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Full Length Research

Assessment of the Impact of Stigmatization on People Living With Mental Illness at Community Psychiatric Centres, Ogun State, Nigeria

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Mental illnesses are clinically significant disturbances that affect how individuals think, feel, and behave, often interfering with personal, social, educational or occupational functioning. It is a broad range of mental health conditions characterized by significant disturbances in an individual's cognition, emotional regulation, mood, or behavior which cause distress and impair daily functioning. As a result of these, mental illnesses are often accompanied by widespread of discrimination and stigmatization. However, it is believed with health institutions and government interventions, this negative narrative may be corrected. Thus, this study was undertaken to assess the level of stigmatization faced by people living with mental illness in some mental health centres, Ogun State.

Methodology: This study was conducted at Community Psychiatric Centres at Ilaro, Ota, Ijebu-Ode and Abeokuta. The population of the study was 1173 mentally-ill patients. Instruments of data collection a structured, adapted questionnaire and International Stigma of Mental Illness Scale. Primary data were utilized. The study sample size was 313 which was determined through Cochran's formula. Female constituted majority 186(54.9%) of the respondents, while males represented 127(40.6%). Stratified random sampling and convenient sampling technique were utilized in selecting participants for the study. Three hundred and eighteen copies of questionnaire were distributed, and all were returned, making 100% return rate, but 5 were found unsuitable for use. Data were analysed using the Statistical Package for Service Solution (SPSS) version 25.0. Descriptive statistics such as frequency count, mean, standard deviations, and percentages was utilized for demographic data, while the hypotheses were analysed using inferential statistics such as Chi-Square. Statistical significance was considered at P-value ≤ 0.05

Results: The result revealed that majority of the respondents (78.9%) had high knowledge on mental illness. Internalized (self-stigma) as 93.6% of the respondents have experienced high level of stigmatization. Hypotheses suggested there was significant association between gender and the level of stigmatization experienced by patients with mental illness.

Conclusion: The study concluded that there was high level of stigmatization faced by people living with mental illness attending the four Community Mental Health Centres in Ogun State, Nigeria. It was recommended among others that government should launch targeted campaign to educate the public about mental health conditions. Mental health institutions should collaborate with media outlets to promote accurate and positive presentations of mental health issues to reduce negative stereotypes and misconceptions, provide safe spaces for individuals with mental health conditions and fostering community acceptance.

Keywords: Mental-illness, stigmatization, patients, health centres, healthcare professionals.

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INTRODUCTION

Mental illnesses refer to a broad range of mental health conditions characterized by significant disturbances in an individual's cognition, emotional regulation, mood, or behavior, which cause distress and impair daily functioning. According to the World Health Organization (WHO, 2025), mental disorders are clinically significant disturbances that affect how individuals think, feel, and behave, often interfering with personal, social, educational, or occupational functioning. Mental illnesses include conditions such as depression, anxiety disorders, schizophrenia, bipolar disorder, obsessive-compulsive disorder, and post-traumatic stress disorder (WHO, 2025).

Mental illnesses are prevalent worldwide and in Nigeria. The global prevalence of common mental disorders is approximately 1 in 5 adults (17.6%) (Steel, *et al.,* 2019). The World Health Organization (WHO) estimated the prevalence of mental disorders to be 22.1% in emergency settings (Charlson et al., 2019). Mental disorder or mental illness affects thinking, emotion, cognition, mood, ability to relate with others and interferes with social, academic, and occupational functions. Mental disorder has a point prevalence of 10%, and a lifetime prevalence of about 25% in Nigeria (W.H.O., 2021). Over 450 million people suffer mental and behavioral disorders (Gureje, 2021), therefore making it one of the leading causes of morbidity and disability worldwide.

The World Health Organization (2025) reports that nearly one in seven people globally lives with a mental disorder, with anxiety and depressive disorders being the most prevalent. Mental illness can significantly reduce quality of life, impair productivity, disrupt interpersonal relationships, and increase the risk of physical health problems if left untreated. However, effective interventions such as psychotherapy, medication, psychosocial support, and community-based mental health services have been shown to improve outcomes and promote recovery.

Mental illnesses are often accompanied by widespread discrimination and stigmatization. Stigma can be described as the negative attitudes, avoidance, rejection, and discrimination directed towards individuals who are perceived to have an undesirable illness, disorder, or trait. (Centre for Disease Control and Prevention, 2015) Stigma is conceptualized as a complex social process of labelling, bothering, devaluation, and discrimination involving an interconnection of cognitive, emotional, and behavioral components. It is defined as a mark of disgrace that sets one apart from others. Both self-stigma “internalized” and public “social” stigma is associated with different consequences on the patient’s self-esteem, social relationships, compliance to treatment, and willingness to seek help. All these consequences can worsen the patient’s well-being.

