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STIGMATIZATION OF MENTAL ILLNESS: IMPLICATIONS FOR MENTAL HEALTH RECOVERY AMONG PERSONS RECEIVING MENTAL HEALTH CARE AT ANKAFUL PSYCHIATRIC HOSPITAL, GHANA

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ABSTRACT: *Despite the breakthrough made in the field of psychiatry as a branch of medicine in enlightening our understanding of mental illness, persons with mental illness (PWMI) continue to be saddled with numerous challenges as a result of stigmatization. This study explored factors that account for stigmatization and the effect of these factors on persons with mental illness receiving treatment at Ankafu Psychiatric Hospital in Ghana. Using a concurrent mixed method design, data was gathered through a structured questionnaire among PWMI and, by means of an interview among health professionals and patients' relatives. Purposive sampling techniques (maximum variation sampling technique and criterion sampling) were used in combination with convenience sampling technique to gather data from 88 respondents selected from a population of 263 mentally ill patients and health professionals. Findings from the study showed that media-related factors, clinical factors such as signs and symptoms among PWMI, side-effects of medication, and social beliefs, accounted for stigma towards PWMI. The study also revealed that stigmatization affects the mental health recovery of PWMI leading to relapse of their condition. The study, recommended that the Mental Health Authority in conjunction with management of the Ankaful Hospital should intensify health education and contact with PWMI in order to help them cope with stigma. They should also ensure that mental ill patients are psychologically prepared by the hospital before discharging them into the communities to minimize the incidence of relapse.*

KEY WORDS: Mental illness, Relapse, Lucid interval, Stigmatization

INTRODUCTION

Persons' with Mental Illness (PWMI) have long ago been stigmatized in various aspects of their lives. This phenomenon of stigmatization affects their mental health recovery and further compounds their predicament. Several authors have attested that irrespective of differences in culture and context stigmatization of people with mental health problems can lead to people being discriminated and denied access to goods and services or being treated unfairly. (Thornicroft, 2007; Lauber & Rossler, 2007).

Worldwide, one out of four persons suffers from poor mental health, representing a significant figure of the world's population (World Health Organization [WHO], 2011). In Ghana it is estimated that approximately 20% of the general population have some form of psychological distress (Sipsma, Ofori-Atta, Canavan, Osei-Akoto, Udry, & Bradley, 2013).

According to Verhaeghe, Bracke, & Christiaens, (2010) Persons with mental health problems are often socially rejected, which can have negative consequences for their well-being in

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general and their self-esteem in particular. In a study by Egbe, Brooke-Sumner, Kathree, Selohilwe, Thornicroft, & Petersen, (2014) it was established that, mental illness stigma is usually perpetuated by family members, friends, employer, community members and health care professionals. This shows that negative attitude towards PWMI due to their illness is solely not just displayed by a particular group, but the entire general population, thus making it difficult for them to cope with stigma leading to psychological distress (Quinn, Williams, & Weisz, 2015).

Nyav (2015) has argued that stigmatization attached to mental illness accounts for one of the major reasons that hinder persons who have psychological problems from seeking prompt medical attention which may lead to dire consequences. For example, quite recently, the alarming suicide rates in Ghana have been linked to some form of psychological distress and stigmatization that serves as a hindrance to patients opting for prompt medical attention (Abbey, 2017; Larnyoh, 2017). Studies also show that nearly half of PWMI are readmitted after discharge from psychiatric institutions (Mancuso, 2015).

According to the Director of the Mental Health Authority in Ghana, persons with mental illness often relapse within the community shortly after being discharged. They are then readmitted to the hospital to start treatment all over again. He attributed such occurrence to breakdown in the social support system, ineffective counselling centers, and stigmatization of persons' who sought assistance from psychiatric hospitals and calls for measures to forestall such incidences.

Hospital records on admissions from the Ankaful Psychiatric Hospital showed that readmission of former mental patients almost doubled from 150 in the year 2014 to 273 in 2015. This followed with a slight decline to 263 in the year 2016 (Ankaful Psychiatric Hospital Annual Report, 2016). The records further revealed that about 80% of the inpatients were on readmission. This situation have been attributed to low level of attention given to mental health care services in Ghana (Ofori-Atta, Read, & Lund, 2010), unfavourable conditions in the community especially uncaring and stigmatizing attitudes of relatives (Sariah, Outwater, & Malima, 2014) and community members (Egbe et al., 2014) as well as poverty, unemployment (Kosyluk, Corrigan, & Landis, 2014), misconceptions of mental illness among the public (Abu-Ras, Gheith & Cournos, 2008; Baffoe, 2013).

