

# Stigma, Social Support, and Recovery Among Mental Health Patients at the Psychiatric Hospital, Calabar: A Medical Social Work Perspective

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## Abstract

Stigma and inadequate social support remain significant barriers to recovery among mental health patients, particularly in low- and middle-income countries where psychosocial services are often under-resourced. This qualitative study examines the experiences of mental health patients regarding stigma and social support and explores the role of medical social work in facilitating recovery at the Psychiatric Hospital, Calabar. The study adopted an interpretive phenomenological design, and data were collected through in-depth interviews and focus group discussions with patients receiving outpatient and inpatient services, as well as key informant interviews with medical social workers. Participants were purposively selected based on diagnosis, duration of treatment, and exposure to social work interventions. Thematic analysis revealed three major themes: pervasive experiences of stigma within families and communities; the critical role of social support in treatment adherence and emotional wellbeing; and the mediating role of medical social work interventions in reducing stigma and strengthening support networks. Findings indicate that stigma contributes to social isolation, delayed help-seeking, and emotional distress, while consistent social work support, through counselling, family mediation, and advocacy, enhances self-esteem, coping, and recovery. The study underscores the importance of integrating medical social work services into mental healthcare delivery to address stigma-related challenges and promote holistic recovery. It concludes that strengthening institutional support for medical social work practice is essential for improving recovery outcomes and mental health service delivery at the Psychiatric Hospital, Calabar.

**Keywords:** *Stigma; Social Support; Mental Health Recovery; Medical Social Work*

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### **Background to the Study**

Mental health conditions constitute a major public health challenge globally, accounting for a significant proportion of disability and reduced quality of life. In low- and middle-income countries, including Nigeria, mental health service delivery is constrained by limited resources, social stigma, and weak psychosocial support systems. While biomedical treatment remains central to mental health care, increasing attention is being directed to the social dimensions of mental illness, particularly stigma and social support, which profoundly shape patients' recovery trajectories. Stigma associated with mental illness manifests in multiple forms, including self-stigma, public stigma, and institutional discrimination. These forms of stigma often result in social exclusion, reduced help-seeking behaviour, delayed treatment, and poor adherence to care. Patients frequently experience rejection from family members, marginalisation within their communities, and discriminatory practices within healthcare settings, including mental health facilities such as the Psychiatric Hospital, Calabar. Such experiences undermine self-esteem and exacerbate psychological distress, thereby hindering recovery.

Social support, on the other hand, is widely recognised as a protective factor in mental health recovery. Emotional, informational, and instrumental support from family, friends, and community networks enhances coping capacity, reduces stress, and promotes continuity of care. In contexts where formal mental health services are limited, including at institutions like the Psychiatric Hospital, Calabar, social support systems play a crucial role in sustaining treatment adherence and facilitating reintegration into society.

Medical social work occupies a strategic position in addressing stigma and strengthening social support for mental health patients. Through psychosocial counselling, family mediation, advocacy, and community linkage, medical social workers bridge the gap between clinical treatment and patients' social environments. Despite this, empirical evidence on how medical social work interventions influence experiences of stigma, social support, and recovery among mental health patients remains limited, particularly from a qualitative perspective. This study therefore adopts a medical social work lens to explore how stigma and social support shape recovery experiences among mental health patients at the Psychiatric Hospital, Calabar.

### **Problem Statement**

Despite increasing recognition of mental health as a critical component of public health, stigma continues to undermine recovery among mental health patients in Nigeria. Many individuals with mental health conditions experience discrimination, social exclusion, and negative labelling within their families, communities, and even healthcare settings such as the Psychiatric Hospital, Calabar. These experiences often result in delayed help-seeking, treatment discontinuation, emotional distress, and relapses, complicating recovery processes. At the same time, social support systems that could mitigate the effects of stigma are frequently weak or inconsistent. Families may lack adequate knowledge of mental illness, caregivers often experience burnout, and community support structures remain

underdeveloped. Although medical social workers are trained to address these psychosocial challenges, their roles are often underutilised or inadequately integrated into mental healthcare delivery.