Nxumalo & Mchunu, (2017) stated that the stigma associated with mental illness is a significant societal issue that can have a range of negative consequences on individuals and their families. A community-based study by Gureje *et al*. (2021) in South-western Nigeria revealed a widespread stigma towards the mentally ill and a poor knowledge of the causation of mental illness among the participants. Adewuya and Makanjuola, (2019) also reported stigma of mental illness in the form of social distance in a random sample of Nigerian university students and the general population. Although public awareness of mental disorder and fight against stigma increased significantly in the past decades, stigma of mental illness remains a barrier to psychiatric care.

Stigma towards individuals with mental disorders is highly prevalent and it is present in different cultures and populations and is associated with poorer outcomes. Studies have found that the stigma surrounding psychiatric disorders is directly associated with less active help-seeking for mental disorders in the general population. Stigma has also been associated with suicide risk. Stigma of mental illnesses was seen in terms of a set of negative attitudes and beliefs, discrimination, that ended with inappropriate labelling to people diagnosed with mental diseases or illness. Stigma against patients with mental illnesses negatively affected them and ended with physical devastating consequences such as not adhering to treatment.

The link between mental illness stigma and stress is complex; as when people experience severe stressful situations, they did not seek help because of the stigma. Also, stigma of mental illness is considered as the main factor that increases the patients’ stress and thus worsens their condition (Corrigan et al., 2023). Mental illness continues to be stigmatized in Africa. Many studies have found that, despite the availability of numerous mental health services in Nigeria, these services are underutilized. Furthermore, people in many African countries hold negative attitudes toward mental illnesses and its health services, that’s why; they frequently turn to religious leaders for help when facing mental health issues (Merhej, 2019). A study revealed that patients with mental illness in Saudi Arabia have a greater tendency to express their symptoms with an emphasis on physicality (Al Noor, 2018). It was revealed that people who suffer from mental health problems, tend to hide these problems for fear of stigmatization. On the other hand, it was observed that familiarity with mental illness has been associated with decreased feelings of shame, lower levels of perceived dangerousness and less desire for social distance (Crowe & Kim, 2020). Although the reasons for stigmatization are not consistent across cultures and communities; perceived stigma by patients with mental illness is associated with different consequences such as feeling of shame, being non-compliant to medications, being socially withdrawn.

Statement of Problem

Mental illness has lifelong effects on the lives of individuals diagnosed with the disorder and the lives of their families. Mental illness also remains a stigmatized disease especially in sub-Sahara Africa due to lack of information and literacy. Although Nigerians have become more aware of mental illnesses in recent decades, efforts to support afflicted individuals have not yet been successful. Despite advancements in mental health awareness and treatment, individuals with mental disorders still face significant stigma within their communities.

Although research on stigma in mental health and its consequences is abundant, the majority of research in the area is concerned with 'courtesy stigma' or stigma-by association as first explained by sociologist Goffman (Goffman, 1963). This focuses on the experiences of the family of a person with mental health problems, or how the general public perceive people with mental health problems (Clark & Williams, 2023). Particularly in the latter, it is the stigmatizing majority that are researched as opposed to the victims of stigma. Speaking on the long-term effects of stigma, several authors have suggested that beyond having an immediately distressing impact, stigma may be internalized and impede a person's chances of establishing identities unrelated to mental illness (Corrigan et al., 2023). Very little research is directed towards the experiences of the individual with mental illness and how they respond to stigma and consequently there has been little research into self-stigma. In the past this has been attributed to most researchers having not personally experienced mental health problems, making them less aware of the issue of internalized stigma. Internalized stigma only really began to be seen as a valid area of research during the late eighties and early nineties. Previous studies found that individuals with mental health problems expect to suffer ill-treatment from others, experience reduced life satisfaction because of stigma, feel demoralized and rejected, and encounter discrimination. Internalized stigma occurs when individuals that belong to groups (such as 'mentally ill') which are typically stigmatized against accept the relevant negative stereotypes as a true reflection of their own self-concept (Corrigan, et al, 2021).

Furthermore, most research on stigma of mental illness focused mainly on the public's attitudes and beliefs about mental illness (Adewuya & Makanjuola, 2019) but few studies have explored the area of the self- stigma being experienced by people with mental illness. Therefore, there is need to empirically explore the level of stigmatization faced by mentally-ill persons attending the community psychiatric centres in Ogun State.

