Research Article

Perceptions and Experiences of Human Rights Violations of People Living with Mental Illness: A Multi-Centre Descriptive Cross-Sectional Study in Nigeria

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The study examined the perceptions and experiences of human rights violations among individuals with mental illness. A descriptive cross-sectional study of four mental health facilities in the southwest and northcentral zones in Nigeria was conducted. Data were collected from 227 randomly selected and consecutive patients with various mental disorders using a researcher-constructed questionnaire. The Statistical Package for the Social Sciences (SPSS) version 25.0 was used for data analysis. The participants were predominantly low- or no-income young males aged between 18 and 74 years old (mean age: 32±9.86 years). The majority were single and Christian, and over 80% were male. Patients' diagnoses were largely mood disorders (29.1%), psychotic disorders (17.0%), and trauma disorders (13.2%), relatively recently diagnosed, ≤5 years (61.7%). The respondents had a good awareness of their basic human rights (mean: 3.4 – 3.7; with a mean of 2.5 as good perception), with over half of the individuals having an excellent perception. On average, 16.2% of the patients reported having experienced human rights violations in the past (range: 6.2 – 21.1%), mostly from informal safety networks (friends and family), residential arrangements, and job losses or denial. The study found a statistically significant correlation between the patients' diagnoses and the degree of human rights violations experienced (*p-value* < 0.05). Overall, the study suggests that individuals with mental illness have a clear understanding of their rights and the ways in which they are violated.

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1. Introduction

Mental health is gaining more recognition and attention as global health organizations have recently acknowledged it as a significant priority on a global scale, thereby shedding light on the importance of addressing mental health issues[1]. The promotion of mental health and the implementation of preventative techniques are included in the Sustainable Development Goals and Agenda 2030[2]. Mental illnesses are a major cause of concern to the globe[3]. In low- and middle-income nations, the incidence of mental illness is at an all-time high[4].

Human rights and mental health have a complicated and reciprocal connection. On the one hand, violating human rights may have a detrimental effect on mental health on its own, but upholding human rights can support or even enhance mental health outcomes[1]. According to Mahdanian, *et al.*,[1], a person is more likely to experience human rights violations if they have a mental health issue, and those who do experience such breaches are often more prone than the general population to experience discrimination, stigma, and coercive measures. The actualization of human rights is an essential component of mental health, since it is strongly connected to and reliant upon those rights[5].

In communities and care systems across the world, stigma, discrimination, and human rights abuses against persons with mental health issues are pervasive[3]. Access to institutionalized mental health treatment is provided through both psychiatric units in primary and secondary care medical centers and specialized mental health institutions[6]. Individuals with mental health problems are frequently subjected to stigmatization and prejudice in numerous nations, primarily as a result of inadequate knowledge about mental health and societal conventions and cultural convictions[7]. Many of them have spoken about how it felt to be shunned, disregarded, blamed, and criticized by their classmates, neighbours, co-workers, and even mental health experts[3].

People in Nigeria do not have adequate knowledge regarding mental health disorders and have a variety of misconceptions about their underlying causes, such as drug and alcohol use, possession by evil spirits, traumatic events or shock, stress, and genetic inheritance[4]. Very few people in Nigeria believe that biological factors or brain diseases are the underlying causes of the development of these disorders. In addition, people in Nigeria have a variety of misconceptions regarding the treatment of mental health disorders[4]. The purpose of this research was to investigate the ways in which concerns relating to mental health impact the rights of people who have mental illness.

In a survey published by the World Health Organization in 2019, there were around 900 million people throughout the globe who were coping with some kind of mental illness[3]. People who suffer from serious mental health issues tend to pass away 10 to 20 years sooner than the normal population, with the majority of their deaths being caused by physical illnesses that might have been avoided[3]. In low- and middle-income countries, a significant proportion of individuals who require mental health services do not receive any form of care due to various factors such as social stigma, isolation, and neglect, as stated by Subu, *et al.*,[8] and Andrews[9] found that approximately one-third of these individuals fall under this category. Harden, *et al.*, [7] added that people living with mental illness are often subjected to brutal treatment, exile from their society and their family, as well as abuse and neglect. This is mostly due to the perception that they are unpredictable, dangerous, and aggressive. This study investigated the perceptions and experiences of the violation of human rights among individuals living with mental illness in four selected Nigerian neuropsychiatric institutions. The study also assessed the factors associated with the perceptions of violations of human rights among people living with mental illness.

