# Self-Efficacy Implications on Self-Stigma among Students with Lived Experience of Mental Disorder Under St. Martín Mental Health Programme in Nyahururu Town, Kenya

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**Abstract**
Mental disorder self-stigma among students with lived experience of mental disorder has been widely highlighted. Students are a vulnerable segment of the youth at risk of mental disorder self-stigma, as they are at the academic, tertiary, and social transitional adjustment stage of life. Mental disorder self-stigma may disrupt academic, employment, and social engagement among affected students and, consequently, their contribution to a country's economic development. The objective of this study was to determine whether self-efficacy has implications for self-stigma among student beneficiaries with lived experience of mental disorder under the St Martin Mental Health Programme in Nyahururu Town, Kenya. The study was guided by Rational Emotive Behavioural and Person-Centred theories. The qualitative study utilized an Interpretive Phenomenological Analysis research design. The target population was 29 student beneficiaries with lived experience of stress, depression, anxiety, substance abuse, and attempted suicide, and four (4) mental health service providers who attend to beneficiaries under the Mental Health Programme. The sample size was 10 students and four (4) mental health service providers. The study used a proportionate simple random sampling procedure for student participants and a purposive procedure for mental health service providers. Data were collected using an interview schedule, recorded on audio and in field notes, manually analysed, and subjected to Interpretive Phenomenological Analysis procedures, including data immersion, initial coding, thematic clustering, theme interpretation, contextualization, and write-up of findings. Findings showed that self-efficacy had implications for self-stigma among student beneficiaries with lived experience of mental disorder; so did the nature of the mental disorder and whether prescribed psychiatric medication was used. Recommendations: Mental Health Support initiatives in secondary and tertiary institutions should strengthen positive self-efficacy narratives and, consequently, address possible self-stigmatization.
**Keywords:** Lived experience, mental disorder, narratives, self-stigma, self-efficacy

## Introduction

Mental disorder self-stigma among students with lived experience of mental disorder has been widely highlighted as a global challenge. Students are a vulnerable segment of the youth population at risk of mental disorder self-stigma, particularly during the academic, vocational, and social transitional adjustment stage of life. Globally, mental disorder self-stigma may disrupt academic, employment, and social engagement among affected students; thus, it may diminish their contribution towards a country's economic development.

Among the youth, self-stigma from mental disorder derails the ability of the young person to reach full potential in their social and economic contribution to society. From an economic perspective, youth is a crucial period when social capital forms. Disruptions in acquiring mental

capital are most noticeable among students with lived experience of mental disorder. (2021) note that this disruption may affect future opportunities, including academic engagement, skills acquisition, and the transition to employment and social engagement. This tendency to withdraw may indicate negative self-efficacy (Samuel et al.).

Self-efficacy reflects confidence in an individual's ability to successfully execute and manage prospective situations. Corrigan et al. (2009) coined the term 'Why Try' to describe a tendency among people living with mental health challenges to experience diminished social skills due to a perceived inadequacy stemming from those challenges. Various study findings indicate an association between self-stigma and poor psychological outcomes among them, including self-efficacy, hope, and work empowerment.

Thus, low self-efficacy has been associated with not taking advantage of opportunities that promote employment and independent living (Jahn et al., 2020). This study therefore defined self-efficacy as the student's ability to engage in academic, vocational, and social (companionship) activities. Consequently, the study examined how students with lived experience of mental disorders perceived and narrated their self-efficacy, and how this impacted self-stigma through a self-concept shaped by disorder experience.

Existing literature indicates limited understanding of the relationship between self-efficacy and self-stigma in secondary and tertiary education. Expanding this knowledge can guide the development of sustainable interventions that enhance resilience and reduce self-stigma among students facing mental health challenges in such institutions. The study therefore sought to find out whether self-efficacy had implications for self-stigma among students with lived experience of mental disorder under the St Martin Mental Health Programme in Nyahururu Town, Kenya.

## Literature Review

According to the World Economic Forum (WEF, 2020), mental disorders are the number one threat to the well-being and productivity of young people, with 75 percent of mental disorders having an onset before the age of 25 years. Further, WEF reported that 50 percent of young people will have experienced at least one period of mental ill health by the time they are 25 years old. Mcmillan et al. (2022) contend that three-quarters of psychotic disorders emerge before the age of 25 years. However, Marcussen et al. (2021) observe that the emotional trauma resulting from a mental disorder diagnosis may be more intense and stigmatizing than the symptoms of the mental disorder itself. Indeed, mental illness has been described in various literature as more self-stigmatizing compared to any physical illness, due to the common tendency to view mental disorder as a sign of personal weakness (Yanos et al., 2021).