Objective of the Study

The general objective of this study is to assess the level of stigmatization faced by mentally ill persons at Community Mental Health Centres (CMH), Ogun State. The specific objectives are to:

1. investigate the level of knowledge of mental illness among people living with mental illness at CMH, Ogun State
2. assess the level of stigmatization faced by people living with at CMH, Ogun State.
3. determine the relationship between the duration of mental illness and level of stigmatization of people living with mental illness at CMH, Ogun State.

Scope of the Study

The study focused on assessing the level of stigmatization faced by people living with mental illness at the Community Mental Health Centres in Ogun State. The scope of this study were mentally ill persons attending the four community Psychiatric Centres in Ogun State, Nigeria. The Psychiatric Centres are located in Ilaro, Ijebu Ode, Ota and Abeokuta, all in Ogun State.

Review of Related Literature

Conceptual review

Stigmatization refers to the negative effects that result from labelling individuals with mental illness, such as loss of status and discrimination based on stereotypes. Mental health stigma is defined as the disgrace, social disapproval, or social discrediting of individuals with a mental health problem (Subu, 2021). Stigmatization of mentally ill persons refers to the process whereby individuals with mental health conditions are negatively labeled, discriminated against, and socially excluded because of their psychiatric diagnosis. In the vie of World Health Organization (WHO, 2024), stigma and discrimination often cause more suffering than the mental illness itself, as affected individuals experience rejection, prejudice, and violation of their human rights. Although there have been efforts to address and reduce the stigma and

discrimination associated with mental illness, it remains a significant problem. Hajizadeh et al. (2024) noted that stigma creates barriers to healthcare utilization, delays help-seeking behavior, and contributes to poor treatment outcomes among individuals with mental disorders. Current explanations and treatments for mental illnesses are still not well-developed and effective enough, according to (Jacobsson, et al, 2017).

Stigma, as a universal phenomenon that has no borders. It can affect any person. Mental illness has not been exempted; it is widely spread and documented in all societies and across all cultures. Literature identified multiple dimensions or types of mental health-related stigma, including self-stigma, public stigma, professional stigma, and institutional stigma. Self-stigma refers to negative attitudes of an individual to his/her own mental illness and is also referred to as internalized stigma (Corrigan et al, 2023). Self-stigma has been related to poor outcomes, such as failure to access treatment, disempowerment, reduced self-efficacy, and decreased quality of life.

Public stigma refers to negative attitudes towards those with mental illness often based on misconceptions, fear, and prejudice. Related to public stigma is perceived stigma which is defined as individual's beliefs about the attitudes of others towards mental illness. Research has demonstrated the significant impact of public stigma such as discrimination in workplaces and public agencies. Professional stigma occurs when healthcare professionals hold stigmatizing attitudes toward their patients, which are often based on fear or misunderstandings of the causes and symptoms of mental illness, or when professionals themselves experience stigma from the public or other healthcare professionals because of their work and connection with stigmatized individuals (Ahmedani, 2021). Professional stigma is of particular concern as it may affect the care and treatment a person with mental illness receives, including treatment for physical illnesses, thereby impacting their well-being and recovery. Finally, institutional stigma refers to an organization's policies or culture of negative attitudes and beliefs toward stigmatized individuals, such as those with mental health problems. Such stigma can also be reinforced by legal frameworks, public policy, and professional practices, thereby becoming deeply embedded in society.

Empirical Studies on Mental Illness and Stigmatization

Sum, Wong, Chu, Li, Lee, Chen, and Chan (2024) carried out a systematic review and meta-analysis on internalized stigma among individuals with psychosis. The study found that patients with higher internalized stigma had **lower self-esteem, more depressive symptoms, poorer social functioning, weaker stigma resistance, and poorer recovery**. The authors recommended integrating psychosocial support and stigma-reduction interventions into routine psychiatric care.

Chukwuma, Ezeani, Fatoye, Benjamin, Okobi, Nwume, and Egberuare (2024) conducted a systematic review of 39 studies examining the effects of stigmatization on psychiatric illness outcomes. The review found that stigma significantly reduced treatment-seeking behavior, medication adherence, continuity of care, and recovery. It also contributed to social isolation, unemployment, poor quality of life, discrimination in healthcare settings, and increased relapse rates. The authors concluded that stigma remains a major barrier to successful psychiatric treatment and recovery.

Kim, Bae, and Hyun (2025) conducted a systematic review and meta-analysis involving people with severe mental illness to evaluate interventions targeting internalized stigma. Before intervention, individuals with higher levels of self-stigma consistently experienced reduced self-esteem, lower empowerment, poorer psychosocial functioning, and weaker recovery outcomes. The meta-analysis also demonstrated that non-pharmacological interventions significantly reduced internalized stigma and improved recovery-related outcomes.

