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Understanding Mental Illness Narrative and Treatment Experiences in Africa

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Abstract

Over 970 million people globally and over 50 million in Nigeria are estimated to be affected by mental illness. The condition is associated with several psycho-cultural and social problems including stigma which poses a major challenge for people with mental illness experience. The paper examines the understanding of mental illness narrative and treatment experiences and employs a combination of Social Construction Theory and Total Institution Theory to enhance understanding of the phenomenon. The illness narrative highlights the role of social construction in shaping mental health perceptions, particularly in Africa fraught with mental health misconceptions and stigmatization. The understanding and perception of mental illness in African societies are deeply embedded in cultural and social contexts. This includes the attribution of mental illness to spiritual causes and the reliance on traditional healing methods. The lived experience of mental illness is characterized by prejudice, negative labels, devaluation of their capabilities, and discrimination. Obstacles in treating mental illness in Africa include cultural misconceptions, inadequate healthcare infrastructure, limited financial resources, a scarcity of trained professionals, and political commitment from African governments and policymakers. The paper strongly advocates for utilizing traditional and religious leaders to campaign against discrimination towards individuals with mental health issues.

Keywords: Mental illness, reintegration, stigma, treatment experiences, Africa

Introduction

It is estimated that more than 970 million people worldwide and over 50 million in Nigeria are affected by mental illness (Dagefa *et al.*, 2023).

Comprehensive documentation is lacking due to financial constraints and social stigmatization (Nochaiwong *et al.*, 2021). According to Wada *et al.* (2021), one-fourth of the Nigerian population is estimated to live with mental illness. In Nigeria, there are about 300 psychiatric doctors and eight psychiatric hospitals, which do not proportionally meet the needs of mentally affected patients (Wada *et al.*, 2021). The cost of services and accessibility are problematic, with significant disparities in the number of hospitals between rural and urban centers. Mental illness is a growing concern in Africa, influenced by various socio-cultural, economic, and political factors. The World Health Organization (WHO, 2019) estimates that over 280 million people globally suffer from depressive disorders, with a significant proportion residing in low-income countries, including Africa. Incidentally, around 85% of individuals in these regions do not receive adequate mental health treatment (WHO Regional Office for Africa, 2020).

Indeed, the perception of mental illness in Nigeria is fraught with misconceptions (Almu, 2019). The community often views mental illness as incurable, leading to various forms of abuse (beating, chaining, and stoning), movement restrictions, denial of job opportunities, and freedom of association. Consequently, people with mental illness face societal rejection. Fear of patronizing psychiatric hospitals results in many cases reaching a severe stage before treatment is sought. The number of mental illness cases is increasing in Nigeria (Vojtila *et al.*, 2021) due to factors such as personal lifestyle, interpersonal connections, and physical factors (Felman, 2020). Other contributing factors include genetics, stress, nutrition, prenatal infections, and environmental influences (World Health Organization [WHO], 2019).

According to the Africa Polling Institute and EpiAfric (2020), the perceived causes of mental illness in Nigeria include drug abuse, possession by evil spirits, and mental disturbance. Drug abuse is the most significant precipitating factor in psychiatric cases, although non-drug-related cases are also increasing (Oketola *et al.*, 2017). Mental illness is often perceived as uncommon and disruptive behaviour that attracts public attention (Africa Polling Institute and EpiAfric, 2020), leading to misconceptions and tremendous implications for affected individuals (Amzat & Razum, 2014a). Mental illness is associated with poor knowledge, stigmatization (Africa Polling Institute and EpiAfric, 2020), and permanent labels, causing stigma, discrimination, and neglect.

Many people abandon their patients in psychiatric hospitals due to stigma and financial constraints (Oketola *et al.*, 2017). Stigma is a significant problem, creating barriers to social reintegration (Amzat & Razum, 2014a). These barriers hinder efforts to support people with mental illness (Wainberg *et al.*, 2017). In some situations, relatives abandon mentally disturbed patients in hospitals, believing the cases are hopeless (Honey *et al.*, 2020). Mental illness is also associated with contagious diseases like HIV/AIDS and hepatitis due to substance and drug abuse, contributing to increased mortality among those affected (Yunusa *et al.*, 2011). Researchers observed that patients often resort

to traditional methods before seeking medical help, further delaying effective treatment (Green & Colucci, 2020; van der Zeijst *et al.*, 2023).

