International Neuropsychiatric Disease Journal
2(6): 316-327, 2014

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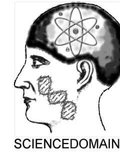

The Lived Experiences of Persons with Mental Health Disorders in Public Sector Employment in the Niger Delta Region of Nigeria

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Authors' contributions

Author IOJI conceptualization of study, literature search and survey, analysis and revision of data, drafting of the article, critical revision of the article and finalization. Author BPA literature search and survey, analysis of data, drafting of the article. Author DII literature search and survey, analysis of data, drafting of the article.

Original Research Article

Received 9th April 2014
Accepted 24th June 2014
Published 7th July 2014

ABSTRACT

Aims: Relative to studies of lived experiences of people with mental health disorders in developed countries, no research has focused on the lived experiences of persons living with mental health disorders in the Niger Delta region and Nigeria in general. Mental health services are not provided at the primary health care level, and only one state hospital provides these services for Rivers State and the surrounding four states. The current understanding of the phenomenology of employment and wellbeing is almost entirely based on studies carried out in developed countries. This study sought to explore the lived experiences of persons with mental health disorders in a public sector employment, to better understand their lived experiences of being employed and to acquire knowledge in an effort to develop supportive programmes for individuals to achieve positive working outcomes.
Methodology: Six people working in the public sector who attended an outpatient clinic of the only regional mental health service were interviewed using a qualitative descriptive-phenomenological design.
Results: Participants reported that work boosts their self worth, information about the disorders and educational supports received from mental health professionals contribute to an improved health and enhance job performance and the value of spiritual support but

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identified a range of challenges.
Conclusion: Implications for policy are discussed.

Keywords: Discrimination; employment; illness disclosure; lived experience; mental health disorders.

1. INTRODUCTION

The workplace is one of the key environments that affect an individual's wellbeing and health [1,2] and provides an income, a sense of purpose, and a source of dignity [3]. This also applies to people with mental health disorders, as evidence shows that most people with mental health disorders want to work, as employment provides them with an income and a valuable opportunity for social engagement, which contributes greatly to their self confidence and self esteem, these being vital for their recovery [4-7]. In addition, work gives life a structure and occupies time, and by enabling community participation and social inclusion, promote a sense of wellbeing [8,9].

In a study of the lived experiences of persons with long-term mental illness [4], participants reported that being productive and needed at the work place contributed to personal growth and a more positive view of self. Another study [10] reported that the main motivators for participants staying employed were internalised values and satisfaction they received from working. Furthermore, research shows that employment is correlated with positive outcomes in social functioning, management of illness symptoms and contributes to recovery processes. Work was also perceived as a means of self-empowerment, and a sense of self-actualization [11,12].

There is no evidence which shows that assisting people sustain or get employment has adverse effects. Research rather shows that many persons with mental health disorders want to work and stay employed but do not have the opportunity to do so [13,10]. Many factors may limit the ability of persons' with mental health disorders to maintain or obtain employment, including: a lack of resources and support; symptoms/medication effects; limited access to mental health care services; transport and finances; employer attitudes and lack of knowledge about how to support workers who experience mental health disorders [14,15]. Provencher et al. [12] argues that work, rather than increasing stressors helps distract people from their illness. Furthermore, evidence reveals [8,9,16] employment as a necessary component of psychiatric rehabilitation programmes. It was reported in a study of work experiences of people with mental illness in Malaysia [17] that participants who reported negative appraisal of their work also experienced negative work relationships. Similarly, another study [14] reported barriers to sustaining employment. Research shows large number of stereotypes about persons with mental health disorders, including their being dysfunctional, incompetent, burdened and violent [6,18]. Also, various studies [10,19,20] reported these stereotypes having impacted on job seeking/maintenance, health care systems and strained family and social relationships.

It is important to note that most of the studies on lived experiences of persons with mental health disorders were conducted in developed countries e.g. the United States [18,21], Australia [13] and the United Kingdom [22], which have good social welfare and supported employment programmes. In contrast, there are no such programmes in developing countries like Nigeria, and while the National Mental Health Policy Declaration [23] 1991, p

11; no. 4.1.2) affirms that individuals with mental health disorders shall have the same rights to treatment and support as other citizens, the policy has not been implemented.