Alqahtani and Pringle (2024) conducted a **s**ystematic review on the impact of self-stigma among adults with depressive disorders. The review found that self-stigma was associated with low self-esteem, hopelessness, poor self-efficacy, social withdrawal, delayed help-seeking, medication non-adherence, and poorer recovery outcomes. The authors concluded that self-stigma substantially worsens both psychological well-being and treatment outcomes.

Kågström, Guerrero, Aliev, Tomášková, Rüsch, Ouali, Thornicroft, Sartorius, and Winkler (2025) conducted a systematic scoping review of 448 quantitative and qualitative studies exploring the consequences of mental health stigma. The review demonstrated that stigma was associated with discrimination, reduced healthcare utilization, unemployment, social exclusion, poorer physical and mental health, reduced quality of life, and structural inequalities. The authors concluded that stigma affects nearly every domain of life and should be addressed through multilevel interventions.

Theoretical Framework

Structural Stigma Theory

Structural Stigma Theory focuses on how societal institutions, policies, and cultural norms create and sustain

discrimination against people with mental illness. According to Hatzenbuehler and Link (2014), stigma is embedded within laws, healthcare systems, workplaces, and educational institutions, limiting access to employment, housing, healthcare, and social participation for psychiatric patients. This theory emphasizes that reducing stigma requires policy reform and institutional change in addition to changing individual attitudes.

Attribution Theory

Bernard Weiner's Attribution Theory explains stigma based on how people interpret the causes of illness. If society believes mental illness is caused by personal weakness, laziness, or poor character rather than biological or environmental factors, individuals are blamed for their condition. These negative attributions lead to anger, rejection, reduced empathy, and discrimination. Conversely, when mental illness is attributed to uncontrollable factors such as genetics or neurobiological disorders, society tends to show greater compassion (Weiner, 1985).

Research Methodology

The research design for this study was a descriptive cross-sectional research design. Descriptive cross-sectional research involves collection of data from a population at a single point in time (Stevens, 2024; Aromatasis & Munn, 2024). It is designed to accurately and systematically describe its population situation and its variables. The population for this was 1173 mentally-ill patients attending Community Psychiatric Centres in Illaro, Ota, Ijebu-ode, and Abeokuta in Ogun State. Sample size of 318 was achieved through Cochran's formula due to a large population. Stratified random sampling was used in selecting the proportionate numbers from each Psychiatric Centre, and convenience sampling technique was used in selecting the participants for this study. The instruments used for data collection included a structured, self-designed and adapted questionnaire and an International Stigma of Mental Illness (ISMI) scale. The ISMI has been widely used as a measure for perceived or internalized stigma, self-stigma all over the world. A total of 318 copies of questionnaire were administered, and 318 copies were retrieved making 100% return rate, but only 313 (Male =127, Female=186) were found suitable for use. The questionnaire was also validated and reliability test conducted. The reliability coefficient of 0.81 was obtained. The collected data were analyzed using Statistical Product and Service Solution version 25.0. The hypotheses were tested using inferential statistics such as Chi-Square. The statistical significance was considered at P-value ≤ 0.05.

Sample Size Determination

Sample size for the study was obtained using Cochran's formula due to large population.
$n_0 = Z^2pq/e^2$, where;
n_0 signifies representative sample size
p signifies estimated proportion of the population which is attributed as 0.5
q signifies 1-p
e signifies the margin error. (It could be 0.10, 0.05 or 0.01).
Z is found in a Z table (1.96).
$(1.96)^2\ 0.5(1-0.5)/\ 0.05^2 = 384.2$
$n_0 = 384.2$

$$n = \frac{(n_0)}{(1+(n_0-1/N)}$$

Where N= Total population

n= sample size

$$n = \frac{384.2}{1+ (384.2-1/1173)}$$

$$\frac{384.2}{1+(383.2/1173)}$$

$$\frac{384.2}{1+0.32668}$$

384.2/1.32668= 289

The sample size was 289 respondents.

Attrition Rate= 10/100* 289 = 29
289+29= 318

Hence, the total sample size was 318.

Inclusion & Exclusion criteria

Inclusion Criteria
The participants were the patients diagnosed as having one form of mental illness or the other using the ICD 10 or DSM 5 diagnostic criteria; attending the community psychiatric centres under study. They were aged 18 years to 65 years, who have been attending the Psychiatry Centres for at least one year, well enough to be engaged in the interview, and were able to give informed consent after the study had been explained to them.

Exclusion criteria

They were patients who were aged less than 18 years and above 65 years, who were receiving treatment at the centers in less than a year. They were patients whose mental state were not stable enough to engage in the interview or comprehend the questions being asked.