Several factors predispose individuals to mental illness in Africa. Cultural beliefs play a substantial role in how mental illness is perceived and treated. For instance, Amzat and Razum (2018) emphasized that cultural patterns significantly influence illness understanding and treatment approaches. The narratives and experiences of those affected by mental illness provide crucial insights into the psychological and emotional dimensions of their conditions (Rego, 2021). Despite advancements in pharmacological and psycho-social treatments, significant gaps remain in the quality and accessibility of mental health care in Africa. Common complaints include poor access to high-quality services, a shortage of trained personnel, and pervasive stigmatization (Wainberg *et al.*, 2017). These issues are exacerbated by underfunding, with most African governments allocating less than 50 cents per capita to mental health, far below the recommended \$2 per capita for low-income countries (WHO Regional Office for Africa, 2020).

Nigeria exemplifies the broader challenges faced by many African countries in addressing mental health issues. With a population exceeding 200 million, Nigeria has fewer than 300 psychiatrists, resulting in a doctor-patient ratio of approximately 1:700,000 (WHO Regional Office for Africa, 2020). The country's mental health infrastructure is insufficient, with only eight psychiatric hospitals nationwide (Wada *et al.*, 2021). Additionally, the cost and accessibility of services remain major barriers, compounded by a lack of comprehensive mental health policies and laws. In South Africa, the burden of mental illness is similarly high, with an estimated 16.5% of the population suffering from common mental disorders. The country's mental health services are strained, with only 0.3 psychiatrists per 100,000 people (WHO Regional Office for Africa, 2020). Kenya also faces significant challenges, with a large treatment gap due to inadequate mental health facilities and a scarcity of trained mental health professionals (Ndetei *et al.*, 2013).

Stigmatization and cultural beliefs significantly hinder the effective treatment and integration of individuals with mental illness in Africa. Many societies prefer traditional or religious healers over formal medical treatment due to stigma associated with mental health disorders (Felman, 2020). This cultural stigma leads to social discrimination, isolation, and a reluctance to seek help, exacerbating the conditions of those affected. Addressing mental health in Africa requires a multi-faceted approach, including increased investment, improved healthcare infrastructure, and strategies to reduce stigma and cultural barriers. Comprehensive and integrated approaches are essential to effectively tackle the rising mental health crisis on the continent. The general purpose of this paper is to examine mental illness narratives and treatment experiences in Africa.

Theoretical framework

The paper utilized a theoretical triangulation approach, combining Social Construction Theory and Total Institution Theory, to analyze narratives and treatment experiences related to mental illness. This method leverages the strengths of both theories to provide a comprehensive understanding of how mental illness is perceived and managed within societal and institutional contexts. Social Construction Theory helps explain how societal norms and perceptions shape the narrative around mental illness, while Total Institution Theory examines the impact of institutional settings on the treatment and lived experiences of those with mental health issues. Together, these theories offer a robust framework for analyzing the complexities of mental illness narratives and treatment processes.

The Social Constructionist Theory has become a growing sociological perspective (Zhao, 2020). A social construct is an existing concept based on human reasoning and is an alternative to objective consideration. Social construction is individual perceptions, thoughts, and social agreement of human context on how they construe it. Fundamentally, the theory assumes that people construct their understanding (beliefs and values) through language use (Zhao, 2020). Language is significant in societal value comprehension and the transmission of ideas and ideologies. Arising from the above prism, lived experience with mental illness is deeply associated with social construction and is shaped by culture (Zolezzi *et al.*, 2018). However, social constructions could be barriers to health belief-seeking behaviour and adherence to the treatment (Stangi *et al.*, 2019).