The study took place in the city of Port Harcourt, Rivers State, which is the heart of the Niger Delta region of Nigeria, in the south of the country. Rivers State is an oil-rich region which generates 84% of the country's wealth. The state has a high population density (284 persons per square meter as compared with the national average of 96 per square meter) with a population of 3,187,864 people, 51.9% of whom are males and 48.1% of whom are females. The state's population accounts for 3.58% of the total Nigerian population, with many living in a few towns and the state capital, Port Harcourt. Mental health services in Rivers State are delivered through a single government mental health facility, the Neuropsychiatric Hospital Rumuigbo which provides all inpatient and outpatient psychiatric services for the state, as well as for four neighbouring states. It also serves as a primary, secondary and tertiary facility to training nursing and medical students during clinical placements.

In the absence of a well-defined referral system, the majority of users access the facility directly, with only a few cases being referred from secondary or tertiary health facilities. The hospital has no working relationship with other health facilities that provide health care services in the 23 Local Government Areas (LGAs), of Rivers State none of which provide mental health care services. The lack of these facilities in communities creates barriers that pose significant challenges to persons with mental health disorders, not only in terms of clinical management, but also in its psychological consequences. The implications for the clients are an increase in personal suffering and an impaired ability to search for and sustain productive employment. The financial cost of traveling long-distances to obtain treatment in Port Harcourt is more dangerous for those living in rural areas. They also experience practical barriers which include: cost of treatment, long waiting time, issues of accessibility, and limited availability of services. In light of these challenges, this study sought to explore the lived experiences of persons with mental health disorders in a public sector employment, to better understand their lived experiences of being employed and to acquire knowledge in an effort to develop supportive programmes for such individuals to achieve positive working outcomes in the Niger Delta region of Nigeria. Ethical approval for the study was obtained from Ministry of Health, Port Harcourt and Ethics Committee of Neuro-Psychiatric Rumuigbo Hospital, Port Harcourt, Rivers State, Nigeria.

2. MATERIALS AND METHODS

The study employed a qualitative descriptive phenomenological design. The descriptive design enabled the researchers to obtain data to describe the experiences of persons with mental health disorders in a public sector employment [24]. The study examines participant's lived experiences to ascertain critical truths about the reality of everyday work life to understand meanings as described by the participants and the consequent meanings derived from the experience [25]. A purposive sampling was used to recruit participants who met three inclusion criteria. They should have a public sector employment, keep to follow-up appointments and have maintained a positive mental health outcome for at least the previous two years. Participants were invited by word of mouth to participate in the study, and were recruited with the assistance of the Nurse in-charged at the out-patient clinic during one of their routine clinical appointments. Informed consent to participate in an audio-recorded interview was obtained. Six participants were selected, age between 35-62 years. All have tertiary educational qualifications (university degree), with four being females, one having two years of work experience and the rest with over five years of work experiences in

their current positions. Any information that might compromise confidentiality, including their names, were removed or changed.

2.1 Data Collection and Instrumentation

A face-to-face open-ended interview technique was adopted for this study to stimulate ongoing dialogue, allowing for greater scope in their responses. The length of interviews were not constrained and lasted between one to two hours. This allowed participants to tell their own stories in a narrative manner. The use of open-ended questions minimized closed responses, with the question taking the format of; "What has the experience of working been like for you?" Asking this type of grand tour question allowed the subjects the freedom to tell their stories without constraint. During the interview, prompt questions were used for clarification and focus, and consisted of; when, who, where, why, how and what. These were not intended to lead the participants but to encourage and elicit examples and meaning about the experiences they are describing. They were oriented to specific instances, situations, events, and persons [26].

Interviews were conducted at the hospital after their follow-up appointments in a quiet room free of interruption and conducive for reflective storytelling. At the end of an interview, a leading question was asked, such as: "Is there anything more about your experience that you feel is important that we may not have touched on?" In most instances this question elicited no new information. All interviews were tape recorded and transcribed verbatim, allowing researchers to feel a sense of involvement and participation.