Existing studies on mental health in Nigeria have largely focused on prevalence, clinical outcomes, or institutional capacity, with limited attention to patients lived experiences of stigma and social support. Moreover, few studies have examined these issues from the perspective of medical social work or employed qualitative approaches that allow for in-depth understanding of recovery processes. This gap in knowledge limits the development of context-specific, patient-centred interventions aimed at reducing stigma and strengthening social support. This study seeks to address this gap by exploring stigma, social support, and recovery among mental health patients receiving care at the Psychiatric Hospital, Calabar, from a medical social work perspective.

### **Research Objectives**

The general objective of this study is to explore the influence of stigma and social support on recovery among mental health patients from a medical social work perspective. The specific objectives are to:

1. Examine mental health patients' experiences of stigma within family, community, and healthcare settings, including the Psychiatric Hospital, Calabar.
2. Explore the nature and sources of social support available to mental health patients during the recovery process.
3. Assess how stigma and social support influence treatment adherence and recovery experiences.
4. Examine the role of medical social work interventions in addressing stigma and strengthening social support.
5. Identify perceived gaps and challenges in medical social work practice related to mental health recovery.

### **Research Questions**

The study seeks to answer the following research questions:

1. How do mental health patients experience stigma in their families, communities, and healthcare settings, including the Psychiatric Hospital, Calabar?
2. What forms of social support are available to mental health patients during their recovery process?
3. In what ways do stigma and social support influence mental health recovery and treatment adherence?
4. How do medical social work interventions help patients cope with stigma and enhance social support?
5. What challenges limit the effectiveness of medical social work in supporting recovery among mental health patients?

### **Theoretical Framework**

This study is anchored on stigma theory and social support theory, which together provide a comprehensive lens for understanding mental health recovery from a medical social work perspective, particularly within the context of the Psychiatric Hospital, Calabar.

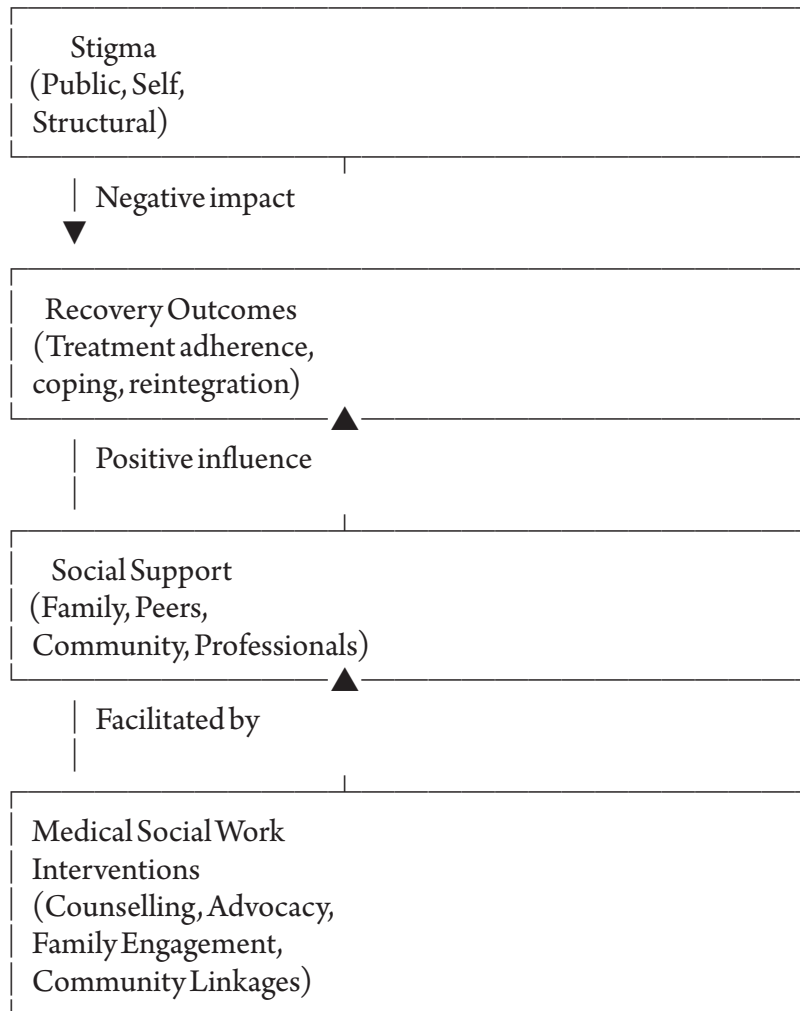
**Stigma Theory:** Stigma theory explains how societal labelling, stereotyping, and discrimination negatively affect individuals with mental illness. Mental health patients may experience:

- a) Public stigma, expressed through negative societal attitudes;
- b) Self-stigma, where individuals internalise negative stereotypes; and
- c) Structural stigma, embedded in institutional practices and policies.