Among health publications in Ghana, mental health publications account for only 1% and negatively affects evidenced-based decisions on mental health ("UK Aid-DFID, 2017). Furthermore, the few studies on mental health issues in Ghana have focused on measuring attitudes of the urban population towards PWMI and perceived stigma among PWMI (Barke, Nyarko, & Klecha, 2010), experiences of patients and their care-givers (Tawiah, Adongo, & Aikins, 2015) and, assessing ways of promoting treatment collaboration between prayer camps and mental health care providers (Arias, Taylor, Ofori-Atta, & Bradley, 2016). In spite of these studies it appears there is paucity of studies on the effect of stigma on mental health recovery in Ghana. This underscores the need to assess the effect of stigma on full recovery of PWMI and the needed support for them to cope with stigmatizing attitudes in the community.
The purpose of this study, therefore, was to determine the factors that contribute to the stigmatization of persons with mental illness and its implications on their health recovery, and to recommend ways by which discharged persons with mental illnesses (PWMI) from Ankaful Psychiatric Hospital could be helped to cope with stigma in order to minimize the incidence of relapse.

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This study will be of great importance to stakeholders by providing information on mentally ill and mental health professionals for policy formulation and implementation that will address the needs of these clients as well as the psychiatric hospitals. Also, it will equip the mentally ill patients to adopt coping strategies to adapt to issues of stigmatization in order to minimize relapse. The study will also widen the scope of studies on mental health and add more knowledge on the subject matter of PWMI by providing evidence that will yield intervention strategies leading to effective care of the mentally ill patients in the country.

Research questions

The following research questions were derived to give focus to the study:

1. What factors account for stigmatization of persons with mental illness receiving treatment at Ankaful Psychiatric Hospital?
2. How does stigmatization affect health recovery of mentally ill patients receiving treatment at Ankaful Psychiatric Hospital?

METHODOLOGY

This study adopted the concurrent mixed method design which is appropriately located in the pragmatic philosophical stance which applies different approaches in data gathering and analysis to achieve the set purpose and objectives of the study Creswell (2013). This design was used because the researchers aimed at collecting both quantitative and qualitative data at the same time, and triangulate the statistical results with qualitative findings for corroboration and validation purposes.

Theoretical Framework

The present study employed Goffman's Theory of Stigma in explaining the variables in this study. Goffman (1980) explained that stigma causes an individual to be mentally classified by others in an undesirable, rejected stereotype rather than in an accepted, normal one. In essence, stigma is a special kind of gap between virtual social identity and actual social identity (Goffman, 1980). Goffman (1980) argued that society establishes the means of categorizing persons and the complement of attributes felt to be ordinary and natural for members of each of these categories. The theory explains the circumstances that precipitate stigma as from the angle of the one stigmatizing. Such is the situation with the infested person and very likely the associates around such patient.

Conceptual Framework

The link between this theory and the current study is based on the fact that Stigmatization in the community as in this case, Ankaful, occurs as a result of mental illness. Equally, the onset of mental illness sets the ball rolling for the mentally ill patients to be stigmatized in the community and thus, increasing the probability of relapse which tends to affect their mental health recovery.

The research was conducted at Ankaful Psychiatric Hospital (APH), one of the main referral points for PWMI in Ghana. It has a mental health training institution established to train mental health nurses. This site was chosen because the hospital is a major center for the treatment, welfare, training and rehabilitation of PWMI suffering from various mental health conditions ranging from anxiety disorders to substance use disorders in the country.

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The study targeted a population of mentally ill patients who showed up for review at the facility, health care workers (nurses, psychiatrist, social worker, community psychiatric nurses), and patients' relatives. Statistics from the records department indicated that out of the 549 patients admitted in the year 2017, 263 of them (PWMI) were readmission.