Ethical Consideration

An Ethical Approval with Number OGHREC/467/157 dated 27/10/2023 was obtained from the Health Research and Ethics Committee of the Ogun State, Ministry of Health, Oke-Mosan, Abeokuta (OGHREC), following a letter of introduction from the College submitted to the DNS, Ogun State Hospital Management Board requesting for permission to conduct the study. The head of the various centres under study were met with the approval letter, sought the consent of the respondents and assured them of absolute confidentiality with regard to the information given and respondents' identities. Upon approval from the head of the hospital, patients were informed of the purpose of the study and its significance. The consent of each patient was obtained by signing the informed consent form prepared, while those who were not able to sign thumb printed. Explanations were made to the management of the community health centres before administering the questionnaire to them with the help of research assistants. The management and patients were informed that the information to be collected was mainly for research purposes only. Anonymity and confidentiality were guaranteed. This research was conducted in line with the recommendations of Helsinki declaration and good clinical practice norms with adherence to guidelines of the institutional Ethics Committee.

Results and Discussion

Table 1. Knowledge of Respondents about Mental Illness

	YES	NO
	F (%)	F (%)
Can a person be born with a mental illness?	129(41.2)	184(58.8)
Is the severity of a person's mental illness an important factor in the type of treatment they receive?	259(82.7)	54(17.3)
Which of the following is an example of a mental illness?		
Schizophrenia	246(78.6)	67(21.4)
Depression	251(80.2)	62(19.8)
Seizure / Epilepsy	231(73.8)	82(26.2)
Anxiety	174(55.6)	139(44.4)
Autism	159(50.8)	154(49.2)
Phobias	174(55.6)	139(44.4)
Bipolar Disorder	183(58.5)	130(41.5)
Insomnia	207(66.1)	106(33.9)
Which of the following do you think can cause mental illness?		
Family/ relationship problem	275(87.9)	38(12.1)
Loss of job/ Loss of loved ones	294(93.9)	19(6.1)
Stress	261(83.4)	52(16.6)
Physical Illness	219(70.0)	94(30.0)
Abuse in childhood	246(78.6)	67(21.4)
Genetics	246(78.6)	67(21.4)

Source: Field Survey, 2024

Table 1. 0 revealed knowledge of participants on mental illness, 58.8% disagreed that a person can be born with mental illness and 82.7% agreed that severity of mental illness determines the type of treatment. Majority of respondents agreed that the mental illnesses mentioned are examples of mental illnesses and majority of respondents also agreed that the factors mentioned above can cause mental illness.

Table 2. Summary of Knowledge about Mental Illness

Knowledge	Frequency	Percentages
Low Knowledge	66	21.1
High Knowledge	247	78.9
TOTAL	313	`100

Table 2. 0 revealed that 247(78.9%) of the respondents have high knowledge of mental illness and 66(21.1%) have low knowledge of mental illness.

Table 3. Level of Stigmatization Faced by People Living with Mental Illness Using the Internalized Stigma of Mental Illness Scale (ISMI)

VARIABLES	SD	D	A	SA	X	S. D
	F(%)	F(%)	F(%)	F(%)	Mean	Sd
I feel out of place in the world because I have a mental illness.	53(16.0)	95(30.4)	94(30.0)	71(22.7)	2.5	1.0
Men tally ill people tend to be violent.	20(6.4)	62(19.8)	159(50.8)	72(23.0)	2.9	0.8
People discriminate against me because I have a mental illness.	34(10.9)	80(25.6)	133(42.5)	66(21.1)	2.7	0.9
I avoid getting close to people who don't have a mental illness to avoid rejection.	53(16.9)	93(29.7)	115(36.7)	52(16.6)	2.5	0.9