In the context of the Psychiatric Hospital, Calabar, patients often face stigma not only within their families and communities but also within healthcare settings. Experiences such as discriminatory attitudes by healthcare staff, isolation during treatment, or delayed access to specialised services exemplify structural stigma that can undermine recovery. From this perspective, stigma acts as a social stressor that reduces self-esteem, discourages help-seeking, and disrupts treatment adherence. Medical social work interventions at the hospital—including psychosocial counselling, patient advocacy, and public education campaigns—seek to mitigate these effects, facilitating more positive recovery outcomes.

**Social Support Theory:** Social support theory emphasises the importance of emotional, instrumental, informational, and appraisal support in promoting health and wellbeing. Strong social networks buffer the effects of stress, enhance coping capacity, and improve adherence to treatment regimens. For mental health patients, support from family, peers, and professionals is critical for sustained recovery. Within the Psychiatric Hospital, Calabar, medical social workers strengthen social support by facilitating family involvement in care plans, connecting patients with community resources, and fostering a supportive hospital environment. Such interventions enhance patients' coping mechanisms, encourage continuity of care, and promote reintegration into society. This study conceptualises recovery as a socially mediated process influenced by both negative (stigma) and positive (support) social forces. In the context of the Psychiatric Hospital, Calabar, medical social work interventions function as mediating mechanisms that reduce stigma and enhance social support, thereby promoting holistic recovery. This integrated framework underscores the dual role of social workers in addressing psychosocial barriers while simultaneously leveraging social resources to support patients' mental health journeys.

**Figure 1:** Interaction of Stigma, Social Support, and Medical Social Work Interventions in Mental Health Recovery at the Psychiatric Hospital, Calabar



1. Stigma
  - a) Represents the negative social forces affecting mental health patients at the Psychiatric Hospital, Calabar.
  - b) Includes public stigma (community attitudes), self-stigma (internalised beliefs), and structural stigma (institutional discrimination).
  - c) Directly undermines recovery by reducing self-esteem, discouraging help-seeking, and disrupting adherence to treatment.
2. Social Support
  - a) Acts as a buffer against stigma.
  - b) Comprises emotional, instrumental, informational, and appraisal support from family, peers, and professional networks.
  - c) Promote treatment adherence, stress reduction, coping, and reintegration into society.

3. Medical Social Work Interventions
  - a) Function as a mediating mechanism that both reduces the impact of stigma and enhances social support.
  - b) Interventions include counselling, advocacy, family engagement, and linking patients to community resources.
  - c) By strengthening social support networks and addressing psychosocial barriers, medical social work facilitates recovery.
4. Recovery Outcomes
  - a) The goal is influenced by the dynamic interplay between stigma, social support, and medical social work interventions.
  - b) Positive outcomes include better treatment adherence, improved coping strategies, and successful reintegration into family and community life.

## **Methodology**

### ***Research Design***

This study adopts a qualitative research design, specifically an interpretive phenomenological approach, to explore the lived experiences of mental health patients regarding stigma, social support, and recovery. The qualitative approach is appropriate because it allows for an in-depth understanding of the subjective meanings, perceptions, and social interactions that shape mental health recovery, which cannot be adequately captured through quantitative methods. By focusing on the personal experiences of patients and the professional perspectives of medical social workers, the study aims to generate rich, contextually grounded insights into the dynamics of mental health care.

### ***Study Setting***

The research is conducted at the Psychiatric Hospital in Calabar, a public healthcare facility that provides comprehensive mental health services, including both outpatient and inpatient care. This facility offers a unique context for the study because patients receive not only clinical treatment, but also psychosocial support services facilitated by medical social workers. These services include counselling, advocacy, and linkage to community resources, providing an ideal setting to examine how social support and stigma influence recovery outcomes.