A multilevel sampling technique that employed a combination of criterion, convenience, and maximum variation sampling techniques were used to select a sample of 88 respondents. Sampling was done in two phases: The researchers employed criterion sampling technique (a type of purposive sampling) in the first phase using the following criteria:

a. PWMI who were in their lucid interval (PWMI who had recovered and were in their right frame of mind)
b. PWMI who were living in their respective communities,
c. PWMI who had been admitted at a psychiatric hospital at least three times or more.

Subsequently, in the second phase, convenience sampling was used to select those who had shown up for review, met the set down criteria and were willing to partake in the study. The reason was that these people (PWMI) came in at different times of the day and it was impossible for the researchers to predict when another client would show up for review. Consistent with Cohen, Manion, and Morrison (2011) it was, therefore deemed prudent choosing the nearest individuals and continue the process until the required sample size has been obtained. In all, 88 respondents were sampled for the survey. Eight (8) respondents comprised of two (2) ward nurses, one (1) community psychiatric nurse, one (1) psychiatrist (1), one (1) social welfare officer, and three patients' relatives were conveniently sampled and interviewed.

A self-developed closed ended questionnaire with 65 items structured in a three item Likert scale and a semi-structured interview guide, were used to gather quantitative and qualitative data respectively.

The questionnaire was subjected to face and content validity to ensure that the measure actually reflects the content of the concept in question (Cohen et al., 2011). This was done by making it available to colleagues, and experts in the field of psychiatry and mental health. Their plausible recommendations were considered to enrich the data that were gathered.

To establish the reliability of the questionnaire instrument, a pilot test was conducted on 20 respondents at Accra Psychiatric Hospital. These respondents shared similar characteristics (mental health conditions, professional experiences) to those at Ankaful Psychiatric Hospital where the actual study was conducted. This procedure is strongly recommended by Bryman (2012). The reliability coefficient was established using Cronbach alpha techniques which yielded an overall alpha coefficient of **0.77** which is deemed appropriate Dörnyei & Taguchi (2010). In line with Bryman, (2012), trustworthiness of the qualitative data was established by means of respondent validation and triangulation of the qualitative results.

In all, eight out of the 88 questionnaires were eliminated because the responses were incomplete, thus the researcher used 80 questionnaires for the data analysis. Consequently the quantitative data was analysed in percentages and presented in a form of frequency distribution tables.

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The qualitative data, was transcribed and subjected to four levels of coding (open or initial coding, focused coding and category development, axial and thematic coding, development of theoretical concepts) after highlighting the main ideas in the raw data (see Cohen et al., 2011). Participants' responses that were deemed relevant from the interview data were quoted verbatim to explain and buttress findings as they emerged under the themes generated.

This study was conducted with the ethical approval of the director of Ankaful Psychiatric Hospital. Right of privacy, voluntary participation, no harm to participants, anonymity and confidentiality were the main ethical issues that were addressed by the researchers in the study. Also participants were identified by codes, (R1-R8), other than their real names to ensure anonymity.

RESULTS AND DISCUSSION

Research question one: What are the factors that create stigma among PWMI?
Responses of participants are classified under themes as presented below.

Clinical factors

Table 1: Clinical factors that create stigma among PWMI (№ = 80)

	Disagree		Undecided		Agree	
Statement	**f**	**%**	**f**	**%**	**f**	**%**
Prominent signs and symptoms associated with mental illness	8	10.0	1	1.3	71	88.7
Poor self-care among persons' with mental illness (PWMI)	9	11.3	6	7.5	65	81.2
Lack of medications to control signs and symptoms	45	56.2	3	3.8	32	40.0
Undesirable side-effects associated with medication (e.g. masked face, stiff neck)	12	15.0	8	10.0	60	75.0
Unprofessional attitude of health professionals (e.g. use of derogatory remarks, authoritativeness)	30	37.5	13	16.2	37	46.3

Table 1 shows that majority 71, (88.7%) of the respondents indicated that prominent signs and symptoms associated with mental illness accounted for stigma among PWMI. Also 65, (81.2%) attributed mental illness stigma to poor self-care among PWMI. Corroborating this finding, the qualitative data revealed that the signs and symptoms associated with mental illness causes fear among the society. To them, poor personal hygiene among PWMI which makes them look unkempt and unpleasant predisposing PWMI to stigmatization, avoidance and be branded as mad. These issues that emerged from both the quantitative and qualitative data echo the findings of Saxena, Thornicroft, Knapp, and Whiteford (2007) on how signs and symptoms associated with mental illness contribute to stigma among PWMI.

