the influence of experience of stigmatisation on persons living mental illness

Variables	Mean	Standard Deviation	N	R	P	Remark
Experience of stigma	12.4600	3.74995	400	.731	0.01	Sig
Wellbeing	21.0133	3.49878				

Table 4 shows there is a significant influence of stigmatisation on wellbeing of persons living with mental illness in Abeokuta North Local Government, Ogun State ($r = 0.731$, $n=147$, $p(0.01)<.05$). Hence, the hypothesis was rejected.

Hypothesis Four: There is no significant influence of lack of access to services on the wellbeing of persons living with mental illness in Abeokuta North Local Government, Ogun State

Table 5: showing the influence of access to mental health services on persons living mental illness

Variables	Mean	Standard Deviation	N	R	P	Remark
Access to mental health services	8.1770	1.9975	400	.851	0.01	Sig
Wellbeing	21.0133	3.49878				

Table 5 shows there is a significant influence of lack of access to services on the wellbeing of persons living with mental illness in Abeokuta North Local Government, Ogun State ($r = 0.851$, $n=147$, $p(0.01)<.05$). Hence, the hypothesis was rejected

VI. DISCUSSION

The result of research hypothesis one showed that there is a significant influence of low self-esteem on wellbeing of persons living with mental illness in Abeokuta North Local Government Area of Ogun State. The result corroborates the findings of Mann, Hosman, Schaalma and Nanne (2004) that self-esteem in a broad-spectrum approach for mental health promotion. Similar study was reported by Henriksen, Ranoyen, Indredavik & Stenseng (2017), that low self-esteem have major impact on wellbeing of persons with mental illness in low and middle income countries most especially in Nigeria. Furthermore, Gureje, Lasebikan, Kola & Makanjuola (2006) reported that low self-esteem of persons with mental illness have negative impact on their wellbeing as they have problem with social interactions and interpersonal communication.

The result of hypothesis two showed that there is a significant influence of identity confusion on wellbeing of persons living with mental illness. This result is in line with that of Ryan (2011) who found that obtaining employment, maintaining and developing inter-people relationships and the way in which those with labels are viewed seem to be negatively affected by society's biases and stereotypical ideas surrounding those with mental disorder labels. The result is also consistent with the findings of Oduguwa, Adedokun & Omighodun, (2017) that identity confusion constitute a major impact on wellbeing of persons with mental illness because patients with mental illness often comes-down with difficulty in getting employment and building sustainable social interaction. Additionally, WHO, (2014) indicated that identity confusion is one of the main problem of persons with mental illness in developing countries.

The result of hypothesis three showed that there is a significant influence of occurrence of stigmatization on wellbeing of persons living with mental illness. This finding is similar to that of Link, Struening, Neese-Todd, Asmussen and Jo (2001) that stigma associated with mental illness harms the self-esteem of many people who have serious mental illnesses. The result is also in support with that of Knaak, Mantler & Szeto (2017), that stigmatization of persons with mental illness often cause negative mental health outcomes. Furthermore, Parcesepe & Cabassa, (2013) indicated that lower levels of stigmatizing attitudes, higher rates of seeking treatment and treatment utilization, good perceived access to information on mental health and higher levels of comfort with persons with mental illness were associated with lower rates of individual-level self-stigma and higher levels of empowerment.

Hypothesis four showed that there is a significant influence of access to lack of services on wellbeing of people living with mental illness. This finding is supported by the study of Jed (2008) who found that mental illness people are excluded from material resources, from socially valued productive activity, from social relations and neighbourhoods, from civic participation and from health services. Similar study was reported by Hatzenbuehler, Jun, Corliss, and Austin (2015) that access to mental health services have significant impact on wellbeing of persons with mental illness. In addition, Pachankis, Hatzenbuehler and Starks (2014) reported that a major influence of access to mental health services on the improvement of wellbeing of persons with mental illness includes reduction in the rate of hospitalization in resource constraints environment.

VII. CONCLUSION

The study showed that low esteem influences the wellbeing of people living with mental illness, thus, low self-esteem could increase considerably as a result of mental illness. The study also concluded that identity confusion influences the wellbeing of people living with mental illness, thus showing that persons living with mental are often perceived as different from regular human beings as a result of their illness. The study also indicated that stigmatization influences the wellbeing of people living with mental illness. This is as a result of lack of understanding or knowledge of mental illness because of pre-existing beliefs and cultural norms and lack of sensitization on what mental illness is and the various types. The study also showed that lack of access to services significantly influences the wellbeing of people living with mental illness. Thus, the study concluded that all the psychosocial variables like stigmatization and low self-esteem, lack of access to services and identity confusion influences the wellbeing of persons living with mental illness in Abeokuta North Local Government Area of Ogun state, Nigeria.

VIII. RECOMMENDATIONS

Base on the findings of this study, the following recommendations were made:

1. People living in Abeokuta North Local Government must create opportunities for persons living with mentally illness people to make a social contribution and work with the community members.
2. Recovery of persons living with mental illness in Abeokuta North Local Government, may be facilitated through services designed to support mentally ill persons to enhance self-efficacy, as well as other diverse attributes and roles in the community.
3. Furthermore, mentally disable people's experiences of intimate relations, employment, education and social life are suppressed. People living in Abeokuta North Local Government should endeavour to encourage and include mentally illness people in a

monitored social life so that they will not feel excluded in the community.