Hence, some people are stereotyped while some are accepted depending on the relationship between individual and social settings, which is determined culturally (Link & Jo, 2001). These clusters of negative attitudes motivate community members to reject and stereotype people living with or experiencing mental illness (Zolezzi *et al.*, (2018). The initial denial stage and social rejection influence the integration process, social relationships, and psychosocial response to mental illness (Stangi *et al.*, (2019). As such, it worsens cases and could bring about social inequality. According to Zhao (2021), there are four premises of social constructionism: the dual character of society (individual inherent prejudice in which common sense is difficult to observe objectively), the constituted role of language (recognition of the fundamental language roles in meaning interpretation); the multiple meaning, and the social context of meaning and actions (the creation of human or individual perception or an analysis of the world-view or the phenomenon in question. Again, society develops and constructs meanings based on history, tradition, and culture. Zhao (2021) also identified four dimensions of social constructionism: cause, text, connotations, and context. The social construction theory helps to understand the illness narrative but little about treatment experiences. Hence, total institution theory has not expatiated details about the institutional role concerning perception, the social construction of mental illness, and actual treatment experiences.

Total Institution Theory is a critical perspective developed by Ervin Goffman (1963). Goffman (1963) placed the hospital in the same institutional category as a prison, orphanage, military organization, etc. A total institution is:

... a place of residence or work where a large number of like-situated individuals, cut off from the wider society for an appreciable period, together with lead on enclosing, formally administered round of life. (p. 495)

Psychiatric hospital settings forced patients admitted to the facility to accept mental illness diagnoses by accepting movement restriction measures and changes in their thinking and behaviour thereby initiating compliance to treatment. In line with this, Amzat and Razum (2014a) affirmed that the psychiatric hospital management (authority) provides daily needs, a person has no control over his fate and faith, disclosure of treatment modalities is optional, and compliance is compulsory.

Felman (2020) identified four features of a total institution that shape individual identities, separate them from society, and encourage loyalty and systems that maintain order. Hence, the characteristics of total institutions include one central authority, capable bureaucracy, structurally arranged, formidable rules and regulations, channelling and controlling. According to Amzat and Razum (2014a), the consequence of the total institution for the livelihood is the mortification of self that signifies abasement experience and humiliation of self. Branaman (1997) identified seven self-mortification processes. These are role dispossession, trimming of identity and programming of patients (taking weight, blood pressure, history taken, being given a uniform and ward), value dispossession (dispossession of property, name, and identity of the patient), imposition of degrading postures and different patterns), contiguity (the tendency for contaminated exposure), disruption of familial relationship (the usual relationship between an individual and actions), and support liberation (autonomy, freedom, and self-determination restrictions).

The total institution theory helps us understand the perception and handling of people with mental illness by healthcare institutions. The theory confines the institutional settings, procedures, and pattern of communications for implementing rules governing the settings. The hospital is to be a bureaucratic set-up with designated activities, schedules, formal guides, and control of the patients. Hence, the synergy application of the duo of social construction theory and total institution theory provides a better framework to examine people with lived experiences of mental illness.

Mental illness narrative in Africa

Illness narrative focuses on how illnesses are understood, experienced, and perceived. Social construction plays a pivotal role in shaping individual perceptions of various social events. African culture, contextual factors, and social activities significantly impact individual perceptions of mental health

due to the guiding influence of norms and values within African society (Jidong *et al.*, 2021). African culture shapes perceived causes of mental illness and access to social support and resources (Jidong *et al.*, 2021). Similarly, the social construction theory utilized by Jidong *et al.* (2021) highlights the negative impact of societal stigma on individuals with mental illnesses. Also, Ojagbemi *et al.* (2021) reported the presence of mental illness across cultures in Nigeria, emphasizing the distress associated with these experiences and the influence of culture. These recognized social aspects by ancient African practitioners in the field of biomedical mental health made positive contributions to the understanding of the socio-cultural context. However, the validity of these social constructs requires further investigation. The study by Ojagbemi *et al.* (2021) underscored the need to consider unique cultural backgrounds when studying mental illness and advocated for a more comprehensive approach within formal biomedical mental health services in Africa. Conversely, Amzat and Razum (2014a) observed differences in the meaning, origin, and methods of mental treatments across cultures, attributing these disparities to how culture and the environment shape human perceptions of illness.