Also 60, (75%) of the respondents from the survey affirmed that undesirable side effects of medication accounted for stigma among PWMI. Similarly, the qualitative data revealed that

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PWMI are stigmatized due to deformities associated with taking psychotropic medications. This implies that PWMI in their quest to seek treatment at the psychiatric hospitals end up developing strange and obvious features. On this account, interviewee who was a psychiatry nurse had this to say:

> *...the side effects that some of the medication presents, causes people to stigmatize them... So people take these drugs and they exhibit those side-effects and the ordinary person thinks that Ankaful drugs make you that way. They generalize and say "if you take Ankaful drugs, you become "gyimigyimi" (imbecile)...one girl was given antipsychotic, and the tongue started protruding. People were thinking she was intentionally trying to scare children; those are some of the side-effects. (R1)*

Also, interviewee 5, also a ward nurse stated that:

> *It does a lot of deformities in the individual. Sometimes the person takes the medication for the first time and within a period of 2-3 weeks; there is this kind of drug reaction that the person gets.... The individual develops puffy face, rolling eyeballs, walks in strange way. Some of them also salivate excessively, their tongue becomes protruded... In fact, people are scared looking at these things. The side effects of the medication is very serious ... leading to stigmatization.*

This finding is consistent with several studies that acknowledged that side effects of medication lead to stigma among PWMI (Girma, Tesfaye, Froeschl, Moller-Leikuhler, & Muller, 2013) and further compounds and intensify the stigmatizing attitude that they previously experienced prior to admission DiBonaventura, Gabriel, Dupclay, Gupta, & Kim, 2012). The findings also confirm the key principle in the social identity theory of Goffman (1963) who refers to this as "spoiled collective identity" in which the whole identity and integrity of the PWMI is tainted from the whole and normal person to stained, discounted one on the basis of prominent signs and symptoms which falls outside the scope of ideal societal norms. Consequently, they may either be compelled to stop taking their prescribed medications or resort to other alternative treatment which is often traditional and inhuman, causing deteriorating health and worsening condition. In effect, they relapse and it becomes difficult for them to recover subsequently endorsing the false belief that mental illness is incurable.

In addition, 37, (46.3%) of the respondent in the survey agreed to the statement that unprofessional attitude of health professionals contributed to stigma encountered by PWMI. The qualitative data also suggests that negative attitude of health professionals especially in their utterances to patients create an avenue for them to be stigmatized as the following comment suggests:

> *It is just unfortunate that our attitude for example, certain utterances "that is why you are mad", and these unfortunate comments tag them. In healthcare, the patient is your customer, and has this trust in you that he is going to have a solution to his problem. So if I the health worker should tag or stigmatize the patient, the patient may tend to lose the trust and say it is of no use seeking treatment. (R 3, a psychiatrist).*

Consistent with the findings of Byrne (2000), Corrigan (2007) and, Thornicroft, Rose, and Kassam (2007) certain negative attitude of health professionals exhibited in the form of using derogatory terms for mental illness may go a long way to endorse stigmatization as encountered by PWMI at the Ankaful Hospital.

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Social Beliefs

Analysis of data on the social beliefs gathered from the survey is presented in Table 2 and discussed alongside with the findings from the interview data.

Table 2: Social beliefs that create stigma among PWMI

	Disagree		Undecided		Agree	
Statement	**f**	**%**	**f**	**%**	**f**	**%**
Attribution of mental illness to evil spirits and witchcraft	9	11.3	7	8.7	64	80.0
Perceived dangerousness of mentally ill persons	4	5.0	11	13.7	65	81.3
The belief that mental illness is caused by ones wrong doing or immoral character	16	20.0	32	40.0	32	40.0
The belief that mental illness is a punishment from the supreme being	20	25.0	35	43.7	25	31.3

As shown in Table 2, 64 (80%) and 65 (81.3%) of the survey respondents agreed that attribution of mental illness to evil spirits and perceived dangerousness of PWMI respectfully create stigma towards PWMI.