### ***Study Population***

The study population comprises adult mental health patients receiving care at the hospital and medical social workers directly involved in mental health service delivery. Including both groups ensures that the study captures multiple perspectives, allowing for triangulation of data and a more comprehensive understanding of the interplay between stigma, social support, and recovery. The inclusion of medical social workers also provides professional insights into the institutional and systemic factors affecting service delivery.

### ***Sampling Technique***

A purposive sampling technique is employed to select participants who can provide rich and relevant information related to the study objectives. Patients are included if they have a

confirmed mental health diagnosis, have been receiving services for at least six months, have interacted with medical social work interventions, and are willing and able to provide informed consent. Medical social workers are included based on their length of professional experience in mental health service delivery and their direct involvement in patient counselling, family engagement, or advocacy. Sampling continues until data saturation is achieved, meaning that additional interviews no longer generate new themes.

### ***Data Collection Methods***

Data are collected using multiple qualitative techniques to enhance the credibility and depth of findings. In-depth interviews (IDIs) are conducted with patients to explore personal experiences of stigma, sources of social support, coping strategies, and recovery processes. Focus group discussions (FGDs) with selected patients capture collective experiences, social norms, and community perceptions of mental health. Additionally, key informant interviews (KIIs) with medical social workers elicit professional perspectives on institutional challenges, family dynamics, and the effectiveness of interventions. All interviews are audio-recorded with participants' consent and supplemented with field notes to capture non-verbal cues and contextual information.

### ***Data Analysis***

Data are analysed using thematic analysis, guided by Braun and Clarke's framework. The analysis begins with familiarisation with the transcripts through repeated reading, followed by initial coding of meaningful units of text. Codes are then organised into categories, which are further synthesised into overarching themes aligned with the study objectives, such as stigma, social support, recovery, and medical social work interventions. Themes are interpreted in the context of the study's theoretical frameworks. Analysis is conducted manually or with qualitative software, and credibility is strengthened through member checking, peer debriefing, and triangulation of data sources.

### ***Ethical Considerations***

Ethical approval for the study is obtained from the relevant institutional review board. Participants are fully informed about the study's purpose, assured of confidentiality and anonymity, and reminded of their right to withdraw at any stage without penalty. Interviews are conducted in supportive and private settings to ensure participant comfort, and referrals are provided for participants who experience emotional distress during data collection. The study prioritises the safety, dignity, and wellbeing of all participants throughout the research process.

### ***Discussion***

The data collected for this study were analysed qualitatively to gain an in-depth understanding of mental health patients' experiences of stigma, social support, and recovery within the Psychiatric Hospital, Calabar. The analysis focused on identifying key themes, patterns, and relationships emerging from participants' narratives, in line with the study's research questions and objectives.

Thematic analysis was employed to systematically categorise and interpret the data, highlighting participants' perspectives on the forms and sources of stigma, the nature of social support available, and the role of medical social work interventions. This approach allowed for the exploration of both individual and institutional factors influencing recovery, as well as the interaction between negative social forces (stigma) and protective factors (social support).

The findings are presented in structured tables aligned with the research questions, followed by interpretive discussion that integrates theoretical insights from stigma theory and social support theory and situates them within the context of the Psychiatric Hospital, Calabar. This approach ensures that the analysis not only reflects participants' lived experiences but also provides evidence for practical and policy-oriented recommendations in mental health care.

### Experiences of Stigma among Mental Health Patients

**Table 1:** Participants' Experiences of Stigma (n = 20)

Setting	Participant Narratives / Themes	Frequency*
Family	"My family avoids talking to me about my condition."	15
	"They sometimes say I'm useless because of my illness."	
Community	"Neighbours whisper about me; some even refuse to associate with me."	12
Healthcare (Psychiatric Hospital, Calabar)	"Some staff treat me differently; I feel judged during consultations."	8

\*Frequency represents the number of participants reporting the theme.

### Interpretation

Participants' narratives indicate pervasive stigma across multiple settings, consistent with stigma theory. Public stigma is evident in community avoidance and gossip, self-stigma in internalised feelings of shame, and structural stigma in perceived discriminatory behaviour within the Psychiatric Hospital, Calabar. These experiences highlight stigma as a social stressor that hinders recovery, discourages treatment adherence, and affects self-esteem.

