

Review of: "Perceptions and Experiences of Human Right Violations of People Living with Mental Illness: A multi-centre descriptive cross-sectional study in Nigeria"

Maha Younis

Potential competing interests: No potential competing interests to declare.

Thank you for inviting me to review this paper.

Abstract: line (11) - It is not clear what the diagnosis was or how it is relative to (relatively recently diagnosed). Line (15) - Why were family and friends described as an informal safety network?

Introduction: line (7) - Human rights are connected to mental health; perhaps it is better to use the term mental illnesses. Line (12) - The term abuse may be changed to violation.

The abstract is not divided into background, method, findings, and conclusion as usual.

Line (21,22,23) - People have misconceptions about mental health issues. The authors need to relate such statements to people's knowledge about human rights among the mentally ill.

The paragraph ("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.*, and Andrews found that approximately one-third of these individuals fall under this category. Harden, *et al.*, added that people living with mental illness are often subjected to brutal treatment, exile from their society and their family, as well as) - There is a need to clarify the locations of these studies as the terms used by the authors ("low- and middle-income countries") are not conclusive.

There is an allover lack of logical association between mental health issues and human rights and how these 2 issues are influenced by religious and cultural values, keeping in mind the different aptitudes towards mental illness according to Islam and Christianity or other religions. The audience needs to know more about the social and cultural backgrounds of people in Nigeria.

Methodology: The authors used the term "people living with mental illness" while the study sample consisted of patients recruited from mental health facilities. Why not call them patients? As far as I know, most of the psychiatric out- and inpatients in developing countries like Nigeria are seriously ill, so not to call them "people."

The authors did not mention the time of the study. The locations of the study settings are not clear - were they in the capital, main cities, or in the villages? Why did the authors choose 4 mental health facilities? What does the word "facilities" mean? Were they mental hospitals or outpatient clinics, state hospitals, general hospitals?

If the sample was 227, why not from one or two hospitals?

In Ethical consideration: (The participants were also informed of the right to withdraw from the study at any time), did the authors obtain the patients' consent? It is not clear. What about the patients with serious psychotic disorders who are not insightful enough to give their consent? Needs to be clarified

The tables: Again, the word "people with" has to be changed to "patients."

3.4: Research's hypothesis: needs to be at the end of the introduction.

4. Discussion

There is no adequate explanation for the association of mental health issues with human rights and how it can be affected by Nigerian culture.

The authors did not discuss how patients with no insight or seriously ill can comprehend their human rights. Also, the studied patients had low or no income; hence, they have no access to educational means to learn about human rights.

5. Conclusion; it is too long