Collaborating this finding, the qualitative data indicated that the perceived dangerousness of PWMI sets the tone for people to stigmatize them and attributed this to aggressive behaviour, forceful demands, restlessness, and making false claims without evidence that scare people away from them. The implication is that, the mere perception of PWMI being destructive and violent deter people from having anything to do with them and hence are stigmatized. Some of the respondents summarized their views in the following statements:

> *...some of the patients are aggressive by nature of the sickness; for example, in bipolar disorder, they tend to be aggressive at the manic stage and become destructive. So this makes people think that all mental patients are aggressive and destructive. So from the clinical point of view, these are some of the reasons why people behave that way. (R3, a psychiatrist).*

> *Basically, a lot of people see PWMI as dangerous people, harmful, and will not want to have anything to do with them. Depending on the condition, some of them look unkempt and very dirty, so you don't want them to get closer to you.... Sometimes, when talking to the client, they will say "be careful, I have been mad before", "I have been to Ankaful" those kind of utterances. (R4, Social Welfare Officer)*

Moreover, half 32 (40%) of the survey respondents affirmed that mental illness is the consequence of wrong doing or immoral character of PWMI. This implies that, people may become judgmental towards PWMI, and deny them the needed support and help due to this social beliefs about mental illness. Throwing more light on this issue interviewee R6, a patient's relative) commented that;

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> *"Basically, people lack information on the condition... they believe in certain things which are not true, for example this kind of illness is a curse, may be caused by a demon, others think it is contagious, so getting in touch with the person can make you prone you to such a situation".*

These findings are in line with several studies which established association between mental illness and factors such as individual weakness and witchcraft Weatherhead & Daiches, (2010); being possessed by evil spirits Salve, Goswami, Sagar, Norgkynrih & Sreenivas, (2013); and perceived dangerousness that elicits fear and avoidance in perceivers Revley & Jorm, (2011); Schomerus, Matschinger, & Angermeyer, (2014).

The implication is that social beliefs associated with mental illness provide a platform for the abuse of the fundamental human rights of PWMI. For instance it became evident from the qualitative data that these beliefs sometimes compel relatives of PWMI to resort to inhumane traditional treatment such as of flogging, chaining, and taking a cold water bath with the aim of driving out the evil spirit. Others dump their patients at prayer camps. A participant summarized this view as follows:

> *I have had the opportunity to meet "so called prayer camps or leaders" who think that you are possessed by an evil spirit... I have seen cases where people have been flogged or beaten at particular times of the day. You ask, and they say that the beating drives the evil spirit away... I have also seen cases where people are given cold water baths; they put water in the cold overnight and at dawn it becomes very cold which they pour on the patients; they believe that the devil is also afraid of cold water, chains and being beaten. Some relatives may want to hide them from the public, by 'dumping' them at prayer camps which are all part of the stigmatization. So depending on the belief, they adapt these practices to drive the evil spirits away (R3, a psychiatrist)*

Thus the data suggests that social beliefs contribute immensely towards stigmatization of PWMI in our society.

Media-related factors

The role of the media on issues of stigmatization among PWMI were also identified and presented in Table 3.

Table 3 Media-related factors that create stigma among PWMI

	Disagree		Undecided		Agree	
Statement	f	%	f	%	f	%
Portrayal of PWMI as violent and dangerous	13	16.3	3	3.7	64	80.0
Over dramatization of mental illness	7	8.7	3	3.7	70	87.5
Making mental illness look mysterious	12	15.0	7	8.7	61	76.3
Mental illness is incurable	19	23.7	25	31.3	36	45.0
PWMI are foolish	27	33.7	13	16.3	40	50.0

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As shown in Table 3, 64 (80%) of the respondents claimed that portrayal of PWMI as violent and dangerous by the media create stigma among PWMI.

Corroborating this findings, the qualitative data revealed that although the media advocates for and promote the welfare of PWMI it also play significant role in stigmatization of PWMI as the following statements suggest:

> *Until recently, it was negative; they see them in a bad light. I have had situations where they have taken pictures of patients on the street and made a relationship to the hospital. There was a time, there was a phone in program on radio, and somebody called and said "there are so many mad people on the street, what is Ankaful Psychiatric Hospital doing about it?" That puts them in a very bad light... That was the past, but now with the passage of the law, they are trying to lobby government to allocate more resources to the psychiatric hospitals so that we can be able to take these people from the street and treat them as well as those on admission. (R 1, psychiatric nurse)*