According to Wasil et al. (2021), development of mental health interventions is a daunting task owing to the need to incorporate methods that seek to circumvent mental disorder self-stigma. Mental disorder self-stigma, sometimes referred to as perceived, personal or internalized stigma has been conceptualized as when persons with a mental disorder internalize other people's prejudices and stereotypes, causing them to suffer numerous negative consequences (Maharjan & Panthee, 2019).

Among the youth, self-stigma associated with a mental disorder derails the ability of the young person to reach full potential in their social and economic contribution to society. From an economic perspective, youth is a crucial period when social capital forms. Social capital, according to the World Economic Forum (2020), broadly refers to a person's cognitive and emotional resources. Disruptions in acquiring mental capital are most noticeable among students with lived experience of mental disorder. (2021) observe that such disruption may include future life

opportunities such as academic engagement, skills acquisition, and the transition to employment and social engagement.

In a mental health context, such as in this study, psychological and social ability may serve as a good summary of self-efficacy. This fundamentally reflects how a person with a lived experience of mental disorder evaluates their ability to engage in any desired task and accomplish the desired results regardless of the existing mental disorder challenges. According to Corrigan et al. (2009), foundational research on mental disorder stigma shows that low self-efficacy has been associated with failure to pursue work and independent living opportunities, which people with mental disorders might ordinarily succeed in.

However, some persons with mental health challenges may engage in self-sabotage as they may equate their challenge with failure. Drawing from their own experience as a person with lived experience of mental disorder, Ponte (2021) shares that self-stigma may cause one to expect failure. As a result, such a person may find intentional failure emotionally easier to handle and dread attempting a task only to fail (Ponte, 2021). This view has been elucidated by Corrigan et al. (2009), who first coined the term 'Why Try' in their foundational research on stigma, referring to the feeling of futility a person may experience from believing they are not capable of achieving desired goals

Published narratives of persons with severe mental illness describe the harmful effects of stigma, which include diminished self-efficacy among persons with mental disorder (Gärtner et al.,2022). However, there does not seem to be adequate evidence that the negative outcomes are due to the mental disorder and not attributed to self-stigma. Notwithstanding, some study findings have indicated poor psychological outcomes amongst them, self-efficacy, hope, and work empowerment among persons with lived experience of mental disorder (Samuel et al., 2020).

According to Corrigan and Rao's (2012) model of the stages of self-stigma, harm to self-esteem and self-efficacy occurs only after a person internalizes stigma. However, it was the contention of the study that the reverse may also apply; not until a person experiences low self-efficacy due to a mental disorder challenge does self-stigma present. The student in this case may focus on what the peers think about them, rather than inherent worth as human beings with unique abilities or what Neff (2020) refers to as self-compassion. This study explored how students with a lived experience of mental disorder felt about themselves and how this may have affected whether they experienced self-stigma based on how the perceived self-concept may have been constructed by the disorder experience.

Various studies have linked self-efficacy with mental disorder self-stigma among students. For example, Grotan et al. (2019) reported findings from a survey of 2430 students under 35 years old in Norway. The study examined associations among mental health problems, low academic self-efficacy, and study progress. Results from this study showed that there was a close association between mental disorder, academic self-efficacy, and poor study progress. Similarly, Beasley et al. (2020) cite findings from an American study among 410 college students. Beasley et al. sought to establish the relationship between mental health literacy and self-efficacy. The study also examined whether the relationship was moderated by mental health stigma. Findings showed that higher mental health literacy, and therefore less stigmatized attitudes, were both associated with self-efficacy among participants. This change in attitude may reflect how mental health literacy shaped students' self-perceptions.

Likewise, a qualitative study in India sought to explore attitudes, knowledge, and barriers to unemployment among people with lived experience of mental disorder. Findings suggested that self-stigma may have contributed to barriers to seeking employment, indicating a possible

association between self-efficacy and self-stigma (Samuel et al., 2020).

Furthermore, Sharif et al. (2025) cite findings from Arab and non-Arab participants at two Saudi Arabian universities. The findings indicate stigmatizing cultural attitudes toward mental disorder among participants of Arab origin, which affect their self-efficacy more than that of non-Arab participants. This observation could be attributed to how the culture views mental disorder and, in turn, influences individual self-perception. Mwita et al. (2025) also reported that, at two universities in Tanzania, 38.0 percent reported a lack of motivation in academic activities.

