

Psycho-Social Factors and the Recovery of Psychiatric Patients in Federal Neuro-Psychiatric Hospital Calabar, Cross River State, Nigeria

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Abstract

This study examined the psycho-social factors that affect recovery of psychiatric patients in Federal Neuro-Psychiatric Hospital, Calabar, Cross River State, Nigeria. The specific objectives are to assess the relationship between social support services, attitude of health workers and recovery of psychiatric patients in Federal Neuro-Psychiatric Hospital, Calabar, Nigeria. Two research questions were formulated from the objectives of the study. The study was anchored on the cognitive behaviour theory. Cross sectional survey research design was opted for in the study as it allowed for the use of in-depth interview guide. A 6-item in-depth interview was used to gather data from a sample of two three (23) participants through purposive sampling techniques. Generated data were statistically tested using content analyses method. The findings of the study revealed that social support services, and attitude of health workers affect the recovery of psychiatric patients in Federal Neuro-Psychiatric Hospital, Calabar. The study recommended among other things that health professionals should be regularly trained on mental health issues with a strong emphasis on empathy, non-discrimination, and recovery-oriented care.

Keywords: *Psycho-social, psychiatric, maternal mortality, trafficking of children, health care delivery, sexual behaviours, health care services utilization & Nigeria*

Introduction

Psychiatric disorders are a major public health concern worldwide, that impacts the quality of life, productivity, and social integration of those affected. The prevalence of mental health issues, particularly in developing countries, has been on the rise due to increased socio-economic stressors, absence of social support services, lack of adequate mental health resources, medication adherence, stigma, and limited access to professional care (WHO, 2021). According to the World Health Organization (WHO), approximately 1 in 8 people, or around 970 million individuals worldwide, were living with a mental health disorder as of 2019. Common psychiatric disorders include anxiety disorders, depression, bipolar disorder, schizophrenia, and substance use disorders, each contributing uniquely to the global burden of disease (Etobe & Etobe, 2013). Severe psychiatric disorders, such as bipolar disorder and schizophrenia, although less common, contribute significantly to the overall burden of mental health conditions due to their chronic nature and associated disability. Schizophrenia affects approximately 24 million people globally, or 1 in 300 people, while bipolar disorder affects about 40 million people, or 0.6% of the global population (WHO, 2022).

The burden of psychiatric disorders varies considerably by region. Low- and middle-income countries (LMICs) bear a disproportionately high share of the burden, due in part to inadequate mental health services, limited access to care, and significant social stigma surrounding mental illness (Etobe 2009; Patel, Chisholm, Dua, Laxminarayan & Medina-Mora, 2018). In high-income countries (HICs), although access to mental health services is generally better, the prevalence of psychiatric disorders remains high. For instance, in the United States, nearly 20% of adults experience a mental health disorder each year, while in the European Union, 1 in 6 people are affected by some form of psychiatric disorder (Kessler, Berglund, Demler, Jin, & Walters, 2019; Yaya & Etobe, 2022). According to recent data from the Global Burden of Disease (GBD) Study, the burden of mental health disorders in sub-Saharan Africa increased substantially between 1990 and 2019. The age-standardized disability-adjusted life years (DALYs) due to mental disorders rose from 80.8 million in 1990 to 125.3 million in 2019, indicating a 55% increase in the total burden attributable to these conditions. The prevalence of mental disorders in Africa is estimated to be around 13% of the total disease burden, with depressive and anxiety disorders accounting for the majority of cases (Etobe, Tshabalala, & Etobe 2013; Global Burden of Disease Study, 2019).

Furthermore, the limited availability of mental health services in African countries exacerbates the impact of psychiatric disorders. It is estimated that up to 90% of individuals with mental health issues in Africa do not receive appropriate treatment due to a lack of mental health professionals, inadequate mental health policies, and high levels of stigma (Etobe, Etobe & Plang, 2019). In Nigeria, socio-cultural factors such as beliefs in supernatural causes of mental illness, the role of traditional healers, and the influence of community and family perceptions about mental health contribute significantly to the way psychiatric patients are treated and managed (Jegede, 2017; Yaya, & Etobe, 2022). It has been observed that psychiatric patients often face discrimination, social exclusion, and neglect due to the cultural stigma attached to mental disorders (Adewuya & Makanjuola, 2008). These negative perceptions create barriers to effective treatment, as patients may be less likely to comply with therapeutic interventions or even seek formal healthcare in the first place. In addition, mental health issues are highly stigmatized, which not only affects the patient's willingness to seek help but also influences the outcome of treatment and recovery (Adewale & Adegoke, 2019). In the context of psychiatric patients in Federal Neuro-Psychiatric Hospital, Calabar, psycho-social factors can play a pivotal role in determining the trajectory of recovery, adherence to treatment plans, and the reintegration of individuals into society.