2. Methodology

2.1. Research Design

The study adopted a cross-sectional design to collect data from people living with mental illness; this design allows for the collection of data from a large section of any particular population at one point in time.

2.2. Research Settings

Four mental health facilities were used for the study: Facility A (a Federal Neuropsychiatric hospital in southwest Nigeria where an average of about 400 residents are admitted to the hospital at any given time); Facility B (Psychiatric units of a General Hospital in a northcentral State in Nigeria where an average of 15 patients are admitted monthly); Facility C (the State Neuropsychiatric Hospital in the southwest State) where about 40 patients are admitted to the hospital at any given period; and Facility D (a Psychiatric unit of a Federal Teaching Hospital in southwest Nigeria, with an average of 15 patients on admission in the unit at any given time).

2.3. Study Population, Sampling Technique, and Sample Size

There were about 470 patients accessing services at the four hospitals. Patients (both in- and out-patients) who were of relatively sound mind at the time of data collection and consented to participate in the study were included. A combination of convenience sampling, proportionate sampling, and consecutive sampling

techniques was adopted because the patients were available, willing, and easy to access or contact at the chosen four facilities, rather than the purposive sampling technique that is anchored in specific features, knowledge, and experiences of the respondents, among other criteria.

From the clinic register, which served as the sampling frame at the respective psychiatric/behavioral clinic of each centre, the first patient was selected until the desired sample size was achieved for Facility A and Facility D, as both facilities had enough patients. For centres with fewer patients, Facility B and Facility C, a consecutive sampling method was deployed until the desired sample size was achieved.

The minimum sample size was determined using Slovin's formula. This formula is used when there is inadequate information about a population's behaviour (or the distribution of a behaviour) to otherwise know the appropriate sample size. Slovin's formula is also used for simple random sampling if the population to be sampled has obvious subgroups! The formula could be applied to each individual group instead of the whole group.

From Slovin's formula: $n_0 = \frac{N}{1+Ne^2}$ (where n = the number of samples, N = the total population, and e = the margin of error to be decided by the researchers), a sample size of 206.5 was derived. To compensate for the non-response rate, 10% was added.

Thus, a sample size of 206.5 + 20.65 (N= 227.115) was calculated. A total of 227 respondents living with mental illnesses were recruited. Using proportionate stratified sampling, 227 participants were enrolled in the study from each of the four study settings (see Table 1).

Hospital	Total Patients	Sample Size
Facility A	300	193
Facility B	15	7
Facility C	40	20
Facility D	15	7
Total	**470**	**227**

Table 1. Sample Selection for the Four Facilities

2.4. Instrument for Data Collection

The instrument consisted of thirty-two (32) questions with three main sections. Section A comprised nine questions aimed at obtaining demographic data, including the highest academic qualifications, average monthly income, the diagnosed mental illness, and the year the diagnosis of mental illness was made. Section B comprised 12 questions on a 4-point Likert scale, aimed at assessing respondents' perception of human rights violations among people living with mental illness. Section C comprised 10 questions assessing their experience of different situations of human rights violations.

The questionnaire contained closed-ended questions and Likert scale questions designed to elicit information on the participants' perception and experience of human rights violations. The questionnaire was constructed with the use of a literature review as a guide, and each section of the instrument was matched with the predetermined objectives. The questionnaire was assessed by mental health and legal experts to determine its face, construct, and content validity. The comments received were used to modify the final draft of the instrument before it was finally administered. The questionnaire was pretested on 22 participants (about 10% of the sample size) at the Adult Mental Health Unit of the University College Hospital, Ibadan. Analysis of these 22 questionnaires yielded a Cronbach's alpha coefficient of 0.76.

2.5. Data Collection

Data collection was conducted through the face-to-face administration of questionnaires by one of the authors, assisted by four (4) trained research assistants who were social workers in the selected hospitals. Each patient was given a coded questionnaire after a due explanation. Patients were accessed in clinics and acute care wards in the psychiatric units of the selected hospitals.

2.6. Data Analysis

The study adopted descriptive statistics to analyze the data obtained from the questionnaire. Frequencies, percentages, means, and standard deviations were used to describe the participants' characteristics, perception, and experience of human rights violations. The study also used Chi-square to determine the association between variables.

For mean calculation, less than 2.5 was considered "poor or negative perception," 2.5 to 3.5 was "good," while above 3.5 was rated "very good."