Bradley (2022) advocated for non-orthodox methods against cosmopolitan healthcare environments, where symptoms like depression are unlikely to be overlooked. The target is to enhance the understanding of contextual factors related to mental illness. Jidong *et al.* (2021) affirmed the attribution of mental illness to spiritual factors, citing the use of holy water in healing due to religious and cultural beliefs. Asher *et al.* (2021) noted the utilization of holy water for treating mental illness in Ethiopia, offering a sense of comfort to individuals. Traditional healing methods are commonly resorted to during the early stages of mental illness, as seen in a study from Kenya (Osborn *et al.*, 2021). The local culture acknowledges supernatural causes of mental illness. Hence, traditional healers play a significant role as complementary alternative mental health service providers in sub-Saharan Africa (Amzat & Razum, 2014b; Esan *et al.*, 2019). Integrating them into the modern healthcare system is gaining interest in countries like Nigeria, Kenya, and Ghana (Esan *et al.*, 2019).

In psychiatric settings, understanding socially constructed knowledge and guidance is crucial for healthcare providers (Gureje *et al.*, 2020). However, the complexity and variation of culture pose various challenges to generalization concerning psychiatric issues (Gureje *et al.*, 2020). Horwitz (2019) categorized mental illness into pure constructionism, interactive social construction within healthcare institutions, and harmful dysfunction (based on socially constructed norms and expectations). Adu *et al.* (2021) observed the limited exploration, understanding, and perception of mental illness, revealing that depression is acknowledged but not necessarily understood better among the religious affiliations in Ghana. Religion offers support structures, yet personal stigmas influenced by religious beliefs persist, with implications for African mental health.

The foregoing discussion delves into the understanding and perception of mental illness within African cultural contexts, emphasizing the role of social construction and traditional beliefs. The analysis underscores the importance of considering cultural, social, and religious contexts in understanding and addressing mental health issues in Africa. The understanding and perception of mental illness in African societies are deeply embedded in cultural and social contexts. This includes the attribution of mental illness to spiritual causes and the reliance on traditional healing methods. The application of social construction theory helps in understanding how societal norms and values influence perceptions of mental illness. This includes the impact of societal stigma and the shaping of mental health narratives.

Lived experience of mental illness in Africa

Lived experience refers to the personal knowledge, insights, and understandings that individuals gain through direct, firsthand involvement in their everyday lives and specific events. It emphasizes subjective experience and personal narratives over objective or generalized data. Lived experience is a powerful and essential component of understanding human life. It provides a deep, nuanced view of individuals' subjective realities, offering insights that are critical for empathetic and effective policy-making, and practice (see Casey, 2023). It encompasses the accumulation of experiences evident through the outcomes of human interactions with specific phenomena in society. People develop their understanding of the world by directly engaging in everyday life, primarily influenced by their unique circumstances and conditions. The knowledge gained from these daily experiences shapes their comprehension of such events. Individual narratives shared play a crucial role in the illness recovery process within clinical practice and yield positive outcomes (Rego, 2021). Moreover, the lived experience narrative served as a significant source of hope (Honey *et al.*, 2020) and provides valuable evidence to assess and interpret the quality of services received from a particular facility (Staniszewska *et al.*, 2019). These insights are also instrumental in assisting others on their path to recovery (Honey *et al.*, 2020).

Vojtila and others argued that involving individuals with mental illness can effectively address various social issues, improve the experiences of researchers, enhance the quality of mental health treatment, and yield better service outcomes. Brits (2021) reported concerning statistics regarding mental health in 16 sub-Saharan African countries. The youth are at high risk of mental illness due to various factors, including inadequate facilities to cater to their needs and the prevalence of HIV/AIDS which could contribute to mental health issues. The burden of mental illness in Africa is even higher than in developed countries, where children face psychosocial challenges and qualify for psychiatric treatments.

Living with mental health challenges is distressful (Aluh *et al.*, 2022). Various concerns are related to the suitability of treatment environments, as some buildings designed was to meet the needs of patients with acute illnesses.

In some parts of Africa, it is irritating as part of the experience as many people give them advice randomly without relations. People tend to ask people with mental illness silly questions, like “Have you tried” these and that? The nature of these questions indirectly tends to downgrade all their efforts (Rego, 2021). No matter what type of experience you have, people advance by suggesting what is appropriate for you. Magula *et al.* (2023) study revealed that mental illness is attributed to supernatural causes in the community. However, the primary reason for admission to psychiatric hospitals is commonly associated with substance abuse (Magula *et al.*, 2023).