In the Kenyan context, the Shamiri Institute, which implements a youth-focused mental health and well-being program, reported a 2.5 percent improvement in academic performance among participants. This outcome followed the programme's engagement with youth experiencing mental health challenges, suggesting potential gains in self-efficacy and reduced self-stigmatization (Venturo-Conerly et al., 2021). Similarly, the Mental Health Innovation Network, which facilitates mental health initiatives within Kenyan universities, documented a 40 percent improvement in participants' knowledge, attitudes, and practices regarding mental health. The programme attributed this positive shift in perception to the mental health interventions it delivered (Mental Health Innovation Network, n.d.).

## Theoretical Framework

Stigma theories vary depending on the research perspective a researcher adopts. This study was guided by Albert Ellis's Rational Emotive Behaviour Therapy (REBT, 1913-2007) and Carl Rogers's Person-centred theory (1902-1987). These theories focus on the student's cognitive processes and experiential self in relation to their lived experience of mental disorder. According to Shea (2020), REBT conceptualizes emotional disturbances-including self-pity, shame, guilt, depression, stress, and anxiety-as primarily arising from individuals' thought patterns and belief systems. In this study, REBT was applied to examine how much individual emotions influenced participants' self-appraisal.

Person-centred theory asserts that individuals have within themselves vast resources for self-understanding, changing their self-concept, attitudes, and self-directed behaviour (Yao & Kabir, (2023). Consequently, the theory as utilised in this study conceptualised the individual as being responsible for their behaviour (Woodward, 2020). Consequently, a student with lived experience was assumed to have a choice: accept their prevailing mental health circumstances and craft the best "self" possible, or assume all is lost and wallow in self-pity, thereby self-stigmatizing.

## Conceptual Framework

The conceptual Framework shows graphically how the study variables may interact, as shown in Figure 1.

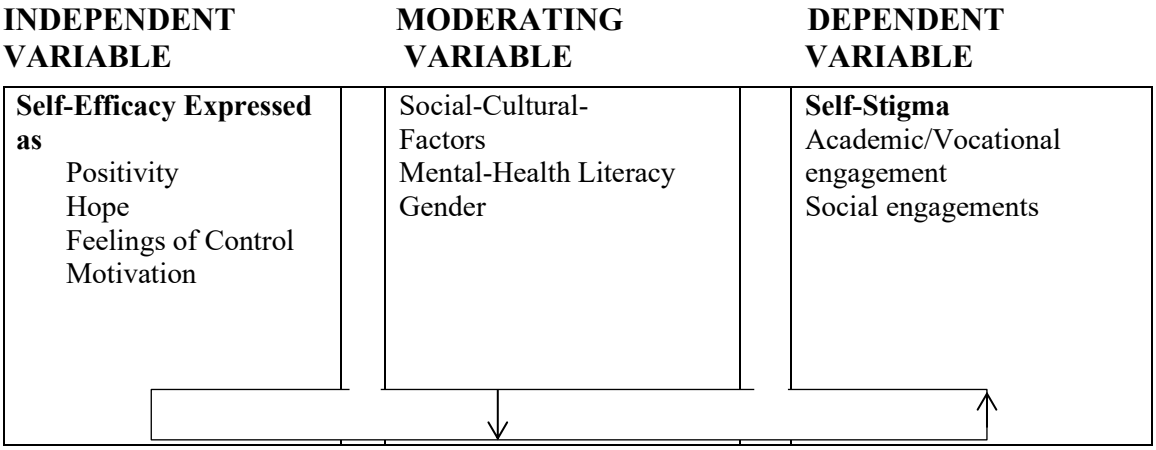



**Fig.1: Assessment of Self-Efficacy Implications on Self-Stigma**
Source: Researcher (2022)

As shown in Figure 1, psychological mindsets such as positivity, hope, perceived control, and motivation may shape self-efficacy among individuals with lived experience of mental disorder. However, socio-cultural attitudes, mental health literacy, and shifts in societal empathy, such as during the COVID-19 period, can also moderate self-stigmatisation. Gendered social expectations further moderate these dynamics, possibly leading to differing self-stigma experiences.

## Research Methodology

The study employed an Interpretive Phenomenological Analysis (IPA) design**,** a qualitative approach that explores how individuals experience, interpret, and make meaning of a phenomenon. IPA seeks to understand participants' lived experiences in depth (van Manen & van Manen, 2021). Its emphasis on empathy and probing also aligns with guidance and counselling, particularly the client-centred approach, which recognises empathy and the client's capacity to initiate change.