2.7. Ethical Consideration

The four hospitals in which this study took place were anonymized. Thus, prior to the administration of the questionnaires, ethical approvals were obtained from the Research and Ethics Committees of four facilities (A, B, C, and D) with Approval numbers: XXXX, 9th December, 2021; XXXX, dated 1st April, 2022; XXXX, dated 23rd February, 2022; and XXXX, dated 5th May, 2022, respectively). The respondents were also anonymized and protected against any form of harm. The participants were also informed of the right to withdraw from the study at any time without any consequences.

3. Results

3.1. Socio-demographic information

Table 2 presents a summary of the socio-demographic variables of the study participants. The patients who participated in this study had an age range of 18 to 74 years, with a mean age of 32 years (SD ±9.86 years). Four in ten (40.2%) of the patients were younger than thirty years old. Most of the patients were male (81.9%), single (58.1%), and Christian (54.2%). A total of 29.1% of the patients earned less than 30,000 Nigerian naira (less than US$60) at the minimum wage, while almost a quarter (23.3%) were total dependents (no source of income). The majority (88.2%) of the patients were of the Yoruba ethnic group.

Variables	Frequency	Percentage
Age (years)		
< 30	91	40.2
30 – 39	85	37.4
40 – 49	33	14.5
≥ 50	18	7.9
Mean ± SD (Range)	32 ± 9.86(18-74)	
Marital Status		
Single	132	58.1
Married	93	41.0
Divorced	2	0.9
Gender		
Male	186	81.9
Female	41	18.1
Religion		
Christianity	123	54.2
Islam	102	44.9
Traditional	2	0.9
Ethnicity		
Yoruba	200	88.2
Igbo	16	7.0
Others	11	4.8
Occupation		
Self-employed/Artisan	57	25.1
Civil servant	57	25.1
Students	78	34.4
Unemployed	16	7.0

Variables	Frequency	Percentage
Others	19	8.4
Income (Naira)		
< 30,000	66	29.1
30,000 – 50,000	50	22.0
> 50,000 – 100,000	16	7.1
> 100,000	42	18.5
No income	53	23.3

Table 2. Socio-demographic information of patients (N=227)

SD: *standard deviation*

3.2. Mental Disorder Diagnoses

The most prevalent mental disorders were mood disorders (29.1%), psychotic disorders (17.0%), and trauma disorders (13.2%) (Table 3). Figure 1 shows that a greater proportion of respondents (61.7%) have had the condition for less than or equal to five years, while a substantial number (27.8%) have had the condition for more than a decade.

Variables	Frequency	Percentage
Diagnosed Mental Health Conditions		THE % IS NOT UP TO 100%
Psychotic Disorders	39	17.2
Trauma-related Disorder	30	13.2
Mood Disorders	66	29.1
Anxiety Disorders	23	10.1
Substance Abuse/*Use* Disorders	25	11.0
Personality Disorders	33	14.5
Eating Disorders	11	4.8