According to Vojtila *et al.* (2021), research on the quality of life and health conditions of individuals with mental illness exists. Still, it is equally important to recognize the value of involving individuals with lived experience in decision-making and mental health programs. However, the collaborative care approach has addressed some treatment barriers, including individualization, distance, and evidence-based treatments. In contrast, Hawke *et al.* (2023) conducted a scoping review and found positive outcomes from the increasing engagement of individuals with mental illness and researchers. However, they also identified treatment gaps related to resources, facilities, equipment, and the involvement of people with lived experience of mental illness. The attitudes and practices of people against individuals with lived experiences are negative. Stigma and discrimination against people with mental illness are prevalent worldwide, affecting one in every four individuals during their lifetime (Tyerman *et al.*, 2021).

Rego (2021) noted that hospital experiences could be scary due to the new environment, meeting unknown people, uncertainty about what will happen, and the unfamiliarity with the people to meet. The experience is bitter, as the nature of life is with disrespect. Magula *et al.* (2023) documented instances within hospitals of physical and verbal abuse by healthcare providers. This abusive behaviour includes rudeness, unfair treatment by security personnel, and negative judgments based on prior reasons. Additionally, there are instances of coercion by healthcare providers (Aluh *et al.*, 2022), leading to assault, fears, and violent and outdated practices like restraints (Staniszewska *et al.*, 2019). Moreover, some individuals have faced a variety of coercive measures that often go unreported (Aluh *et al.*, 2022). Furthermore, people with lived experience were commonly abused and disrespected due to the lack of understanding, and the nature of comments and advice was in a superior pattern (Rego, 2021).

Magula *et al.* (2023) found that there is a lack of sufficient research on the mental experiences of individuals living in Africa, particularly concerning adolescents. According to their findings, most adolescents have had negative experiences, especially during their initial admission to psychiatric healthcare facilities. As a result of these distressing experiences and the pressures they encounter, many adolescents express reluctance to return for follow-up visits. One concerning aspect highlighted in the study is that most family members refuse to visit their people while on admission due to the distance involved.

The treatment experiences at home and in healthcare institutions are frightening, with a lot of confusion and fear of potential harm. The process involved in taking someone into a psychiatric facility is often misleading, instilling a sense of fear for their safety. Despite the prevalence of mental illness, seeking mental health services makes individuals vulnerable to stigma and discrimination. Stuetzle *et al.* (2023) reported low levels of perceived public and self-stigma in the workplace, but this research was limited to healthcare providers with lived experience.

In sum, despite mental illness prevalence, seeking mental health services makes individuals vulnerable to stigma and discrimination. Hospital experiences can be frightening due to the unfamiliar environment and lack of understanding. Hospital staff often exhibit physical and verbal abuse, leading to disrespect and violence. Family members often refuse to visit their “loved” ones due to distance and stigmatization. The treatment process is often distressful, instilling fear for safety. Overall, the lived experience of mental illness is often negative, with compounded adverse effects on mental health conditions in Africa.

Treatment experience of mental illness in Africa

This section examines medical encounters between patients and healthcare providers related to how their interactions influence patient outcomes and reintegration into society. Quality treatment is crucial for enhancing the condition of patients with mental illness. As per the Mayo Foundation for Medical Education and Research (2021), patients admitted to psychiatric hospitals undergo physical and psychological examinations, including laboratory and radiology investigations, to address mental health concerns. Another related assessment is psychological issues, such as symptoms, thoughts, feelings, and patterns of behaviours. Treatment involves tailored medication for each patient's mental illness and body responses, psychotherapy, hospital treatment programs, counselling for rehabilitation and reintegration post-discharge. Similarly, patients are set to follow a structured schedule that includes reasonable sleep hours, medication administration, and recreational time. According to Bhatia and Blinka (2022), guidelines exist for treating individuals with mental illness. These guidelines emphasize maintaining a professional and friendly tone, focusing on the patient's treatment rather than personal opinions, and treating each patient consistently. Additionally, it is relevant to establish eye contact when communicating with the patient and use open body language to prevent triggering negative emotions. It is also advisable to avoid physical contact with the patient's body to respect personal boundaries.