### Social Support and Mental Health Recovery

**Table 2:** Sources and Types of Social Support Identified by Participants

Source of Support	Type of Support Provided	Frequency*
Family	Emotional encouragement, help with daily tasks	14
Peers / Other Patients	Sharing experiences, moral support	10
Medical Social Workers	Counselling, advocacy, linking to community	12
Community / Religious Groups	Instrumental and spiritual support	8

\*Frequency represents the number of participants reporting the theme.

### Interpretation

Participants emphasised the importance of emotional, instrumental, and informational support in coping with mental illness. Social support from family, peers, and professionals at the Psychiatric Hospital, Calabar helped participants adhere to treatment, manage stress, and maintain hope. These findings align with social support theory, illustrating how strong networks buffer the negative effects of stigma and facilitate recovery.

### Influence of Stigma and Social Support on Recovery Processes

**Table 3:** Interaction of Stigma and Social Support in Recovery

Experience / Theme	Participant Insight	Effect on Recovery
Stigma reducing self-esteem	“I sometimes stop attending therapy because I feel ashamed.”	Negative
Family support mitigating stigma	“When my mother encourages me, I feel stronger and continue treatment.”	Positive
Peer support facilitating coping	“Talking with fellow patients helps me feel normal and less isolated.”	Positive
Institutional stigma partially countered by social workers	“Social workers explain my condition to the staff; I feel respected.”	Positive

### Interpretation

The table illustrates that while stigma negatively impacts recovery, social support—especially mediated by medical social work interventions—can significantly mitigate these effects. Participants highlighted that encouragement from family and peers helped them adhere to treatment, demonstrating the interactive effects of stigma and support on mental health recovery, consistent with integrated theoretical frameworks.

### Role of Medical Social Work Interventions

**Table 4:** Perceptions of Medical Social Work Interventions

Intervention Type	Participant Perception	Impact on Recovery
Counselling	“Talking to the social worker helps me understand my illness.”	Improved coping, reduced self-stigma
Family mediation	“They teach my family how to support me properly.”	Enhanced adherence, reduced family stigma
Advocacy	“They speak up for me when staff are harsh or unhelpful.”	Reduced structural stigma
Community linkage	“They connect me to religious groups and peer support.”	Strengthened social support network

### Interpretation

Medical social workers at the Psychiatric Hospital, Calabar play a critical mediating role. Their interventions reduce stigma, enhance social support, and promote patient engagement with treatment. Participants consistently reported that counselling, advocacy, and family engagement improved their recovery experience, confirming the practical relevance of stigma and social support theories in guiding interventions.

### Challenges in Medical Social Work Practice

**Table 5:** Challenges Identified by Participants and Staff

Challenge	Description / Participant Observation	Implication for Recovery
Resource constraints	Limited social workers, insufficient materials	Reduced coverage and effectiveness
Limited professional recognition	“Some doctors do not fully involve social workers in patient care.”	Weak integration into care plans
Family and community burnout	Families struggle to consistently support patients	Inconsistent social support
Socio-cultural stigma	Deep-rooted community prejudice	Persistent barriers to reintegration

### Interpretation

Despite their critical role, medical social workers face structural and social challenges that limit their effectiveness. Resource constraints, professional marginalisation, and societal stigma reduce the capacity to deliver comprehensive psychosocial care. These challenges suggest the need for policy support and institutional investment in medical social work services at the Psychiatric Hospital, Calabar.

### Implications for Mental Health Policy and Practice

- a) Stigma remains a major barrier; mental health policies should prioritise anti-stigma campaigns and institutional sensitisation.
- b) Social support systems are essential; interventions should strengthen family and community engagement alongside clinical care.
- c) Medical social work interventions are pivotal; training, adequate staffing, and professional recognition are critical for effective recovery outcomes.
- d) Integrating social work services into routine care at facilities like the Psychiatric Hospital, Calabar can enhance treatment adherence and patient reintegration.