The economic impact of psychiatric disorders is substantial. The estimated global cost of mental health disorders is expected to rise to \$6 trillion by 2030, driven by healthcare costs, lost productivity, and social welfare expenditures (Bloom, Cafiero, Jané-Llopis, Abrahams-Gessel, Bloom, Fathima, & Weinstein, 2011). In LMICs, the treatment gap for psychiatric disorders is as high as 90%, meaning the vast majority of people in need of mental health services do not receive adequate care (Etobe & Etobe, 2013; Patel et al., 2018). Governments around the world are implementing national mental health policies to ensure that mental health care is integrated into public health systems. For example, several African countries, Nigeria inclusive have established mental health policies aimed at improving mental health care infrastructure, training health workers, and increasing the availability of psychiatric medications (Etobe, 2009). The World Health Organization (WHO) has been instrumental in guiding countries through the development of national mental health strategies, particularly in low- and middle-income countries (LMICs), where the mental health treatment gap can be as high as 90%.

Many governments have launched public health campaigns to reduce stigma and raise awareness about psychiatric disorders. For instance, the "Time to Change" campaign in the United Kingdom and similar initiatives in other countries focus on encouraging people to talk openly about their mental health, thereby reducing the stigma associated with seeking help (World Economic Forum, 2023). Many governments are integrating mental health services into primary healthcare systems to improve accessibility. This approach helps reach more people,

especially in rural areas where specialized mental health services may not be available. For example, in Kenya, the Ministry of Health has developed guidelines for integrating mental health services into primary healthcare facilities (World Health Organization, 2023). This study focuses on psycho-social factors affecting the recovery of psychiatric patients in Federal Neuro-Psychiatric Hospital, Calabar, Cross River State, Nigeria, and draws upon existing theoretical and empirical evidence to explore these dynamics. The following research questions were raised to guide the study;

- i. how do social support services affect the recovery of psychiatric patients in Federal Neuro-Psychiatric Hospital, Calabar?
- ii. what is the relationship between attitude of health workers and the recovery of psychiatric patients in Calabar Metropolis?

The general objective of the study is to examine psycho-social factors and the recovery of psychiatric patients in Federal Neuro-Psychiatric Hospital, Calabar, Cross River State, Nigeria. The specific objectives include to:

- i. examine how social support services affect the recovery of psychiatric patients in Federal Neuro-Psychiatric Hospital, Calabar
- ii. determine the relationship between attitude of health workers and the recovery of psychiatric patients in Calabar Metropolis

Theoretical framework

Cognitive Behavioural Theory (CBT)

Cognitive Behavioural Theory (CBT) is a widely used and evidence-based psychological treatment approach that focuses on the relationship between thoughts, emotions, and behaviours. The theory is built on the idea that our thoughts (cognitions) influence our emotions and behaviours, and that by changing maladaptive or distorted thoughts, we can influence emotional and behavioural responses in more adaptive ways. CBT is structured, goal-oriented, and problem-focused, making it particularly effective for treating a range of psychological disorders, including anxiety, depression, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), and eating disorders. The proponent of Cognitive Behavioural Theory (CBT) is Aaron T. Beck, a psychiatrist and psychotherapist who developed the theory in the 1960s. CBT operates on the principle that dysfunctional thinking is at the core of many psychological problems. It aims to help individuals identify and challenge these distorted or irrational thoughts, beliefs, and assumptions, and replace them with more realistic and balanced thinking.

From a CBT perspective, stigma can lead to distorted thinking patterns, such as overgeneralization, labelling, and catastrophizing. For instance, patients may internalize the belief that they are "broken" or "worthless" because they have a psychiatric disorder. These thoughts can become deeply ingrained and contribute to low self-esteem, social withdrawal, and reluctance to seek help, ultimately hindering recovery. CBT aims to help psychiatric patients identify and challenge these cognitive distortions related to stigma. Through cognitive restructuring, patients can learn to replace negative thoughts with more balanced and rational alternatives. For example, a therapist may help the patient reframe their thought as, "Having a mental illness doesn't define my worth as a person. I can still contribute to society and lead a meaningful life." Through cognitive restructuring and behavioural activation, CBT helps patients identify and challenge automatic thoughts related to social support. Patients learn to recognize their distorted thinking (e.g., "No one cares about me") and replace it with more realistic appraisals, such as "My family is trying to help me, even if I feel unworthy right now." Additionally, CBT encourages patients to engage in behaviours that help them reconnect with their support networks. By challenging their negative beliefs and engaging with others, patients can break the cycle of isolation and begin to experience the benefits of social support, which is crucial for recovery.