I am embarrassed or ashamed that I have a mental illness.	37(11.8)	75(24.0)	151(48.2)	50(16.0)	2.6	0.8
Mentally ill people shouldn't get married.	110(35.1)	164(52.4)	26(8.3)	13(4.2)	1.8	0.7
People with mental illness make important contributions to society.	23(7.3)	64(20.4)	149(47.6)	77(24.6)	2.9	0.8
I feel inferior to others who don't have a mental illness.	44(14.1)	111(35.5)	132(42.2)	26(8.3)	2.4	0.8
I don't socialize as much as I used to because my mental illness might make me look or behave "weird".	48(15.3)	77(24.6)	149(47.6)	39(12.5)	2.5	0.8
People with mental illness cannot live a good, rewarding life.	109(34.8)	137(43.8)	46(14.7)	21(6.7)	1.9	0.8
I don't talk about myself much because I don't want to burden others with my mental illness.	38(12.1)	75(24.0)	125(39.9)	75(24.0)	2.7	0.9
Negative stereotypes about mental illness keep me isolated from the "normal" world.	38(12.1)	80(25.6)	130(41.5)	65(20.8)	2.7	0.9
Being around people who don't have a mental illness makes me feel out of place or inadequate.	38(12.1)	97(31.0)	129(41.2)	49(15.7)	2.6	0.8
I feel comfortable being seen in public with an obviously mentally ill person.	86(27.5)	134(42.8)	73(23.3)	20(6.4)	2.0	8.7
People often patronize me, or treat me like a child, just because I have mental illness.	33(10.5)	103(32.9)	140(44.7)	37(11.8)	2.5	0.8
I am disappointed in myself for having a mental illness.	53(16.9)	108(34.5)	128(40.9)	24(7.6)	2.4	1.4
Having a mental illness has spoiled my life.	76(24.3)	125(39.9)	100(31.9)	12(3.8)	2.1	0.8
People can tell that I have a mental illness by the way I look.	96(30.7)	133(42.5)	65(20.8)	19(6.2)	2.1	2.4
Because I have a mental illness, I need others to make most decisions for me.	63(20.1)	133(42.5)	97(31.0)	20(6.4)	2.2	1.3
I stay away from social situations in order to protect my family or friends from embarrassment.	56(17.9)	110(35.1)	111(35.5)	36(11.5)	2.4	0.9
People without mental illness could not possibly understand me.	51(16.3)	109(34.8)	131(41.9)	22(7.0)	2.3	0.8
People ignore me or take me less seriously just because I have mental illness.	56(17.9)	94(30.0)	142(45.4)	21(6.67)	2.4	0.8
I can't contribute anything to society because I have mental illness	86(27.5)	150(47.9)	68(21.7)	9(2.9)	2.0	0.7
Living with mental illness has made me a tough survivor.	24(7.7)	65(20.8)	150(47.9)	74(23.6)	2.8	0.8
Nobody would be interested in getting close to me because I have a mental illness.	42(13.4)	128(40.9)	113(36.1)	30(9.6)	2.4	0.8
In general, I am able to live my life the way I want to.	21(6.7)	103(32.9)	123(39.3)	66(21.1)	2.8	1.3
I can have a good, fulfilling life, despite my mental illness.	18(5.8)	69(22.0)	139(44.4)	87(27.8)	2.9	0.8
Others think that I can't achieve much in life because I have a mental illness.	25(8.0)	124(39.6)	139(44.4)	25(8.0)	2.5	0.7
Stereotypes about the mentally ill apply to me.	38(12.1)	107(34.2)	134(42.8)	34(10.9)	2.5	0.8

The overall mean score was 5.0, respondents that score 2.5 above showed high stigmatization, while those with below 2.5 showed low stigmatization.

Table 4. Summary of Stigmatization

Level of Stigmatization	Frequency	Percentages
Low Stigmatization	20	6.4
High Stigmatization	293	93.6
TOTAL	313	100

Table 4 revealed that 393 (93.6%) of the respondents have experienced high stigmatization, while 20 (6.4%) experienced low stigmatization.

Hypothesis Testing: Testing the Correlation between Gender and Stigmatization

Hypothesis 1

H_0 =There is no significant relationship between level of stigmatization experienced and gender of patients with mental illness.
H_1=There is significant relationship between level of stigmatization experienced and gender of patients with mental illness.

Table 5. Gender * Stigmatization Cross tabulation
Count

		Stigmatization		Total	$\chi 2$	p-value
		Low Stigmatization	High Stigmatization			
Gender	Male	8	119	127	0.889	0.53
	Female	11	175	186		
Total		19	294	313		

The hypothesis test above gives Chi square **$\chi 2$= (0.889, df=1, P= 0.53),** this shows that P- Value = 0.53 is higher than α= 0.05, we therefore accept the null hypothesis that there is no significant relationship between level of stigmatization experienced and gender of patients with mental illness.

Discussion

Research question one sought to find out the level of knowledge of mental health among the people living with mental illness, attending Community Mental Health Centre in Ogun State (CMHC). Result from the study revealed that majority 78.9% of the respondents have high knowledge on mental illness, while 21.1% have low knowledge on mental illness. Result from this study is not consistent with a community-based study by Gureje *et al*. (2021) in South-western Nigeria where respondents displayed poor knowledge of the causation of mental illness. The result from the study is however consistent with that of Stuart and Arboleda-Florez (2021) where participants in that study had basic knowledge of what mental illness is and the general symptoms associated with it. The knowledge of the respondents about mental illness may equally be partly due to the fact that healthcare practitioners give health talks to the patients and significant others during each visit to the centres about causes, types of mental illness and psycho- education in general. Opportunity is being given to them to ask questions and answers are given accordingly. This was witnessed by the researcher and her team while data collection took place in each of the centres.