Table 3. Participants' diagnoses

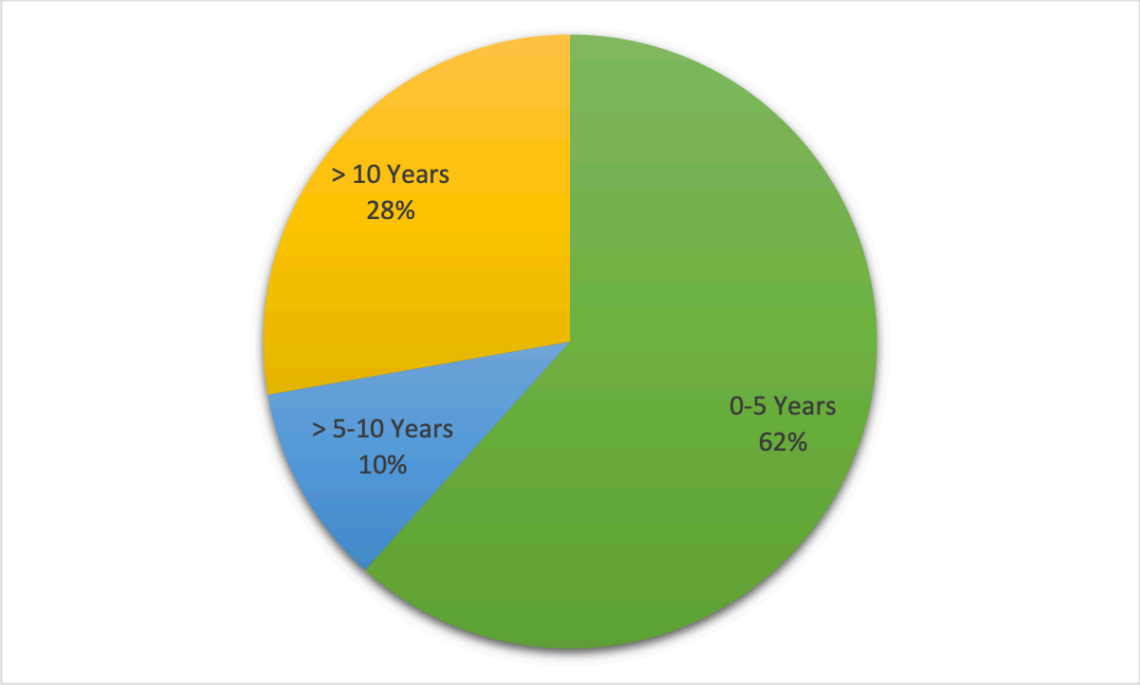

Figure 1. Duration of Diagnosis (in Years)

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Patients' Perception of Human Right Violations

The respondents' degree of perception of human rights abuses against people with mental illness is shown in Table 4. From the data in the table, the respondents' perceived average weighted mean of human rights breaches was 3.5, higher than the predicted average mean of 2.5. The strongest opinion expressed was that persons with mental disorders should not be allowed to walk the streets when unwell and should have easy access to emergency care in times of crisis as a basic human right (mean=3.7, respectively). Similarly, the desire to express themselves or offer different opinions without fear of discrimination or mockery in any circumstance, and to be able to return to school if they so wish, were also strongly perceived as their rights (mean=3.6, respectively). Other parameters of human rights as captured in the instrument for this study were equally perceived strongly (a mean of 3.5, which is well over the average mean of 2.5); except for speaking up during decision-making processes, suitability for employment for which patients are qualified, protection from harm, and enduring receiving any means towards recovery, which are slightly lower (mean = 3.4) but significantly higher than the average. Overall, therefore, people living with mental illness perceived all areas covered in this study as grounds on which they can be deprived and thus have their rights violated. However, based on the mean scores, perception was categorized as 'good' (a mean of 3.5 or less) and 'very good' (a mean of 3.6 or more).

S/N	Statement on human rights violations	A (%)	A (%)	D (%)	SD (%)	Mean
1	Non-violent ways of protecting others from harm are important human rights for persons living with mental illnesses.	116 (51.1)	90 (39.6)	21 (9.3)	0 (0.0)	3.4
2	I need to endure whatever is given or done to me so that I can get better.	96 (42.3)	106 (46.7)	12 (5.3)	13 (5.7)	3.4
3	My opinion matters in the course of treatment.	103 (45.4)	118 (52.0)	0 (0.0)	6 (2.6)	3.5
4	I should get a detailed explanation of treatment modalities.	107 (47.1)	108 (47.6)	7 (3.1)	5 (2.2)	3.5
5	I should be able to get befitting employment that I am qualified for.	93 (41.0)	126 (55.5)	6 (2.60)	2 (0.9)	3.4
6	I should get fair pay equal to the amount of work I do.	108 (47.6)	112 (49.3)	5 (2.2)	2 (0.9)	3.5
7	I should be able to express myself or give different opinions without fear of discrimination or mockery.	115 (50.7)	112 (49.3)	0 (0.0)	0 (0.0)	3.6
8	I should be able to return to school if I want to.	110 (48.5)	113 (49.8)	1 (0.4)	3 (1.3)	3.6
9	People with mental illnesses should not be left to wander in the streets when ill.	156 (68.7)	58 (25.6)	11 (4.8)	2 (0.9)	3.7
10	Provisions for emergency treatment in case of a crisis is an essential right.	168 (74.0)	55 (24.2)	2 (0.9)	2 (0.9)	3.7
11	Safety and security while ill are essential rights.	127 (55.9)	95 (41.9)	2 (0.9)	3 (1.3)	3.5
12	I should be encouraged to speak up during decision-making processes.	100 (44.1)	122 (53.7)	1 (0.4)	4 (1.8)	3.4
	Overall mean:					3.5

Table 4. Perceptions of human rights violations among people living with mental illness

Key: *SA = strongly agree; A = Agree, D = Disagree, SD = Strongly Disagree*

3.3. Experiences of Human Right Violations

The patient's experience with human rights violations is detailed in Table 5. Overall, patients' reports of scenarios of violations of their rights are between 6.2% ("Having to buy things at unusually exorbitant prices") and 21.1% ("friends and family refusing to visit" and "being disallowed to rent a house," respectively). Thus, the least discriminatory tendency appears to be the economic exchange at market spaces, compared to individual business transactions with PLWMI (11.0%), while the strongest violations are in the domains of family and friends' informal interactions, and broader living arrangements.