Also, interview respondent № 4, a social welfare officer echoed that:

> *Recently, in one of our hospitals, there was demonstration, because there was no drugs, no food, and other logistics to care for the patient.... And when the media came in to highlight the whole thing, there was a positive result. But sometimes the way they portray mental illness and stress on how aggressive, violent and destructive they are, it discourages the society in totality from helping PWMI.*

Further, as indicated in Table 3, 70 (87.5%) of the respondents attributed mental illness stigma to over dramatization of mental illness in the media while 61 (76.3%) claimed the way the media makes mental illness look mysterious, accounted for mental illness stigma. In addition, 36 (45%) and 40 (50%) of the respondents ascribed mental illness stigma to portrayal of mental illness as incurable and PWMI foolish respectively.

Studies around the globe point to the fact that media representations of mental illness promote negative images and stereotypes that provide the false connection between mental illness and violence (Shapiro & Rotter, 2016).

This finding means that negative reportage about PWMI, reinforces the already existing false perceptions about them which is deeply entrenched within the society. In effect, PWMI are further stigmatized due to these negative news broadcast which sometimes lack facts. According to Baun (2009), the media unequivocally contributes to stigma by using sensational language that endorses myths and misconceptions regarding mental illness which causes people to fear PWMI based on inaccurate assumptions.

Economic factors

Another factor that emerged from both the quantitative and qualitative data was economic related issues. These results have been presented in Table 4 and discussed concurrently with the qualitative findings.

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Table 4. Economic factors that create stigma among PWMI

Statement	Disagree		Undecided		Agree	
	f	%	f	%	f	%
Lack of employment among PWMI	7	8.7	4	5.0	69	86.3
Difficulty in meeting basic needs	11	13.7	4	5.0	65	81.3
Over reliance on others to survive	8	10.0	9	11.3	63	78.7
Apathetic attitude of the government towards mental health care	4	5.0	10	12.0	66	83.0

As shown in Table 4, 69 (86.3%) of the survey respondents acknowledged that lack of employment among PWMI account for stigmatizing attitudes towards PWMI. Also, 65 (81.3%) agreed to the view that, difficulty in meeting their basic needs due to unemployment among PWMI are reasons why they are stigmatized. Furthermore, over reliance on others to survive was also identified by 63 (78.7%) of the survey respondents as a reason why PWMI are stigmatized. Similarly, the qualitative data revealed that both government and private institutions discriminate against PWMI in terms of employment. This discriminatory practice which confirms the works of Baldwin and Marcus (2010) and Kosyluk, Corrigan, and Landis (2014) renders PWMI unemployed, and therefore rely on others to make ends meet, reinforcing the negative perception that PWMI are lazy, useless and worthless.

Moreover, 66 (83%) of the survey respondents agreed that apathetic attitude of the government towards mental health created stigma towards PWMI. In line with this result, the interview data uncovered that the government gives less priority to mental health care. This implies that government is less concerned about the welfare of PWMI which lead to substandard or lack of care for them.

The following comments from respondents confirm their views.

> *To me, when I sit back, I ask myself, is it because we don't generate revenue? ...I will say stigma is a main reason for this. When you go to the general setting, they have beds, bed sheet, detergents and other necessary logistics to work with. And you are failing to provide a psychiatric institution that is supposed to be run by tax payers' money. So, I feel it is part of stigmatization.(R5, ward nurse)*

Furthermore, interview respondent R 7 (patient relative)commented by saying:

> *I know the government is somehow doing well, but I don't know how adequately he is supporting. For instance, on his first admission I did not spend much, all I had to do was to buy some toiletries and provisions for him. But now, I had to pay for admission and buy the medications which were previously dispensed at no fee... I am not surprised at a point in time the hospital decided to close down.... I feel once the hospital is buying everything on credit, then it implies the government is not committed to mental health care.*

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This supports the findings of WHO Mental Health Atlas, (2011) and Ofori-Atta, Read and Lund (2010) who asserted that, in Ghana, mental health is often given the lowest health priority by authorities. Research has also shown that, stigma attached to mental illness may discourage policymakers from showing commitment to mental health services which is evident in the meagre amount of funds allocated to mental health services making the mental health field unattractive and also resulting in substandard care for PWMI (Pescosolido, Martin, Long, Medina, Phelan, & Link 2010)