4. It is pertinent that the perceived differences between mentally illness people and other people living in Abeokuta North Local Government, are simply based on beliefs, misunderstandings and lack of communication. Communication and sensitization should be encouraged to minimize the psychosocial effect on persons living with mental illness.
5. The prejudices associated with mental illness in Abeokuta North Local Government, has created a stigma towards people living with mentally illness, there is a urgent need for social, psychological and environmental interventions by social workers to promote social and economic justice and human development.
6. In Nigeria, the orientation of many states governments locates responsibility for the individual, suffering from mental illness with the family. The responsibility of taking care of persons living with mental illness should not lie solely on the individuals or their family to avoid the consequences of low self-esteem, identity confusion, stigmatization and lack of access to services on those living with mental illness rather the government should majorly take over such role.

REFERENCES

- [1] Elegbeleye, A. (2013). Predictors of the mental health of orphans and vulnerable children in Nigeria. *Ife Psychologia*, 21(2), 170-180.
- [2] Greenwood, N., Mezey, G. and Smith, R. (2018). Social exclusion in adult informal careers: A systematic narrative review of the experiences of informal careers of people with dementia and mental illness. *Maturitas*. 112, 36-45
- [3] Gureje, O, Lasebikan, V.O, Kola, L & Makanjuola, V.A (2006). Lifetime and 12months prevalence of mental disorders in the Nigerian survey of mental health and wellbeing. *The British Journal of Psychiatry*. 188(5):465-471.
- [4] Hatzenbuehler, M.L, Jun, H.J, Corliss, H.L & Austin, S, B (2015). Structural stigma and cigarette smoking in a perspective cohort study of sexual minority and heterosexual youth (2015). *Annals of Behavioural Medicine*. 47(1):48-56.
- [5] Henriksen, I.O, Ranoyen, I, Indredavik, M.S & Stenseng, F (2017). The role of self-esteem in the development of psychiatric problem: A three-year prospective study in a clinical sample adolescents. *Child and Adolescent Psychiatry and Mental Health*. 11(68).
- [6] Hine, R. H., Maybery, D. J., & Goodyear, M. J. (2019). Identity in personal recovery for mothers with a mental illness. *Frontiers in Psychiatry*, 10.
- [7] Hutchison, P. & Abrams, D. (2007). *Deviance and Sanctioning in Low and High Status Groups*. Unpublished manuscript. University of Leeds.
- [8] Jed, B. (2008). Social exclusion and mental health – how people with mental health problems are disadvantaged: an overview. Centre for Mental Health, London, UK. 15(32): 112-121.
- [9] Knaak, S, Mantler, E.D & Szeto, A (2017). Mental illness-related stigma in healthcare: barriers to access and care and evidence – based solution. *Health Management Forum*. 30(2):111-116
- [10] Komilla, T. and Rashmi, K. (2015) Social exclusion and mental health: A preamble. *Psychology and Developing Societies* 27(2) 143–154

- [11] Link, B. G., Struening, E. L., Neese-Todd, S., Asmussen, S., & Phelan, J. C. (2001). Stigma as a barrier to recovery: The consequences of stigma for the self-esteem of people with mental illnesses. *Psychiatric Services*, 52(12), 1621–1626.
- [12] Mann, M., Hosman, C., Schaalma H. and Vries, K. (2004). Self-esteem in a broad-spectrum approach for mental health promotion. *Health Education Research*.19 (4) 357-372
- [13] Oduguwa, A.O, Adedokun, B & Omigbodun, O.O (2017). Effect of a mental health training programme on Nigerian schools pupils' perceptions of mental illness. *Child Adolescent Psychiatry and Mental Health*. 11:119.
- [14] Pachankis, J.E, Hatzenbuehler, M.L & Starks, T.J (2014). The influence of structural stigma and rejection sensitivity on young sexual minority men's daily tobacco and alcohol use, *Social Science and Medicine*. 103:67-75.
- [15] Parcesepe, A.M & Cabassa, L.J (2013). Public stigma of mental illness in the United States: A systematic literature review. *Administration and Policy in Mental and Mental Health Services Research*. 40(5).
- [16] Ryan, M. (2011). Social Factors affecting individuals labeled with mental disorders. *Negative Effects of Mental Disorders in Society*. 1-22.
- [17] Silvana, C., Cicero, R., Tiago, J., Luana, E., Camino, L. and Silva, G. (2019). Social exclusion of people who suffer from mental disorders: A proposal for an explanatory model. *Social Psychology*. 29, 1-10.
- [18] Teresa, H. Ritsuko, K., Lisa, Palmer, Harry, M., Joao, M. and Michelle, K. (2019). Social inclusion and exclusion of people with mental illness in Timor-Leste: a qualitative investigation with multiple stakeholders. *BMC Public Health*. 19(702), 2-13.
- [19] United Nations Development Programme (2015). The social exclusion profile of persons with illness. Albania. UN.
- [20] Wilson, N. Jaques, H., Johnson, A. and Brotherton, M. (2017). From social exclusion to supported inclusion: Adults with intellectual disability discuss their lived experiences of a structured social group. *Journal of Applied Research in Intellectual Illness*. 30, 847–858.
- [21] World Health Organization. (2005). Promoting mental health: concepts, emerging evidence, practice: a report of the World Health Organization, Department of Mental Health and Substance Abuse in collaboration with the Victorian Health Promotion Foundation and the University of Melbourne. *World Health Organization*.
- [22] World Health Organization (2014). Social determinants of mental health. Geneva; WHO
- [23] World Health Organization (2019). Social exclusion. Geneva; WHO