2.2 Data Analysis and Interpretation

Colaizzi's [27] phenomenological approach for data management was used and deemed most fitting for this study. All transcripts were read multiple times in order to acquire a feeling of them. Significant statements were extracted from the transcripts that provided an understanding of how they experienced the phenomena. Themes were discerned using thematic analysis, which involved listing patterns of experiences from the transcribed interviews, identifying data that were related to the classified patterns, which were then re-arranged into cluster themes that evolved into emergent themes [28]. Coding and thematic analysis were conducted on the results.

3. RESULTS

The following eight emergent themes were common to all participants, as presented in Table 1.

Table 1. Themes that emerged during data analysis

Serial no.	Themes
1.	Work boosts self-worth
2.	Perceived as incompetent
3.	Effects of disclosing the disorder
4.	Absenteeism related to distance travelled to access service
5.	Fear of losing employment
6.	Experiences of stigma/discrimination
7.	Mental health professionals supports enhance maintenance of employment
8.	The value of spiritual support

3.1 Work Boosts Self-worth

All participants indicated a strong desire to be employed, because it gave them a feeling of safety and an opportunity to make decisions about their health and lifestyle, such as being able to purchase food and medications, and support their families. This is illustrated by the following participants; Mary reported: *"Work gives me a feelings of belonging, it boost my self esteem and enable me earn an income".* David commented: *"With my employment I'm able to maintain my health and contribute to my family, although there are few changes in my life due to the illness, but I'm able to cope due to my job". Jenny elaborated: "My health would have been worse without this job. I'm grateful for this job and I look forward to it every day because it takes my mind away from concentrating on the illness".*

3.2 Perceived as Incompetent

Participant observed that they were perceived by colleagues and superiors as incompetent and incapable of performing previous tasks. According to Martha: *"I've worked for over five years, no promotion and I'm the most senior…I have the qualification and experience, but you know because of my illness they stay all sorts of things to deny me promotion I'm yet to be promoted".* Jane stated: *"I had this problem just after my secondary school and got better. I've successfully completed my university education and a postgraduate study. I have worked for over six years before this second episode of my relapse at the office. Since then I've been deprived of many privileges, they replaced me as head of my unit and brought somebody from another department to head my unit, and then recently they brought a junior staff to take over my job. I felt very humiliated I'm compelled to report to this junior staff… It is very humiliating to be identified with this type of illness".* According to Jenny, *"There were some experiences of illness related medications side-effects I couldn't overcome at a certain time, my employers perceived me as too slow and sluggish. I was reassigned to perform lesser duty and as such no promotion, all my colleagues have been promoted".*

3.3 Effects of Disclosing the Disorder

Participants observed that the decision to disclose or not to disclose a mental health disorder is not an easy one. Of those interviewed, some felt disclosing was not an issue for them, while others said they would definitely never disclose. Two of those interviewed didn't have a choice; they were "outed" in the workplace. The onset of symptoms that were not easily hidden during work brought their disability into the open. Jane shared her experience: *"I relapsed at a workshop, when I got back everybody in my office knew about it and I became the office talking point (gossip)".* Jenny related her experience: *"I was treated badly in my previous employment due to my illness and I lost that job. Now I'm very careful with my current job because no matter what, it's better to have one than being unemployed. People think we are evil and treat us as trash, yes as trash, that's the only word that can describe what I'm talking about, everywhere once they know your story (mental illness) of course things change."* Mary stated: *"The main reason for disclosing my illness was when I applied for time off to attend clinic appointment. My co-workers became aware and begin to relate my actions to my illness, whatever I do are usually referred to my illness, and it hurts so much. If you laugh along with others during a conversation that warrants laughing, they will say yours is because of the illness, if you ask for clarification on your job, its mental illness, whatever you do".* Edward said *"At first when I became sick I did not inform my boss or anyone at work about my illness, twice I was hospitalized and twice I sent a sick report*

from a general physician not a psychiatrist. This was due to fear of what people will say, the stigma stuff at work".