Obviously, apathetic approach of government towards mental health care has negative implications on both the healthcare workers and PWMI. According to Roberts, Mogan and Asare (2014), in Ghana, government's spending on mental health budget is woefully inadequate. These negative attitudes put the life of the health workers who care for them under threat if their (PWMI) care becomes compromised as a result of challenges beyond the health care workers control. Furthermore, it impedes their regular access to medication vital for their recovery. Consequently, they are compelled to seek treatment elsewhere, which is often traditional and inhuman and in the long run, worsening their illness leading to relapse among PWMI. Some of them are left to roam on the streets posing security threat to others in the community.

Stigma and mental health recovery among PWMI

The discussion under this section provide answers to research question 2 which tried to find answers to how stigma affects the mental health recovery of PWMI.

Table 5 Effect of stigma on mental health recovery of PWMI

	Little		Somewhat		A great deal	
Statement	**f**	**%**	**f**	**%**	**f**	**%**
Negative emotional feeling affects my ability to recover	9	11.3	32	40.0	39	48.7
Denying my status as a mental patient because of stigma has affected my recovery	12	15.0	36	45.0	32	40.0
Unprofessional attitude of some health professionals discourage me for attending scheduled reviews	32	40.0	27	33.7	21	26.3
Seeking treatment at the psychiatric hospital makes me uncomfortable because of stigma attach to these centers.	18	22.5	13	16.3	49	61.2
My inability to attend scheduled appointments at the hospital to financial challenges affect my recovery	17	21.3	10	12.5	53	66.2

Source: Fieldwork data (2017).

As shown in Table 5, 39 (48.7%) of the respondents disclosed that negative emotional feeling as a result of stigma, affects their ability to recover to a great deal, with only few 9 (11.3%) indicating that it had little effect on them. Consistent with this finding, Becker and Drake (2003) have argued that anguish and dysfunctions yield to disabilities and resurfacing of the condition which serves as obstacles in attaining goals expected of their age and culture. Thirty-two (40%) of the survey respondents, find it difficult admitting that they are mentally ill

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because of stigma about mental illness, and this, to them, affected their recovery to a great deal. Thirty-six (45%) however, were of the view that such an admittance somewhat affected their recovery. Similarly, research has shown that stigma influences the insight PWMI have regarding their illness (Dinos, Stevens, Serfaty, Weich, & King, 2004)

Also 21 (26.3%) indicated that they had challenges with recovery because of unprofessional attitude of some health professionals that discourage them from attending scheduled reviews, 27 (33.7%) were of the view that it somewhat affected their recovery, whereas 32 (40%) indicated that it had little effect on them. This result seem to suggest that unprofessional attitude of health professionals hinder the recovery of majority of the respondents. Buttressing this findings, the qualitative data revealed that health professionals' negative attitude makes PWMI feel inferior and deters them from seeking treatment. It became evident from the qualitative data that unprofessional and discriminatory attitude of health professionals in the general hospitals evidenced in their delay and unwillingness to give them the needed attention, make them (patients) feel inferior and dejected. This situation is likely to deter PWMI from seeking treatment at hospitals. A few respondents advanced these statements:

> *Sometimes, the way some health professionals behave towards them is not ideal. We have seen cases where patients have been beaten by health professionals, and they (PWMI) have complained; and some of them tend to be true. "It is not my fault that I am patient, and I don't think anybody will want to be a mental patient", so if because of my sickness I become aggressive, they are supposed to find ways of calming me down with all those methods that they have been taught... our attitude as health professionals towards them has led them not to seek treatment elsewhere rather than the hospital (R5, psychiatric nurse)*

> *I have had cases of vagrants knocked down by a car, and then admitted at the general hospital on account of a fracture or for POP. They will want to get rid of the patient from the hospital as soon as possible...People have referred patients with bad fractures to this hospital (Ankaful) whereas they should have been managed at the general hospital ...the fracture is more life threatening than the mental illness, the person is more likely to die from a compound fracture...(R3, psychiatrist)*

Research has made it evident that health professionals in their line of duties stigmatize PWMI by exhibiting certain negative attitudes that are discriminatory in nature. Ahmead, Rahhal, & Baker, 2010; Hanson, Jormfeldt, Sverdberg, &Svensson, 2013; Egbe et al., 2014), resulting in wide treatment gaps among PWMI (Chong et al., 2012). These negative attitudes of health professionals may sometimes causes relapse, and relapse also lead to stigma.

