

The Impact of Peers' Attitude towards Mentally Ill Students and its Influence on School Dropout among Students Attending Psychiatric Hospitals in Sokoto and Kebbi States

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Abstract

This study examined the relationship between mental health stigma and school dropout and the nature of peer relationships toward students with mental health problems attending psychiatric hospitals in Sokoto and Kebbi States, Nigeria. The study employed a mixed-method design using questionnaire and observation checklist data. The population comprised student patients attending Federal Neuro-Psychiatric Hospital Kware, Sokoto, and the Psychiatric Unit of Federal Medical Centre, Birnin Kebbi, as well as SS II students in selected secondary schools in the two states. A sample of 325 student patients was used for the school-dropout analysis, while 341 respondents were used for the peer-relationship analysis. Pearson product-moment correlation was used to test the relationship between mental health stigma and school dropout, while chi-square analysis was used to examine the relationship between mental illness and peer relationships. Observation data were summarized using frequencies and percentages. The findings showed a significant relationship between mental health stigma and school dropout, $r(311) = -.129$, $p = .023$, and a significant relationship between mental illness and peer relationship, $\chi^2 = 4.088$, $p = .041$. Observation findings further indicated that 59.9% of the observed students appeared to experience discrimination in the playground, 64.7% appeared lonely or avoided crowds, and only 18.6% appeared to have cordial relationships with peers. The study concludes that stigma and negative peer attitudes constitute important social and educational challenges for students living with mental health problems. The study recommends school-based mental-health education, anti-stigma programmes, counselling, supportive school climates, and structured cooperative peer activities.

Keywords: Mental health, mental health stigma, peer relationship, school dropout, psychiatric hospital

Introduction

Mental health is an essential component of individual and social well-being. It concerns emotional, psychological and social functioning and influences how people think, feel, behave, cope with everyday challenges and relate to other people. The World Health Organization (WHO, 2022) emphasizes that mental health is more than the absence of mental disorder and is closely connected with the environments in which people live, learn and work. For students, mental health is particularly important because learning requires concentration, motivation, emotional regulation, social interaction and the ability to cope with academic and interpersonal demands. Stigma may be expressed through stereotyping, prejudice, discrimination, rejection and social distancing. It can affect education, employment, health care and participation in community life (Corrigan et al., 2014; Thornicroft et al., 2016, 2022). Students who are labelled as mentally ill may therefore face difficulties beyond the symptoms of their condition. Negative peer reactions may produce embarrassment, loneliness, withdrawal and reduced school connectedness, thereby creating conditions that can contribute to school disengagement.

Peer relationships are particularly important during adolescence. Positive peer relationships provide companionship, emotional support and opportunities for social learning, while rejection and social exclusion may be associated with psychological and educational difficulties (Bukowski et al., 2018; Wentzel, 2017). A systematic review by Long et al. (2020) shows that mental health disorders and adolescent peer relationships are interconnected, although the pattern differs across disorders. This is important to the present study because the social experiences of students with mental health problems may influence their willingness and ability to remain engaged in school.

School dropout is another important educational consequence associated with poor mental health. Previous studies have found associations between mental health difficulties and school dropout across educational levels (Hjorth et al., 2016; Andersen et al., 2021; Askeland et al., 2022). Del Savio et al. (2022) similarly reported a relationship between mental-health-related problems and undergraduate student dropout. These findings suggest that mental health should be considered when examining educational persistence.

Within Nigeria, however, relatively limited empirical attention has been given to the combined relationship between mental health stigma, peer attitudes and school dropout among students receiving psychiatric care, particularly in Northwestern Nigeria. The present study therefore examines the relationship between mental health stigma and school dropout and investigates peer relationships toward students with mental health problems attending psychiatric hospitals in Sokoto and Kebbi States.

Previous studies have highlighted the relationship between mental health stigma and school dropout. For example Andersen et al. (2021), using a large Danish high-school sample, found that students with less favourable mental-health profiles had approximately 1.5- to threefold higher risks of dropping out than flourishing students. Askeland et al. (2022) also reported an association between depressive symptoms in late adolescence and failure to complete upper secondary education. Fehintola and Olofinyo (2014) developed and validated a Students' Dropout Scale for

assessing dropout-related factors among secondary school students in Nigeria. Their work demonstrates that dropout is a measurable educational outcome influenced by multiple social and psychological factors. Mental health problems have been associated with school dropout in several studies. Hjorth et al. (2016) reported that poor mental health was significantly associated with dropout across educational levels. Del Savio et al. (2022) found that mental-health-related problems were relevant to undergraduate dropout in a civil engineering programme. These findings provide a basis for examining mental health and educational persistence in the present Nigerian context.