3.4 Absenteeism Related to DIstance Travelled to Access Service

The distance travelled to access mental health care service was of great concerned to all of the participants and absenteeism was consequent upon the distances travelled to keep clinic appointments. Participants are aware of the importance of mental health care service and related their mental health wellbeing to their continuous engagement with mental health care professionals. According to them, there are no support systems outside the hospital directed towards managing their illness as such the need of keeping clinic appointments to stay healthy and continue to work is very critical. Edward indicated: *"The thoughts of keeping appointments due to distance to access service keep you away from work for several days. Nobody is interested about how you manage or cope with treatment, the stress and cost of getting to the hospital. All they say is that you are always absent from work"* Mary elaborated: "*Most times I only come for medication refill but spend so much time waiting to get my prescriptions. Due to the distant of the hospital and my place of work, sometimes it takes two or more days of travel to access service, but my colleagues feel… I don't want to come to work, when it actually take a whole day to travel to Port Harcourt from Brass, I'll see the doctor the next day and then travel a whole day back and can only be at work the next day"* Martha observed: "*The service here is very clumsy, the crowd, the facility is too small and that's the reason for the delay in seeing the doctor. My boss doesn't understand that you spend the whole day at the clinic, like today he is expecting me to come back to the office that is why I came early (5:30am)".*

3.5 Fear of Losing Employment

Participants believe that being employed enabled them to keep homes and continue with their treatment to stay healthy. Getting and keeping employment was a necessary part of recovery, but without proper support system in the workplace, maintaining employment can be jeopardized and reduced job performance. David observed: "*One is not only faced with management of symptoms of the disease but also negative perceptions that arise from misconceptions about the disorder and treatment".* Jenny commented: *"This is my second job and I'm managing to keep myself together with my medications and support from my family. I lost my first employment due to illness related challenges at the time. Rather than show support and understanding, my boss actually asked, when will you finish with your psychiatric movements? Nobody showed concern about how I cope rather the support I got was office gossip".* Jane shared her experience *"This illness kind of put my job on the line…of course I have the fear that the worse can happen, yes, with all that is going on around me at the office".*

3.6 Stigma/Discrimination

All the participants reported self stigma arising from public reaction towards them. They believed that discrimination is the most critical challenge they face at work and that having a mental health disorder is the most isolating experiences that any person can go through. As Edward illustrated *"People are not aware that mental disorders can be treated, society believes mental disorder is a curse, a repercussion for evil things done previously by the person or family".* Mary observed: *"Discrimination is what makes the disorder humiliating; the secluded hospital is a kind of label. This illness really takes away one's pride and dignity as*

a human". Martha reported: *"I feel very ashamed having a disorder that is so stigmatized, it is very distressing people calls you all sorts of names, especially my colleagues".*

3.7 Mental Health Professionals Supports Enhance Maintenance of Employment

The research participants regarded the effective management of their disorders by mental health care professionals as one of the most important factors helping them to maintain employment. Participants described different facets of managing the disorder which they believed to be important, from ways to stay well to the detection and management of symptoms of the disorders when they occur. Edward reported: "*I was educated about my illness and the nurse told me I can still achieve my dreams if I adhere strictly to the instructions such as: keeping my appointments, taking my medication, exercise and avoiding stress".* Jane observed: *"I was able to manage my illness effectively with the information from my health care professionals, you know what? In the past, some people deliberately get me angry and that affected my health a lot, now I recognize that and take control, I don't allow anybody take away my peace".* David said: *"Without these people (doctors and nurses) my life would have being miserable, with information about my disorder and support , I'm able to seek help, being able to tell when one becomes unwell and managing it promptly is so important".*