Research question two sought to determine the level of stigmatization faced by people living with mental illness at Community Mental Health Centre (CMHC), Ogun State. Result found that 93.6% of the respondents have experienced high stigmatization and 6.4% experienced low stigmatization. Majority of respondents agreed that they feel out of this world and majority also agreed that mentally ill people tend to be violent and that people discriminate against them. However, majority of respondents disagreed that mentally ill people shouldn't get married and also less than half of the respondents disagreed that they feel inferior to those who don't have mental illness. Majority also disagreed that having mental illness have spoilt their life and majority also disagreed that people can tell that they have mental illness by looking at them. Overall, result from the analysis revealed a high level of stigmatization as 93.6% of the respondents have

experienced high stigmatization and 6.4% experienced low stigmatization. This result is consistent with Bedaso et al, (2022), where overall assessment showed that around three out of five people with mental illness (PWMI) experienced high internalized stigma. On the other hand, this result was not supported by Brohan (2023) where analysis revealed a prevalence rate of 41.7% for internalized stigma. The study of West (2011) also did not support result from current study as they found the prevalence of internalized stigma to be 36%. A study by Alemu et al. (2023), revealed that internalized stigma is common among people suffering from mental illnesses in Africa. Their review determined that 29% of the sample population had elevated internalized stigma scores, and there were variations by country. The review further elucidated that people experiencing mental illness who have a single marital status, suicidal behaviors, poor social support, unemployed and have poor literacy levels were at a higher risk of internalized stigma.

Hypotheses Testing

The findings from this study underscore the multifaceted nature of stigma surrounding mental illness, emphasizing its detrimental impact on individuals' willingness to disclose their condition, seek appropriate treatment, and integrate into social and professional settings. Hypothesis suggests a lack of statistical significance between stigmatization and the variables of gender among individuals with mental health conditions in this study. In other words, there is no significant association between gender and the level of stigmatization experienced by patients with mental illness. This finding is consistent with the results of a study by Corrigan et al. (2023), which similarly found no significant gender differences in experiences of stigma among individuals with mental health conditions.

Conclusion

This study concludes that stigmatization of people living with mental illness at community mental health centers in Ogun State revealed critical insights into the issue of mental illness stigmatization. Majority of respondents have adequate knowledge of mental illness and the level of stigmatization is considerably high. Internalized stigma (self-stigma) (93.6%) was common among majority of the respondents in this study. Moreover, the profound impact of stigma on individuals' concealment of their mental health status, employment prospects, and reluctance to seek professional help signifies the urgent need for de-stigmatization efforts and comprehensive mental health awareness initiatives in Ogun State.

Recommendations

1. Government should launch targeted campaigns to educate the public about mental health conditions, debunk misconceptions, and raise awareness to combat stigmatizing attitudes and engage schools, workplaces, and community organizations in these efforts.
2. Mental Health Institutions should collaborate with media outlets to promote accurate and positive representations of mental health issues, ensuring responsible portrayal to reduce negative stereotypes and misconceptions.
3. Mental Health Institutions should establish support networks and safe spaces for individuals with mental health conditions, encouraging open discussions to diminish feelings of isolation and fostering community acceptance.
4. Mental Health Institutions should provide training to healthcare providers, including mental health professionals, to promote empathetic and non-stigmatizing interactions with patients, fostering a conducive environment for seeking help.

References

Adewuya, A.O & Makanjuola, R.O.A (2019). Social distance towards people with mental illness in South-western Nigeria. Aust NZ J Psychiatry.; 42:389–395.

Ahmedani B.K. (2021) Mental health stigma: Society, individuals, and the profession. J Soc Work Values Ethic.; 8:1–4

Alemu, W.G., Due, C., Muir-Cochrane, E., Mwanri, L., & Ziersch, A. (2023). Internalized stigma amongpeople with mental illness in Africa, pooled effect estimates and subgroup analysis on each domain: systematic review and meta-analysis. BMC Psychiatry. 29;23(1):480.

Al Noor, Z. (2018). The Impact of Culture on Anxiety Related Cognitions: An exploration with Saudi-Arabian Individuals. Journal Mental Health, Religion & Culture, 21(5), 515–533.

Alqahtani, R., & Pringle, A. (2024). *The general impact of self-stigma of mental illness on adult patients with depressive disorders: A systematic review*. BMC Nursing, 23, 432.

Arboleda-Flórez, J. (2008). *Mental illness and human rights*. Current Opinion in Psychiatry, 21(5), 479–484.