Bhatia and Blinka (2022) also highlight other crucial expectations when managing people with mental illness. These include: - actively listening to the patient's concerns, being truthful and honest with patients, providing empathetic treatment, presenting care options, adjusting the treatment approach to suit the patient's personality, and maintaining detailed treatment process

documentation. When feasible, involving patients in treatment decisions is encouraged. In instances involving aggressive patients, Bhatia and Blinka (2022) stressed the significance of refraining from using threats. Instead, they advise acknowledging the patient's feelings to initiate a dialogue and foster understanding. Recommendations of physical restraints and medications are only when necessary to calm the patient, taking their safety and well-being into consideration. Based on these principles, Walsh (2021) observed that the most effective treatment outcomes stem from a collaborative effort among healthcare providers, including nurses, physicians, psychiatrists, psychotherapists, pharmacists, and family doctors (Mayo Foundation for Medical Education and Research, 2021).

Severe mental illness often necessitates a collaborative team approach for medical and social purposes. However, reports indicate that patients with mental illness struggle to adhere to their treatment plans and encounter challenges when seeking acceptance from the community after recovery. Of particular concern is the lack of information provided to patients regarding their diagnosis, treatment, rights, and choices, which becomes challenging for them to recall when they are unwell (Staniszewska *et al.*, 2019). Additionally, research by Esseien and Asamoah (2020) emphasized several obstacles in treating mental illness in Africa. These difficulties primarily relate to inadequate healthcare infrastructure (including hospitals, clinics, and treatment centres), limited financial resources, a scarcity of trained professionals (such as psychiatrists, psychologists, counsellors, and social workers), insufficient training to address the complex needs of individuals with mental illnesses, and a lack of political commitment from African governments and policymakers to prioritize mental health issues.

However, some African hospital wards have negative experiences, including sedation, violence, and fear (Staniszewska *et al.*, 2019). Previous studies (Almu, 2019; Umar *et al.*, 2011; Wafula, 2016) have highlighted patients' suffering due to mistreatment and abuse in hospital institutions. Some patients face physical punishment for refusing medication or displaying stubbornness, which violates their rights and is termed dehumanization (Aluh *et al.*, 2022). Deceptive practices during admission have also led to negative perceptions of the healthcare system (Wafula, 2016). Furthermore, healthcare treatment options in Nigeria are limited and expensive; many Nigerians struggle to afford their hospital bills (Jidong *et al.*, 2021), and the type of treatment can vary depending on the perceived cause of the mental illness (Amzat & Razum, 2014c). Unfortunately, some patients have faced coercion from healthcare providers, and therapeutic services have not always proven effective (Staniszewska *et al.*, 2019). On different occasions, patients rely on fellow patients to learn about the rules and regulations of the ward (Staniszewska *et al.*, 2019). Also, ethical medical practices call for a patient-centered care approach. Regrettably, coercion, lack of consent, breach of confidentiality, perceived overmedication, and fear of harm during forced medication have been reported (Staniszewska *et al.*, 2019). Many instances of

forcibly removing clothing during injections are reported, and the safety of women who have experienced sexual abuse is a concern (Staniszewska *et al.*, 2019). This patient's rights and dignity violation could be linked to the institution's inability to provide effective and efficient services. A lack of quality services has led many patients to avoid specific hospitals due to negative past experiences and beliefs (Umar *et al.*, 2011).

According to the WHO (2022) report, mental health in Africa is impacted by underfunding, inefficiency, inadequacy, and extreme poverty due to competing priorities. These factors act as barriers by leaving people with mental illness untreated and with no choice but to resort to traditional methods for support (WHO, 2022). Additionally, other notable factors such as low levels of education, lack of awareness, and stigma stemming from cultural influences and other unfavourable reasons further hinder mental health treatment in Africa. However, Nicholas and Joshua (2022) reported weak and neglected African mental health policies as treatment barriers. They identified that most of these barriers are attitudinal, with only a few being structural, such as affordability, accessibility, and treatment facilities. Additional factors contributing to these barriers include inadequate staff, psycho-social factors, a lack of political will, and poor funding (Nicholas & Joshua, 2022).