SN	Variable	Yes (%)	No (%)
1	Not being invited to outings and ceremonies	41 (18.1)	186 (81.9)
2	Friends and family refusing to visit	48 (21.1)	179 (78.9)
3	Friends and family refused my offer to visit	27 (11.9)	200 (88.1)
4	Being disallowed to rent a house	48 (21.1)	179 (78.9)
5	Being banned from public places	17 (7.5)	210 (92.5)
6	People refusing to transact business with me	25 (11.0)	202 (89.0)
7	Being the subject of gossip	25 (11.0)	202 (89.0)
8	Having to buy things at unusually exorbitant prices	14 (6.2)	213 (93.8)
9	Loss of jobs as a result of my patient's condition	31 (13.70	196 (86.3)
10	Loss of housing or apartment as a result of my patient's condition	32 (14.1)	195 (85.9)

Table 5. Patients' experiences of situations of human rights violations

3.4. Research Hypotheses

- **Hypothesis One: There is no significant association between the socio-demographic characteristics of people living with mental illness and their perception of human rights violations**

From the data shown in Table 6, statistically significant associations were found between the patients' level of perception of human rights and the respondents' marital status (p= 0.003), occupation (p= 0.001), and income (p= 0.001). However, there is no statistically significant relationship with the other socio-demographic

variables. In light of these findings, perspectives on human rights could be based on patients' marital status, occupation, and income.

Variables	Perception		χ^2	p-value
	Good (%)	Very Good (%)		
Age (years)			8.093	0.088
< 30	45 (49.5)	46 (50.5)		
30 – 39	35 (41.2)	50 (58.8)		
40 – 49	14 (42.40	19 (57.6)		
≥ 50	3 (18.8)	13 (81.3)		
Marital Status			11.691	**0.003***
Single	70 (53.0)	62 (47.0)		
Married	28 (30.1)	65 (69.6)		
Divorced	1 (50.0)	1 (50.0)		
Gender			0.152	0.697
Male	80 (43.0)	106 (57.0)		
Female	19 (46.3)	22 (53.7)		
Occupation			55.037	**0.001***
Self-employed/Artisan	20 (35.1)	37 (64.9)		
Civil servant	9 (15.8)	48 (84.2)		
Students	57 (73.1)	21 (26.9)		
Unemployed	2 (12.5)	14 (87.5)		
Others	11 (57.9)	9 (42.1)		
Level of education			3.455	0.327
No formal education	5 (71.4)	2 (28.6)		
Primary	3 (50.0)	3 (50.0)		
Secondary	19 (50.0)	19 (50.0)		
Tertiary	72 (40.9)	104 (59.1)		
Income (Naira)			35.115	**0.001***
< 30,000	46 (69.7)	20 30.3)		

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Variables	Perception		χ^2	p-value
	Good (%)	Very Good (%)		
30,000 – 50,000	17 (34.0)	33 (66.0)		
> 50,000 – 100,000	2 (12.5)	14 (87.5)		
> 100,000	9 (21.4)	33 (78.06		
No income	25 (47.2)	28 (52.8)		

Table 6. Association between the perception of patients and socio-demographic variables

- **Hypothesis Two: There is no significant association between the patients' diagnosis and their experiences of human rights violations among PLWMI**

The link between a patient's diagnosis and their experience of violation of human rights is shown in Table 7. The p-values of human rights abuses such as non-invitation to occasions, job losses, denial of housing rent, refusal of visits from friends/families, and ignoring of views were examined and found to be statistically linked (p= 0.001). The relationship suggests that mental issues related to traumatic episodes are more tolerated than mood and affective, psychotic, and substance use disorders.