The main criticism against CBT is its focus on cognitive processes, sometimes at the expense of emotional exploration. Critics argue that CBT places too much emphasis on changing thought patterns and beliefs, while not giving enough attention to the underlying emotions that might drive those thoughts. CBT tends to prioritize changing "faulty thinking" over exploring the root emotional causes of psychological distress. Critics argue that by focusing primarily on thoughts, CBT may overlook important emotional experiences or past trauma that contribute to mental health issues. CBT is a present-focused, problem-solving approach that often de-emphasizes exploration of a patient's past experiences or unresolved trauma. While this can be helpful for addressing immediate issues, critics argue that neglecting past experiences can limit the depth of the therapy, particularly for individuals whose psychological problems are rooted in childhood trauma or long-term unresolved issues.

Methodology

This study will adopt cross-sectional survey design. A cross-sectional survey research design is a study conducted over a wide and large area to determine what exists at the time of the research, in their original state. This design is applied when ascertaining the spread and interconnection between variables under study.

The study area is the Federal Neuro-Psychiatric Hospital in Calabar, Cross River State, Nigeria, which is a historic institution in the field of mental health. Established in 1903, it is renowned for being the oldest mental health institution in Nigeria. This hospital serves as a crucial centre for the diagnosis, treatment, rehabilitation, and management of individuals with neuropsychiatric disorders and mental health conditions. The hospital is equipped with various specialized units to provide comprehensive psychiatric care. These include facilities for intensive care, community clinics, and isolation centres. The hospital also offers a range of services including emergency services, and laboratory services like molecular laboratory tests, electrocardiography (ECG), X-ray, ultrasound, and electroencephalography (EEG). Additionally, it provides rehabilitation services for substance abuse and addiction care, and psychological services, and has a 24/7 pharmacy. In recent developments, the hospital has expanded to include a new 30-bed facility as part of its efforts to enhance accessibility to mental health services. This expansion is intended to serve a broader range of communities in the region, addressing conditions such as depression, anxiety, sleep disorders, and more. The hospital places a significant emphasis on community involvement and protecting the project as it benefits the local population. The hospital is located in Calabar, Cross River State, Nigeria. Calabar has an area of 274.429sq. Km.

The sample size for this study is twenty-three (23) respondents. The study adopted purposive sampling technique. The purposive sampling technique is preferred because it allows researchers to deliberately target participants who are especially knowledgeable or experienced with the subject matter of the research. The instruments of data collection was an In-depth interview technique. The data obtained were analysed using content analyse.

Results

How do social support services affect the recovery of psychiatric patients in Federal Neuro-Psychiatric Hospital, Calabar?

Social support services play a vital role in the recovery and overall well-being of individuals with psychiatric disorders. Recovery from mental illness is often a long-term process that extends beyond clinical treatment and medication. It involves emotional, psychological, social, and even economic reintegration into society. In this broader context, social support services, ranging from family support to professional counselling, peer networks, housing assistance, and vocational training serve as a critical foundation for sustainable mental health recovery. Participants were

unanimous in their responses that social support indeed affect the recovery of psychiatric patients in Federal Neuro-Psychiatric Hospital, Calabar. One of the participants asserts that:

One of the most immediate benefits of social support services is the reduction of social isolation, which is a common experience among psychiatric patients. Feelings of loneliness and alienation can exacerbate symptoms such as depression, anxiety, and paranoia, making recovery more difficult. Support networks be they from family, friends, peer groups, or community organizations provide patients with a sense of belonging, acceptance, and reassurance. This emotional connection can significantly improve mood, self-esteem, and the motivation to adhere to treatment plans.

Another participant noted that:

Family support, in particular, has been shown to have a profound influence on psychiatric recovery. When families are educated about mental illness and involved in the care process, they can help patients manage their conditions more effectively. Supportive family environments reduce the risk of relapse by minimizing stress and encouraging treatment compliance. Conversely, environments marked by criticism, neglect, or misunderstanding can hinder recovery and even worsen psychiatric symptoms.