### Discussion

#### Experiences of Stigma among Mental Health Patients

The findings reveal that mental health patients at the Psychiatric Hospital, Calabar experience stigma across multiple settings, including their families, communities, and healthcare institutions. Participants described being avoided, labelled as “useless,” or spoken about negatively by family members, while community members often ostracised them or spread rumours about their condition. Some participants also reported feeling judged or treated

differently by healthcare staff during consultations, reflecting structural stigma within the hospital environment. These experiences align with stigma theory, which posits that societal labelling, stereotyping, and institutional discrimination create social stressors that undermine self-esteem, discourage help-seeking, and impede recovery. The narratives highlight how stigma remains a major barrier to accessing care and achieving positive treatment outcomes, emphasising the need for interventions that address negative social attitudes in all spheres of patients' lives.

### **Social Support and Mental Health Recovery**

Social support emerged as a critical protective factor facilitating recovery among participants. Emotional support from family members, encouragement from peers, and guidance from medical social workers were frequently cited as helping patients cope with the challenges of mental illness. Instrumental support, such as assistance with daily activities, transport to the hospital, and access to community resources, also enhanced adherence to treatment. These findings corroborate **social** support theory, which emphasises the role of emotional, informational, and practical support in promoting wellbeing. In the context of the Psychiatric Hospital, Calabar, the presence of supportive networks was instrumental in buffering the negative effects of stigma and sustaining patients' engagement with treatment and rehabilitation.

### **Influence of Stigma and Social Support on Recovery Processes**

The interplay between stigma and social support significantly shaped patients' recovery experiences. While stigma negatively affected self-esteem, delayed help-seeking, and created feelings of isolation, participants consistently reported that strong social support helped mitigate these adverse effects. Family encouragement, peer interaction, and the guidance of medical social workers fostered resilience, improved coping strategies, and promoted adherence to treatment. This interaction highlights that recovery is not solely a biomedical process but a socially mediated one, shaped by both negative and positive social forces. The findings align with the integrated theoretical framework, demonstrating that supportive relationships can counterbalance the harmful effects of stigma and facilitate holistic recovery.

### **Role of Medical Social Work Interventions**

Medical social workers at the Psychiatric Hospital, Calabar were perceived as key mediators in the recovery process. Participants emphasised that counselling helped them understand their illness and manage emotional distress, while advocacy interventions addressed structural stigma within the hospital setting. Family mediation promoted constructive engagement and improved treatment adherence by teaching relatives how to provide appropriate care. Additionally, medical social workers linked patients to community resources and peer support groups, thereby expanding social support networks. These findings underscore the strategic role of medical social work in bridging the gap between clinical treatment and the patients' social environment, confirming the practical relevance of stigma and social support theories in guiding effective interventions.

### **Challenges in Medical Social Work Practice**

Despite their crucial role, medical social workers face numerous challenges that limit their effectiveness. Resource constraints, including inadequate staffing and limited welfare units, reduce the coverage and impact of psychosocial interventions. Professional recognition within healthcare teams is often limited, with some medical staff underestimating the value of social work in patient care. Additionally, families and communities sometimes struggle to provide consistent support due to caregiver burnout or socio-cultural barriers. Persistent societal stigma further complicates recovery and reintegration, illustrating the systemic and socio-economic factors that impede effective social work practice. Addressing these challenges is essential for enhancing the quality of mental health services at the Psychiatric Hospital, Calabar.

### **Implications for Mental Health Policy and Practice**

The findings of this study have several implications for mental health service delivery and policy. Stigma reduction interventions, including public education and institutional sensitisation, are critical to improving patient experiences and promoting help-seeking behaviour. Strengthening social support systems, both within families and the broader community, enhances treatment adherence and recovery outcomes. Formal integration of medical social workers into mental health teams, with adequate staffing, training, and institutional recognition, is necessary to ensure that psychosocial interventions are effectively delivered. Overall, a comprehensive approach addressing stigma, strengthening social support, and enhancing medical social work practice is essential for promoting recovery among mental health patients.

### **Conclusion**

This study demonstrates that medical social work interventions play a pivotal role in enhancing mental health service delivery and recovery outcomes among patients in the General Hospital, Calabar. Empirical findings indicate that stigma, whether internalised, familial, or societal, significantly hampers treatment adherence, emotional wellbeing, and overall recovery. Conversely, social support, including emotional, informational, and instrumental support, promotes coping, continuity of care, and resilience among mental health patients.