Challenges of reintegration in Africa

There is always a challenge of reintegration of outpatients after treatment in a psychiatric hospital. Reintegration of mental illness patients involves supporting individuals in their return to society post-treatment, focusing on restoring their roles in family, work, and community life. This process includes providing access to ongoing mental health care, employment opportunities, housing, and social support systems. Effective reintegration addresses stigma reduction, enhances life skills, and promotes self-efficacy. Comprehensive strategies, combining medical, psychological, and social interventions, are crucial for fostering a supportive environment that encourages recovery and reduces the risk of relapse, ultimately helping patients achieve a fulfilling, productive life within their communities. However, reintegration challenges include stigmatization, lack of trust, discrimination, and loss of hope and confidence (Tabatabaee *et al.*, 2021; Ernala *et al.*, 2022). One of the goals of mental health services is to integrate people with mental illness into all aspects of community life to improve their quality of life.

Mental illness poses different social challenges for people living with it at various stages of life (Bakken & Visser, 2018). Mental health in Nigeria has suffered from neglect. As such, the interaction was discouraging (Staniszewska *et al.*, 2019), and some patients lacked sufficient community support. Some patients with mental illness face poor conducive recovery and experience (Staniszewska *et al.*, 2019). Also, people with previous experience of mental illness encounter denial of employment. Others are hesitant to share a rental apartment with them, and they receive little or no support from their families (Bakken & Visser, 2018). Poor economic background and status are also

factors responsible for mental illness and the reintegration of people with life experience of mental illness (Oketola *et al.*, 2017).

According to Sunkel and Sortor (2021), the pattern of addressing individuals with mental health experiences can hinder their access to proper treatment. This could be due to a lack of therapeutic opportunities (Staniszewska *et al.*, 2019), negative stereotypes, and biases, leading to stigmatization, discrimination, and infringements on their human rights during treatments. Similarly, those with mental illnesses are frequently unfairly perceived as impolite, violent, or even as if they are under the influence of malicious forces, commonly referred to as "madness." Sunkel and Sortor (2021) noted that these misunderstandings significantly affect the overall process of integrating mental health care. In another version, Wada *et al.* (2020) reported neglect in incorporating primary healthcare for psychiatric treatment in Nigeria, even though Primary healthcare is closer to the people, accessible, affordable, less expensive, and serves as the first point of contact for healthcare services. Furthermore, Wada *et al.* (2020), when examining the need for psychiatric healthcare services as an integral part of well-being and considering the existing available healthcare institutions in Nigeria are grossly inadequate. However, the authors noticed advancements in addressing some health-related policy challenges.

According to Anyebe *et al.* (2021), the challenges of mental health integration in Nigeria include the lack of political will to provide motivational services for people with lived experience at the Federal, State, and Local Government levels. At the community level, Anyebe *et al.* (2021) reported the rejection of services for those patients with mental illness in the community, continued stigma, and misconceptions about their treatments. From the government's side, Anyebe *et al.* (2021) noted poor funding and the lack of adequately trained mental health personnel as significant obstacles to mental health services delivery. In a similar study, Wada *et al.* (2020) reported the lack of updated policies and laws, an unavailable integration commission responsible for rights protections, and handling the integration of people with mental experience in Nigeria. However, Wada *et al.* (2020) noted the existence of limited mental health research and a lack of sufficient training institutions despite the limited psychiatry workforce in Nigeria. Moreover, there is ineffective and inefficient public awareness integration of people with lived experience, and many Nigerian people distance themselves from individuals with mental lived experience due to their negative perceptions about mental health.

Discussion

This study emphasizes the significance of psycho-social factors in mental health, drawing from lived experiences that connect with family, community, and healthcare institutions. These experiences are influenced by cultural norms (Amzat & Razum, 2014a), highlighting the disparity in accessing mental healthcare despite effective treatment options (Weinberg *et al.*, 2017).