In addition, a social worker working in the hospital assert that:

Professional social support services, such as those offered by social workers, psychologists, and case managers, also play a crucial role. These services help patients navigate complex healthcare systems, access needed resources, and advocate for their rights. Social workers, for instance, assist in linking patients with housing, employment opportunities, disability benefits, and outpatient care. By addressing the social determinants of health, such as poverty, homelessness, and unemployment, these professionals help reduce the external pressures that often aggravate mental illness.

Also, another participant observed that:

Peer support groups-composed of individuals who have lived experience with mental health challenges-offer a unique form of assistance. These groups provide non-judgmental spaces where individuals can share experiences, coping strategies, and encouragement. For many psychiatric patients, knowing they are not alone in their struggles can be empowering and instil hope for recovery.

Previous studies by Smith, Ruiz, and Garfinkel, 2021; Chiu, 2019; and Morrison, Secker, and Lewis., 2020 have shown that patients who receive strong social support are more likely to adhere to their medication regimens and attend scheduled appointments. This consistency is essential for managing chronic psychiatric conditions such as schizophrenia, bipolar disorder, and major depressive disorder. Supportive environments also contribute to better outcomes in terms of symptom management, functional recovery, and social reintegration.

What is the relationship between attitude of health workers and the recovery of psychiatric patients in Calabar Metropolis?

Studies (McCabe and Priebe 2014; Papageorgiou, Loke, and Fromage, 2018; Hansson, Jormfeldt, Svedberg, and Svensson, 2018) have shown that the attitude of health workers towards psychiatric patients plays a pivotal role in shaping the trajectory of recovery and the quality of mental health care. As the primary providers of treatment, guidance, and support, healthcare professionals including psychiatrists, psychiatric nurses, social workers, psychologists, and general practitioners serve not only as caregivers but also as key figures in fostering hope, dignity, and trust. Their attitudes can either encourage recovery and reintegration or contribute to stigma, rejection, and deterioration. Participants responses as captured in this study shows the relationship between attitude of health workers and recovery of psychiatric patients. One of the participants noted that:

A positive, compassionate, and empathetic attitude from health workers significantly enhances patients' willingness to engage with treatment. Psychiatric patients, who are often vulnerable and marginalized, need to feel respected and understood in order to open up about their symptoms, fears, and challenges. When health workers demonstrate patience, active listening, and a non-judgmental stance, patients are more likely to build therapeutic trust and participate actively in their care plans. This collaborative relationship strengthens adherence to treatment, encourages regular follow-up, and fosters a sense of agency in the recovery process.

Another participant observed that:

The attitude of health workers directly impacts the psychological well-being of patients. A supportive interaction can uplift a patient's mood, reduce anxiety, and instil hope for the future. Recovery from mental illness often depends as much on emotional support as it does on clinical intervention. Encouragement, validation, and a belief in the patient's potential for improvement are powerful tools in the hands of health professionals.

The attitude of health workers is a critical determinant in the recovery journey of psychiatric patients. A positive, respectful, and empathetic approach not only fosters trust and compliance but also promotes psychological healing and social reintegration. On the other hand, negative attitudes can act as significant barriers to recovery. For mental health systems to be truly effective, they must prioritize not only clinical expertise but also the cultivation of compassionate, patient-centered care among all health personnel.

Conclusion and recommendations

The recovery of psychiatric patients is influenced not only by medical intervention but also by a range of psycho-social factors that shape their ability to reintegrate into society and lead fulfilling lives. The findings of this study shows that factors such as the quality of social support, the attitudes of healthcare providers, all play critical roles in the recovery process. Social support networks, when positive and consistent, foster a sense of belonging, hope, and emotional stability, which are essential for healing. Likewise, the attitudes of health workers whether supportive or stigmatizing can significantly impact a patient's willingness to seek help and adhere to treatment. The study recommended among other things that health professionals should be regularly trained on mental health issues with a strong emphasis on empathy, non-discrimination, and recovery-oriented care. Attitudinal change among health workers can be achieved through workshops, continuing education, and exposure to positive recovery stories.

Also, governments and mental health institutions should invest in community-based support systems, including peer support groups, family counselling services, and psychosocial rehabilitation centres. These structures can provide the needed encouragement and emotional stability for patients in recovery.

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