3.8 Value of Spiritual Support

Participants reported that their faith enabled them get through most challenging times. They were able to deal with the reality of their condition through counseling received from church leaders. Jane illustrated: *"I get support from my church leaders and I just thank God that I'm blessed with a pastor who has stood by us in prayers and admonitions".* Mary commented: "*Going to church gives me hope and calm all my fears, the church provides spiritual support through prayer and I've come to rely greatly on God to build my life and career. The church has helped me in several ways to cope and manage my illness".* Jenny said: *"I love going to church and hearing the word of God, through prayers, counseling and support from my church leaders, I'm able to deal with the challenges of my illness, I believe just taking the medications is not enough, the support of everybody, family, friends and colleagues are important to keep me employed".*

4. DISCUSSION

The findings show that all the participants perceived work as an avenue for staying healthy, maintaining their self esteem and earning an income. This is similar to previous studies that reported work being good for individuals' physical and mental health [1,11]. Research shows that being employed and able to provide for self, gives one a certain dignity, and purpose to life [4,14]. According to Killeen and O'Day [20] unemployment can damage health, lead to social isolation and destitution, being in employment and maintaining social contacts improve mental health wellbeing. Therefore, supporting the ways individuals assess and promote their own mental health and recovery will contribute to their success at work.

Participants in this study were perceived as incompetent and unable to perform previous task/responsibility.

The findings in this study are consistent with previous studies that found that employers and colleagues doubted the capability of persons with mental health disorders and gave negative appraisal of their work [5,10]. Also, evidence shows that a positive fit between a worker and the workplace is linked to the worker feeling connected to and valued by others in the workplace [6,13]. Furthermore, the studies of Grove and Membrey [29] reported that individuals who receive proper support at the work place are able to work, stay employed and pursues careers. The generally episodic nature of some mental health disorders make maintaining employment a challenge at times and may lead to job loss. Therefore, information about mental health promotion and symptoms management can be useful educational materials for both employers and employees.

The belief that disclosure of mental health disorders to employers and colleagues was the cause of discrimination was strongly upheld in this study. Evidence has shown that disclosure may jeopardize employment prospects and place such persons in situations where they may be discriminated against [7,10]. Also, research shows that it is only through disclosure that discrimination can be challenged, and people's attitudes and behaviors can be changed [14,30]. Therefore, persons living with mental health disorders should be encouraged to disclose their conditions, to stakeholders in their lives including employers, if they are to be accommodated in the work place. Although disclosure is a personal choice, each person needs to decide on the merits of the situation and coping abilities. It is hoped that with continuous education in the area of mental disorders/mental health in Nigeria, disclosure will not be a controversial subject in the near future.

The participants reported distant travels to access mental health care service as being responsible for absenteeism, they transverse rivers and creeks, some for days just to get to hospital for medication refill or see the doctor. They experience barriers such as financial and long waiting times this is being consistent with previous studies in Nigeria [31-33]. Similarly, studies have shown that decentralization of mental health care services into primary health care systems will reduce treatment gap and improve the disease outcomes [34,35]. In contrast, mental health care services in Nigeria is institutional based, and while the National Mental Health Policy Declaration [23] affirms decentralization of care at the primary level, the policy has not been implemented. If implemented, primary mental health care services will result in services that are more accessible, affordable, acceptable, and available. Instead of making distant travels for medication refills or hospitalization far from home, individuals can be treated within their own communities. To support these individuals, policies should increase access to mental health services by creating outreach clinics at existing primary health care centers to reduce transportation costs and long waiting time, ensure prescriptions refill, and permit more flexibility regarding appointments and time taken off work.

The fears of losing employment arising from sick leave to attend clinic appointments were reported. Workplace support system is an essential ingredient in achieving successful employment outcomes. Research shows balancing the needs of persons with mental health disorders at the workplace with demands of the job and the needs of co-workers presences difficulties and if not addressed could result in affected persons being unable to work [17,29]. Thornicroft [36] argues that many of such persons in employment feel ostracized by colleagues who do not know how to support them. To provide support at the workplace, supervisors and co-workers need to be educated about symptoms of the disorders, and how to assist individuals manage episodes at work. Furthermore, employers need to be more accommodating regarding working hours for those who need time to go to the clinics or deal with aspects of their disorders that may require not been at work.