Individuals with mental illness-related lived experiences in Africa face various difficulties, including abuse, stigmatization, and negative labelling (Rego, 2021). Unfortunately, research on mental health experiences in Africa remains limited (Magula *et al.*, 2023), leading to a lack of public awareness of the negative perception of people with mental illness. Despite involving individuals with lived experience in mental health care, there are positive outcomes following patient-centred care practices in hospital settings (Hawke *et al.*, 2023).

However, the community's perception of individuals with lived experience of mental illness poses a significant problem. Many treated mental health patients encounter prejudice, negative labels, devaluation of their capabilities, and discrimination, which can erode their confidence and hope despite their recovery. Additionally, the causes of mental illness are diverse (WHO, 2019), but the community often attributes unscientific and man-made reasons to mental illnesses (Horwitz, 2019). Cultural beliefs significantly influence how mental illness is perceived (Amzat & Razum, 2018), impacting what is deemed acceptable or otherwise. Consequently, many people avoid psychiatric hospitals or deny having a mental illness to prevent societal stigma and discrimination. The experience of mental illness becomes even more daunting when healthcare providers resort to coercion and restraints (Aluh *et al.*, 2022; Staniszewska *et al.*, 2019) during the course of medications and ward control while on admission. Economic hardships in Africa exacerbate the situation, leading many to forgo psychiatric hospital visits due to financial constraints (Oketola *et al.*, 2017) on individuals with mental illness and end up using traditional methods in mental illness treatments.

Treatment for mental illness in Nigeria is associated with various constructed psycho-social issues, resulting in stigma, discrimination, human rights violations, and ongoing challenges even after recovery. There is a misconception surrounding mental illness, perpetuating the difficulties affecting those with lived experience. Quality treatment is crucial for improving the condition of patients with mental illness. However, some patients have negative perceptions of investigations in psychiatric hospitals, viewing them as unnecessary and driven by financial motives (Mayo Foundation for Medical Education and Research, 2021). Consequently, trust in healthcare providers diminishes, and many people turn to traditional healers due to lower costs and lack of confidence (Almu, 2019). Patients on admission often report suffering, mistreatment, abuse, violation of human rights, and dehumanization (Aluh *et al.*, 2022). Negative experiences in African hospital wards include sedation, violence, and fear, further exacerbating the challenges of treatments (Staniszewska *et al.*, 2019). Collaborative efforts and information sharing among patients are crucial for better treatment outcomes (Walsh, 2021), as many patients lack essential healthcare information and are unjustly held responsible for their conditions.

In the face of mental health difficulties, individuals within sub-Saharan Africa frequently resort to supernatural approaches and customary practices

(Galvin *et al.*, 2023). Nonetheless, the harmful consequences of these specific methods are not effectively dealt with (Nicholas and Joshua, 2022). The obstacles to reintegrating individuals with mental illness in Africa encompass unfavourable perceptions and misunderstandings about mental health care, hindering the integration process (Sunkel & Sortor, 2021). Ensuring the well-being of those with mental illness is vital for successful integration, including providing adequate food and hygiene (Wada *et al.*, 2020). Expensive psychiatric treatment in Africa leads many to opt for traditional healing methods (Wada *et al.*, 2020). Additionally, the lack of political will to provide motivational services is a significant barrier to successful integration, requiring awareness and action.

Conclusion

Living with mental health and the perceptions of mental illness are critical concerns in sub-Saharan Africa. Mental illness is associated with psycho-social problems that serve as a barrier to social re-integration for those with mental illness. It has a direct connection to cultural inclinations in African societies. The affected people are perceived negatively, face social stigma and forms of abuse, and endure numerous social challenges related to integration. They continue to be labelled negatively regardless of their recovery and stability among the people.

Quality treatment and the environmental atmosphere are crucial for improving the condition of patients. The designated structures of psychiatric hospitals are meant to accommodate patients with acute illnesses. Thus, there is a need for provisions where those in mild stages will be in different wards from those with acute conditions. Coercion and other forms of abuse by healthcare providers and the public sometimes occur in the wards. Patients are sometimes flogged or threatened when they refuse medications. These actions represent violations of human rights and dehumanization. Therefore, authorities should ensure vigilant and appropriate measures are in place. Also, some psychiatric hospitals do not effectively provide therapeutic services. Therefore, hospital management needs to educate their staff and ensure their compliance with the people-centred care approach.

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