SN	Variables	Experience		χ^2	p-value
		Violated (%)	Not-Violated (%)		
	Diagnosed Mental Disorders			28.051	**0.001***
1	Psychotic Disorders	30 (76.9)	9 (23.1)		
2	Trauma-related Disorder	9 (30.0)	21 (70.0)		
3	Mood Disorders	51 (77.3)	15 (22.7)		
4	Anxiety Disorders	18 (78.3)	5 (21.7)		
5	Substance Use Disorders	19 (76.0)	6 (24.0)		
6	Personality Disorders	18 (54.5)	15 (45.5)		
7	Eating Disorders	7 (63.6)	4 (36.4)		

Table 7. Association between patients' experience of situations of human rights violations and diagnosed mental health conditions

4. Discussion

The findings of this study reveal that PLWMI are very insightful about their human rights, indicating a firm understanding of the basic rights to which they are entitled. The WHO in 2020[10] expressed this view, stating that individuals experiencing mental illness are solidly aware of human rights and know when these rights are violated. Previous studies (for example,[11]) have reported that people living with mental illness, in their experiences and exposures, have displayed an excellent understanding of human rights and their violations. This is clearly shown in this study where all the parameters of human rights under review had far above mean scores (3.4-3.7; the average being 2.5).

On the experiences of such violations, persons living with mental illness in this study have been subjected to a number of violations of these human rights. It appears that the violations occur more in the private, informal social sphere than in formal domains. Friends, family members, and house owners appear to discriminate against PLWMIs more than business people, despite some level of stigma at that level. Although previous findings of Neupane, *et al.*[12], Charmaz[13], and Ergetie, *et al.*,[14] reported a significant incidence of human rights violations committed against mentally ill people and how they are stigmatized, discriminated against, and poorly treated, which is more profound in developing countries, the scenario occurring more in basic social

safety networks like family and friends (as found in this study) was not succinctly captured. However, Barke, *et al.*[15] and Savani[16] both pointed out that persons who are mentally ill are often poorly treated on the human rights scale, including in academic and educational settings; however, their studies focused more on other members of the community. These are clearly against major human rights standards as applied to mental health, especially the *Standard Rules on the Equalization of Opportunities for Persons with Disabilities*[17]: page 14). In most cases, these violations also take place and go undetected, deliberately ignored, or covertly carried out. Countries need to have functional legislation in place to handle such violations, while mental health facilities should have service check-systems, as stipulated in the WHO document on human rights and legislation[17], based on the United Nations Charter and International Agreements. Although the WHO document [17:5] highlighted the categories of violations of the human rights of people living with mental illness and the perpetrators of such violations, this study did not focus on the perpetrators.

Generally, studies on violations of the human rights of people living with mental illness in Nigeria remain rudimentary, and this study, with a relatively wide national spread covering southwest and northcentral Nigeria, should stimulate more action, including many more multi-centre, population-based studies, to establish a national database. Unearthing the violations of basic human rights of people with mental illness, of which they are "solidly aware,"[11] should be of primary concern to all sections of society and human rights groups. The findings on the significant associations of three socio-demographic variables, namely marital status, occupation, and income categories of patients, with perception and awareness, should indicate the need for more socio-economic and demographic investigations into the human rights of people living with mental illness. Similarly, this study adds that the type of mental illness with which they are diagnosed appears to influence the degree of violations of their human rights, with more tolerance for traumatic, probably acute onset cases linked to some life events of sudden or known origin by community members. Those with mood/affective, psychotic, and substance use disorders tend to suffer more from these violations.

5. Conclusion

The current research, which aims to learn more about patients' experiences and perceptions of human rights violations, is in consonance with existing literature. According to the study's results, the majority of persons living with mental illness are aware of the human rights breaches committed towards them, but only a small percentage of them have actually experienced violations of their rights. According to the study's findings, the kind of diagnosis is linked to the experience of a human rights violation; however, the number of years a caregiver has been providing care is not linked to that experience. Recommendations have been made for improving the situation of mental health human rights in Nigeria. These include collaboration among mental health-related associations to advocate for the proper implementation of mental health policy and act, and the

inclusion of human rights in mental health in the Mandatory Compulsory Professional Development Programme, organizing seminars and conferences to update psychiatric nurses on human rights in psychiatry,, and making it compulsory for member countries to enact mental health acts to protect the rights of mental health-related issues.

Statements and Declarations

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Conflict of Interest

The authors declare no conflict of interest.

Authors' Contribution

EEA: conceptualization, proposal and design, data analysis, draft writing, final review; **OVO**: conceptualization, proposal writing, data collection, draft writing, proofreading, final review. **FOO**: proposal writing, proofreading, final review; **JAA**: conceptualization, draft and final reviews, **FAB**: data analysis, final review; **MSO**: conceptualization, design, final review;

Data Availability Statement

The datasets generated for this study will not be made publicly available. There is no such option given the ethical permission.

Ethics Statement

The studies involving human participants were reviewed and approved by the Hungarian Central Ethics Committee. The patients/participants provided their written informed consent to participate in this study.

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