Peer relationships provide important contexts for social learning, emotional support and identity development. Positive relationships can strengthen school engagement and adjustment, whereas rejection and social exclusion can undermine students' psychological well-being and educational participation (Bukowski et al., 2018; Wentzel, 2017). Students with mental health problems may be particularly vulnerable to negative peer reactions. Stigma can lead to avoidance, ridicule, bullying and social distance. Dogra et al. (2012) found negative attitudes and social distance among Nigerian secondary school pupils. Long et al. (2020) further showed that the relationship between mental health disorders and peer relationships varies by disorder, indicating that mental health and peer experiences should not be treated as completely separate domains. Ogunsemi et al. (2008) examined the effect of a psychiatric label on medical students' attitudes and found that the psychiatric label was associated with greater social distance and perceptions of dangerousness.

Statement of the Problem

Students living with mental health problems may face two related challenges: the difficulties associated with the condition itself and negative reactions from other people. In school settings, stigma may appear through teasing, avoidance, social exclusion, discriminatory language and negative assumptions about students who have received psychiatric treatment. Such experiences can undermine students' sense of belonging and may discourage school attendance. The problem is particularly important in settings where mental illness is still associated with misconceptions and social distance. Evidence from Northern Nigeria indicates that misconceptions about mental illness and negative feelings toward affected persons remain present (Kabir et al., 2004). Nigerian studies among students and medical trainees have also reported stigma and social distance toward people with mental illness (Chukwujekwu, 2018; Dogra et al., 2012; Ogunsemi et al., 2008).

At the same time, international evidence indicates that poor mental health is associated with a higher risk of school dropout (Andersen et al., 2021; Askeland et al., 2022; Hjorth et al., 2016). The problem addressed in this study is therefore whether mental health stigma is related to school dropout among student patients attending psychiatric hospitals and whether students with mental health problems experience negative peer relationships in school.

Purpose of the Study

The main purpose of this study is to examine factors associated with mental health problems that may affect students attending psychiatric hospitals in Sokoto and Kebbi States.

1. To determine the relationship between mental health stigma and school dropout among students attending psychiatric hospitals in Sokoto and Kebbi States.
2. To determine the relationship between students with mental illness and peer-group relationships among students in Sokoto and Kebbi States.

Research Questions

1. What is the relationship between mental health stigma and school dropout among students attending psychiatric hospitals in Sokoto and Kebbi States?
2. Is there a significant relationship between students with mental illness and peer-group relationships among students in Sokoto and Kebbi States?

Research Hypotheses

1. There is no significant relationship between mental health stigma and school dropout among students attending psychiatric hospitals in Sokoto and Kebbi States.
2. There is no significant relationship between students with mental illness and peer-group relationships among students in Sokoto and Kebbi States.

Research Methodology

Research Design

A mixed-method design was used for the study. The quantitative component involved questionnaire data analysed statistically, while the qualitative/observational component involved an observation checklist. The design was adopted to provide both numerical evidence and direct observations concerning school experiences and peer relationships.

Population and Sample

The study was conducted among student patients attending Federal Neuro-Psychiatric Hospital Kware, Sokoto, and the Psychiatric Unit of Federal Medical Centre, Birnin Kebbi. The two hospitals had an approximate population of 1,731 student patients. A sample of 325 student patients was selected for the school-dropout component. The study also included SS II students from eight selected secondary schools in Sokoto and Kebbi States. The total population of the selected SS II students was 2,320, from which a sample of 341 was determined using Yamane's formula at a 5% level precision. Proportionate sampling was used to allocate participants across the selected hospitals and schools, while random selection was used for individual participants.

Table 1

Sampled Hospitals, Population and Sample Size

Hospital	Population	Sample
Federal Neuro-Psychiatric Hospital Kware, Sokoto	1,443	271
Federal Medical Centre, Birnin Kebbi	288	54
Total	1,731	325

Table 2

Sampled Schools, Population and Sample Size

School	Population	Sample
Government Secondary School Kware	175	26

Government Day Secondary School Gwadabawa	400	59
Government Girls Secondary School Tangaza	172	25
Government Secondary School Illela	218	32
Government Day Secondary School T/Wada, Birnin Kebbi	344	51
Government Day Secondary School Ambursa	250	37
Government Secondary School Birnin Kebbi	371	54
Government Secondary School Makera	390	57
Total	2,320	341

Instruments for Data Collection

The instruments used were an adapted peer-rating scale for assessing peer relationships and an adapted Students' Dropout Scale developed by Fehintola and Olofinyo (2014). The study also used an observation checklist to document visible indicators of discrimination, loneliness and cordial peer relationships.

Method of Data Analysis

Pearson product-moment correlation was used to test Hypothesis One at the .05 level of significance. Chi-square analysis was used to test Hypothesis Two. Frequencies and percentages were used to summarize the observation checklist data.