Furthermore, more than half of the survey respondents 49 (61.2%) disclosed that stigma attached to psychiatry hospitals affected them to a great deal and less than a quarter 13 (16.3%) said it somewhat affected them. Similarly, the qualitative data revealed that PWMI shun treatment at psychiatric hospitals because of the tag attached to these hospitals and rather seek treatment at traditional centres which lead to relapse.

To buttress this point some respondents had these to say:

> *...most people will not come even close to a psychiatric hospital for fear of being labelled as a mental patient. So this is the highest of stigmatization; you are sick and you don't want to seek treatment. The moment they see you at Ankaful, you are*

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> *labelled forever. This affects people's willingness to seek help. (R2, community psychiatric nurse)*

Sharing a similar opinion, interview respondent R 4 uttered that:

> *The thought of coming to the psychiatric hospital alone becomes enough evidence to be stigmatized ...and therefore people would not want to come to the hospital where a lot of people may be there and they may be seen; unlike the prayer camps which are most often in hideouts where people may not see them. (R 7, patient relative)*

This means that, irrespective of how deteriorating PWMI condition may be, the stigma of mental illness makes it difficult for them to seek assistance and disclose their mental health status for fear of being stigmatized.

Consistent with this finding, Pinfold, Thornicroft, Huxley and Farmer (2005) argued that the label "mentally illness" makes it uneasy for PWMI to benefit fully from available and improved treatment programs therefore hindering recovery and reintegration. This means that avoiding treatment at psychiatric hospitals to avert being stigmatized and rather opting for traditional treatment at prayer camps, predisposes them (PWMI) to dehumanizing forms of treatment which often occurs at these centres. In effect, they relapse and their illness is exposed making it possible for them to be stigmatized by the society.

Lastly, Table 5 showed that 53 (66.2%) of the survey respondents acknowledged that financial challenges inhibit them from attending scheduled appointments at the hospital and that affected their recovery. Consistent with the survey results, the qualitative data mirrored similar result indicating that PWMI together with their families cannot afford the cost of treatment although they are willing to seek treatment. This situation might lead to non-compliance to treatment regime. One of the respondents advanced the following during the interview:

> *A good number of them whose condition is very bad have low economic status... once there is no money, people will resort to prayer camps, herbalist etc. before they come here... So financial difficulties play a major role in non-compliance to treatment. The person will have to stay off medication which causes him to relapse if he is unable to afford the cost of treatment.(R4, a social welfare officer).*

This finding is suggestive of the fact that there is a high probability of relapse among PWMMI due to financial constraints which make them withdraw from treatment prematurely or seek other alternatives which is often traditional. This finding buttresses the findings of Overton and Medina (2008), who argued that inability to participate in the needed services regarding treatment as a result of financial constraints may worsen mental health problem due to inability to pay for treatment.

CONCLUSIONS AND RECOMMENDATIONS

Irrefutably, the study established the fact that some implicit factors such as economic, social beliefs, clinical and media related factors precipitate stigmatization of PWMI in their communities. It also became evident that stigmatization affects mental health recovery of PWMI at the Ankaful Psychiatry Hospital resulting in incidences of relapse among PWMI.

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Based on the above conclusion, it is recommended that authorities of the Mental Health Authority in collaboration with authorities of the Ankaful Hospital should intensify health education and contact with PWMI in order to help PWMI cope with stigma. They should also organize social contact programmes in the community where presenters with lived experiences of mental illness give messages that include uplifting stories of success over a mental illness.

Again the media should be informed by the Mental Health Authority and other concerned stakeholders of how their deliberate or unintentional negative reportage of issues concerning PWMI lead to further stigmatization among these groups. Besides, they should be deeply involved in educating the general populace about mental illness taking into consideration its extensive coverage in reaching a large audience and the high tendency of people believing in news broadcast by the media.

Finally, as demonstrated in the study, there is high probability of relapse which tends to affect mental health recovery as a result of stigmatization of PWMI. In view of this, it is recommended that mental ill patients are psychological prepared by the hospital before discharging them into the communities to minimize the incidence of relapse.

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