Aromataris, E., & Munn, Z. (2024). *Quantitative Research Designs, Hierarchy of Evidence and Validity*. Journal of Evidence-Based Healthcare.

Bedaso, A., Workie, K., Gobena,.M & Kebede, E. (2022). The Magnitude and Correlates of internalized stigma among people with mental illness attending the outpatient department of Amanuel Mental Specialized Hospital, Addis Ababa, Ethiopia. Heliyon 8: (5): e 09431 doi:10.106

Brohan, E., Thornicroft, G., Yalçınkaya-Alkar, Ö., Lanfredi, M., et al. (2023). *Measuring discrimination experienced by people with a mental illness: Replication of the short-form DISCUS in six world regions*. Psychological Medicine, 53(9), 3963–3973.

Centres for Disease Control and Prevention (CDC) (2015). Stigma and mental Illness [Internet]. CDC; 2015. http://www.cdc.gov/mentalhealth/basics/ stigma-illness.htm.

Chukwuma, O. V., Ezeani, E. I., Fatoye, E. O., Benjamin, J., Okobi, O. E., Nwume, C. G., & Egberuare, E. N. (2024). *A systematic review of the effect of stigmatization on psychiatric illness outcomes*. *Cureus, 16*(6), e62642. https://doi.org/10.7759/cureus.62642

Corrigan, P. W., Druss, B. G., & Perlick, D. A. (2023). The impact of mental illness stigma on seeking and participating in mental health care. *Psychological Science in the Public Interest, 24*(1), 1–30.

Corrigan, P.W, Powell, K.J, & Rüsch, N. (2021). How does stigma affect work in people with serious mental illnesses? Psychiatr Rehabil J. ;35 :381.

Charlson F, van Ommeren M, Flaxman A, Cornett J, Whiteford, H. & Saxena, S. (2019). New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. Lancet; 394(10194):240–8.

Crowe, A., & Kim, T. (2020). Ethnicity, Life Satisfaction, Stress, Familiarity, and Stigma Toward Mental Health Treatment. Journal of Counselling & Development, 98, 83–93

Goffman, E. (1963). Stigma; notes on the management of spoiled identity. Prentice-Hall.

Gureje, V.O. (2021). Community study of and attitude to mental illness. British Journal of Psychiatry 186, 436–441.

Hajizadeh, A., Amini, H., Heydari, M., Rajabi, F., et al. (2024). *How to combat stigma surrounding mental health disorders: A scoping review of the experiences of different stakeholders*. BMC Psychiatry, 24, 782.

Hatzenbuehler, M. L., & Link, B. G. (2014). Introduction to the special issue on structural stigma and health. *Social Science & Medicine, 103*, 1–6.

Jacobsson, L Mirnezami, H., L.& Edin-Liljegren, A. (2017). Changes in Attitudes towards Mental Disorders and Psychiatric Treatment 1976-2014 in a Swedish Population. Nordic Journal of Psychiatry, 70, 38-44.

Kim, S., Bae, S. H., & Hyun, M. S. (2025). *Effectiveness of non-pharmacological interventions to reduce internalized stigma in people with severe mental illness: A systematic review and meta-analysis*. Journal of Korean Academy of Nursing, 55(1), 1–18.

Merhej R. (2019). Stigma on mental illness in the Arab world: beyond the socio-cultural barriers.

Nxumalo C.T & Mchunu G.G. (2017). Exploring the stigma related experiences of family members of persons with mental illness in a selected community in the iLembe district. KwaZulu-Natal Health SA Gesondheid, 22, 202–12.

Stevens, G. (2024). *Research Design: Definition, Components and Types*. Academic Writing and Research.

Subu, M.A., Wati, D.F., & Netrida, N. (2021*).* Types of stigma experienced by patients with mental illness and mental health nurses in Indonesia: a qualitative content analysis. *Int J Ment Health Syst* 15, 77.

Sum, M. Y., Wong, C. T. W., Chu, S. T., Li, A., Lee, A. H. T., Chen, E. Y. H., & Chan,S. K. W. (2024). *Systematic review and meta-analysis of internalised stigma and stigma resistance in patients with psychosis: The impact of individualism–collectivism culture and other individual factors*. *International Journal of Social Psychiatry, 70*(4).

Weiner, B. (1985). An attributional theory of achievement motivation and emotion. *Psychological Review, 92*(4), 548–573.

World Health Organization (2024). *The overwhelming case for ending stigma and discrimination in mental health*. Geneva: World Health Organization.

World Health Organization (WHO). (2025). *Mental health*. Geneva: World Health Organization. Available at: World Health Organization – Mental Health