Participants in this study reported experiences of stigma/discrimination, isolation and ostracized. Discrimination against people with mental disorders at work is wide spread [18,20,30]. Findings are consistent with a study from this region [31] that shows people with these experiences resulted in social exclusion, this being the hardest barriers for many individuals and families to overcome. Efforts to improve public knowledge of mental health disorders have been much less common than for HIV/AIDS in Nigeria. If the public knowledge of mental health and disorders are not improved, stigma/discrimination will continue to hinder public acceptance of evidence based mental health care. This in turn will result in continuing to be victims of being discriminated against, and not receive appropriate support from colleagues and employers. Policy should combat discrimination in employment through dissemination in the workplace of accurate information about experience of mental disorders and a positive media portrayal.

Mental Health Care Professionals support was observed to have contributed to an improved mental health and job performance in this study. This was due to information about the disorders and educational supports received from mental health professionals, and as a result participants were less burdened by their condition. Similarly, evidence has shown that an individual who receives educational support and continuous engagement with mental health service is strongly associated with improved mental health [35]. However, in-spite of the challenges of access, finance and stigma, knowledge about the benefits of continuous medication and enhanced functioning motivates participants' continuous engagement with mental health service. Therefore, to support persons with mental health disorders, policy should show strong commitment directed at reducing treatment gap, and make mental health care an integral part of the health system, train mental health human resource to improve shortage and provide incentives for people to practice the profession. Furthermore, creation of outreach clinics to improve access to primary mental health care services that is supported with good-quality referral services and access to psychotropic medications as well as psychosocial rehabilitation programmes within communities.

Participants reported experiencing emotional relief by attending church and receiving counsels and prayers from religious leaders. This is similar to the study of Shibre et al. [37] in Ethiopia, which reported that prayer was the most frequently used coping strategy by persons with mental health disorders. Evidence have shown that support network such as family, friends, psychiatrist/therapist, nurses and other professionals, community agencies, a spiritual outlet and employee programmes are the cornerstones to maintaining clients' mental health [19,38,39]. However, many of these networks are inadequate in Nigeria, resulting on a reliance on pastors and religious leaders for guidance, healing, and strength to cope with the difficulties. This shows the need to include religious leaders and church community in a holistic care strategy for persons with mental health disorders and their families.

5. STUDY LIMITATION

The study was conducted in a single facility, because there is only one mental health care facility in this region. However, there is need for more general population studies to investigate how these barriers shape the workplace environment and contribute to the lives of persons with mental health disorders in Nigeria.

6. IMPLICATION FOR POLICY

- Greater effort needs to be made to educate employers about mental health disorders and to provide employment interventions and support.
- Concerted corporate efforts need to be made to ensure that personnel managers are aware of the signs and symptoms of mental health disorders in staff, and appropriate support mechanism need to be put in place to provide support for affected employees.
- Flexible work arrangement schedules should be provided by employers to enable employees contribute effectively without compromising their work performance.
- Create employee assistance programmes, early referral to specialist and support for employees experiencing symptoms of mental disorders or personal crises.
- Negative public attitudes need to be acknowledged to address the stigma/discrimination associated with mental health disorders and it's far reaching effects on those affected.

7. CONCLUSION

Mental health disorder can be a disease of losses, and each day at work nurtures dignity and provides a sense of belonging and as employment of affected persons becomes an acceptable norm, the barriers of stigma/discrimination and stereotyping will decrease. A strong network of services and supports must be developed in order for individual rehabilitation and vocational goals to be reached. Stigma and discrimination remain a major challenged faced by persons with mental health disorders both socially and at work. Collaborative efforts need to be made to support people living with mental health disorders stay in employment and live fulfilling lives thereby making them productive members of society.

CONSENT

Informed consent to participate in an audio-recorded interview was obtained.

ETHICAL APPROVAL

Ethical approval for the study was obtained from Ministry of Health, Port Harcourt, Rivers State and the Ethics Committee of Neuro-Psychiatric Hospital Rumuigbo, Port Harcourt, Rivers State, Nigeria.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

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