Medical social workers mediate these dynamics through psychosocial counselling, family engagement, advocacy, and linkage to community resources, thereby mitigating the effects of stigma and strengthening support systems. However, the study also identifies systemic and socio-economic constraints, including inadequate funding, high patient-to-social worker ratios, and limited recognition of social work within mental healthcare, which restricts the full potential of these interventions. Integrating medical social work more fully into mental health care systems is essential for holistic recovery, improved treatment adherence, and patient satisfaction. Addressing institutional barriers and enhancing social support networks are crucial for sustainable improvements in mental health outcomes.

### **Policy Recommendation to Strengthen Mental Health Policy and Funding for Psychosocial Services**

1. Effective mental health care in Nigeria requires policy reforms that explicitly recognise the central role of medical social work in patient recovery. Currently, psychosocial services are often marginalised within the broader health system, resulting in insufficient staffing, limited institutional support, and minimal funding for social work interventions. To address these gaps, government health policies should formally integrate medical social work as an essential component of mental health service delivery. This integration would ensure that social workers are systematically included in mental health teams, enabling them to provide counselling, advocacy, family mediation, and community linkage services in a structured and sustainable manner.
2. Adequate funding is critical to operationalising these policy changes. Government allocations should prioritise the recruitment of qualified social workers, establishment of welfare units, and provision of resources necessary for effective psychosocial interventions. Furthermore, health insurance schemes should expand coverage to include psychosocial services, thereby reducing financial barriers that prevent patients from accessing counselling and community support programmes. By institutionalising funding mechanisms, patients at facilities like the Psychiatric Hospital, Calabar would receive consistent and comprehensive care that addresses both clinical and social determinants of recovery.
3. Policy reform should also emphasise monitoring and evaluation. Regular assessments of social work practices and patient outcomes would provide evidence for continuous improvement, inform resource allocation, and support accountability within the health system. Policies should encourage collaboration between government agencies, hospitals, NGOs, and community-based organisations to create a coordinated network of support that strengthens social safety nets for mental health patients.
4. Ultimately, strengthened policies and funding mechanisms would elevate the role of medical social work in Nigeria's mental health sector, reduce the impact of stigma, and ensure that social support systems are robust and sustainable. This approach aligns with the study's findings that recovery is a socially mediated process and demonstrates the necessity of embedding psychosocial interventions within national health strategies to achieve equitable and effective mental health care.

## References

- Alnaimi, I. A., Yamani, I. A. J., & Alkhatib, A. J. (2025). Mental illness and social stigma: A cross-cultural comparison, *Journal of Cultural Analysis and Social Change*, 10(3), 2448–2460.
- Coker, A. O., Olibamoyo, O., Adetiloye, B., & Adewunmi, N. (2024). *Stigma and discrimination among individuals with mental disorders in Lagos, Nigeria: A qualitative study*. African Journal for the Psychological Studies of Social Issues.
- Corrigan, P. W., & Rao, D. (2012). On the self-stigma of mental illness: Stages, disclosure, and strategies for change, *Canadian Journal of Psychiatry*, 57(8), 464–469.
- Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity*, Prentice-Hall.
- Kogi, A. E. (2023). Stigmatization of mental health illness: Understanding social processes and implications for mental health care, *Gusau Journal of Sociology*, 4(1), 87–100.
- Njirinze, C. J., & Eyong, B. B. (2020). Social adversity and mental health among individual clients in University of Calabar Teaching Hospital, Nigeria. *ESUT Journal of Social Sciences*, 5(2).
- (n.d.) Psychosocial impacts of stigmatization and discrimination among persons with mental disorders at Federal Neuropsychiatric Hospital Calabar, Calabar, Cross River State. *International Journal of Emergency Mental Health and Human Resilience*.
- (n.d.) *Mental health stigma: Society, individuals, and the profession*. PMC.
- (n.d.) *Conceptualizing and measuring mental illness stigma*. PMC.
- (n.d.) *Understanding stigma of mental and substance use disorders* (B. on Behavioral). In *Behavioral Health Textbook*. National Center for Biotechnology Information.