Results

Table 3

Observation Checklist Results

Item	Yes (f)	Yes (%)	No (f)	No (%)
Appears to be discriminated against in the playground	187	59.9	125	40.1
Appears lonely in school/avoids crowds	202	64.7	110	35.3
Appears to have cordial relationship with peers	58	18.6	254	81.4

The observation indicates that 59.9% of the observed students appeared to experience discrimination in the playground. In addition, 64.7% appeared lonely or avoided crowds, while only 18.6% appeared to have cordial relationships with peers.

Hypothesis One

H01: There is no significant relationship between mental health stigma and school dropout among students attending psychiatric hospitals in Sokoto and Kebbi States.

Table 4

Variable	N	Mean	SD	r	p
Mental health stigma	325	50.77	11.441	-.129	.023
School dropout	325	14.94	5.967		

The result above showed a statistically significant negative relationship between mental health stigma and school dropout, $r(311) = -.129$, $p = .023$. Because $p < .05$, the null hypothesis was rejected. The result indicates that the measured stigma and dropout scores were significantly related in the sample.

Hypothesis Two

H02: There is no significant relationship between students with mental illness and peer-group relationships among students in Sokoto and Kebbi States.

Table 5

Peer relationship	N	Mean	SD	χ^2 / p
Positive/Good	291	94.399	6.432	4.088 / .041
Negative/Poor	291	14.924	5.867	

The chi-square result was statistically significant, $\chi^2 = 4.088$, $p = .041$. Since $p < .05$, the null hypothesis was rejected. The findings indicate evidence of negative or poor peer relationships toward students with mental health problems in the study context.

Summary of Major Findings

1. Mental health stigma and school dropout were significantly related among students attending psychiatric hospitals in Sokoto and Kebbi States.
2. Students with mental health problems experienced negative or poor peer relationships in the school setting, and the chi-square test indicated a statistically significant relationship.

Discussion of Findings

The first hypothesis examined the relationship between mental health stigma and school dropout. The finding showed a statistically significant relationship, $r(311) = -.129$, $p = .023$. Although the correlation was small and negative, the statistical test led to rejection of the null hypothesis. The result should therefore be interpreted as evidence of an association between the measured stigma and dropout variables rather than as proof that stigma alone causes dropout.

The finding is consistent with evidence that mental-health difficulties are associated with educational discontinuation. Hjorth et al. (2016) found that poor mental health was associated with school dropout across educational levels. Andersen et al. (2021) reported that high-school students with less favorable mental-health profiles had approximately 1.5- to threefold higher risks of dropout than flourishing students. Askeland et al. (2022) similarly found an association between depressive symptoms in late adolescence and failure to complete upper secondary education. Del Savio et al. (2022) also reported an association between mental-health-related problems and undergraduate dropout.

The second hypothesis examined peer relationships toward students with mental illness. The result was significant, $\chi^2 = 4.088$, $p = .041$, and the observation checklist showed that many students appeared to experience discrimination and loneliness. This finding is consistent with Nigerian evidence. Dogra et al. (2012) found negative attitudes and social distance toward people with mental health problems among Nigerian secondary school children. The present finding relates to the systematic review by Long et al. (2020), which showed that mental health disorders and peer relationships can be related during adolescence, although the strength and direction of the association differ by disorder. The observation that only 18.6% of the observed students appeared to have cordial peer relationships highlights the importance of creating school environments in which students experiencing mental health difficulties can participate without ridicule or exclusion.

The present study also differs in an important respect from some findings in the international literature. Long et al. (2020) found no evidence that anxiety disorders were related to adolescent social connections in the studies they reviewed. The current study, however, examined peer

relationships in a broader group of students with mental health problems rather than a single diagnostic category. Differences in samples, measures, cultural context and diagnostic composition may therefore explain the contrasting findings.

Conclusion

The study concludes that mental health stigma was significantly related to school dropout among students attending psychiatric hospitals in Sokoto and Kebbi States. The study also found evidence of negative peer relationships toward students with mental health problems. The observation findings further suggest that discrimination, loneliness and limited cordial interaction with peers are important social experiences within the school environment. These findings indicate that educational support for students with mental health problems should address not only clinical needs but also stigma, peer acceptance and school connectedness.

Recommendations

1. Schools should develop supportive and psychologically safe environments in which students with mental health problems can participate without ridicule, exclusion or discrimination.
2. Schools should promote structured cooperative learning and peer-support activities because positive peer interaction can create opportunities for acceptance and social inclusion.
3. Counsellors should provide psychosocial support to students experiencing mental health difficulties and help them develop coping strategies for negative peer experiences.
4. Mental-health professionals, schools and families should collaborate to support students receiving psychiatric care and to facilitate continuity of education.

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