The study was conducted in Nyandarua, Laikipia and parts of Baringo counties, within the area served by the St Martin Mental Health Programme under St Martin Catholic Social Apostolate (CSA), based in Nyahururu. The programme provides mental health services, after-care and community reintegration support to persons with lived experience of mental disorders. The location was selected because it served the study population and provided access to diverse participants through its outreach centres and the many secondary and tertiary institutions in the area. Additionally, St Martin's Mental Health Programme has a long existence and experience of continuous engagement with the student beneficiaries who have experienced mental health challenge. This long-standing engagement with beneficiaries also facilitated participant access and encouraged openness during data collection (Sheppard, 2020).

The study population comprised male and female student beneficiaries aged 18–25 years from secondary and tertiary institutions in Nyandarua, Laikipia, and Baringo counties who had lived experience of mental disorders and received support from the St Martin Mental Health Programme. The accessible population included 29 student beneficiaries and four mental health service providers, who served as participants and key informants, respectively. The study focused on students with experiences of stress, anxiety, depression, substance abuse, and attempted suicide, conditions identified as prevalent among Kenyan students in the Kenya Mental Health Policy (2015–2030). The age range allowed the study to include adult students whose education may have been interrupted by mental health or other challenges.

The study involved 14 participants, comprising 10 students with lived experience of mental disorder and four mental health practitioners. The sample was appropriate for Interpretive Phenomenological Analysis (IPA), which favours small, information-rich samples that allow detailed exploration of participants' lived experiences rather than statistical generalization (Smith & Osborn, 2008; Frechette et al., 2020).

Simple random sampling was used to select 10 students from the 29 eligible beneficiaries enrolled in the programme for stress and anxiety disorders, depression, substance abuse and attempted suicide. The researchers purposively selected all four mental health service providers as key informants and gatekeepers because of their expertise and experience. Children and beneficiaries considered psychologically or emotionally unstable to participate were excluded.

Researchers collected data through face-to-face interviews using two researcher-developed interview schedules for students and mental health service providers. The schedules covered participant bio-data and self-efficacy in relation to self-stigma and lived experience of mental disorder. Interviews were audio-recorded to ensure accurate capture of participants' responses (van Manen & van Manen, 2021)

Data were analysed manually using Interpretive Phenomenological Analysis (IPA), beginning with individual case analysis before cross-case comparison. The process involved familiarisation with the data, repeated reading of transcripts, initial coding and annotation, development of emergent themes, and identification of relationships among themes through abstraction and conceptual linkage (van Manen & van Manen, 2021).

The study followed the American Psychological Association's ethical guidelines. Participants were informed about the study and provided written consent; where required, caregiver consent was also obtained. The researchers maintained confidentiality by coding data, securely storing materials, and encrypting recordings. Participants could decline or withdraw at any stage without penalty. Each interview ended with a debriefing and information on available counselling services should further support be needed.

**Results and Discussions**

The study explored the nature and depth of participants' involvement in social and academic commitments to understand their engagement in these domains**.** Accordingly, it examined the extent of their participation in both social and academic activities. The responses provided a nuanced understanding of their involvement and illuminated the narratives underpinning these forms of engagement, offering perspectives on their self-efficacy as students with lived experience of mental health challenges.

Regarding academic activities, participants' responses highlighted periods of both active engagement and disengagement, depending on how they perceived their ability to participate effectively. In this regard, Samuel et al. (2020) reported findings indicating an association between self-stigma and adverse psychological outcomes, including diminished self-esteem, reduced hope, and lower work empowerment. Consistent with these findings, the present study revealed that participants assessed their self-efficacy in different ways. For instance, Participant 1 described themselves as poor academically, *'but I can still perform'.*

Participant 2 shared '*I was not able to interact socially because I felt uncomfortable from my illness… It affected my studies. I felt… despised and called "mugoruki" (*mad person*)* by people "*I had big visions to become a teacher but I did not… Am content because I believe God has a reason… ..I also wanted to become an entertainer and still work on it.. and infact, am one… It is hard when you become sick and makes everything challenging…'*

Participant 3 had the following to say: '*I felt so low (Niko chini*). *I did not think of any future career. In fact, I felt I had no time to think about academics anymore because I felt I was not capable of anything. I was performing well in school and loved education and I feel now I can still do well Being mentally unwell "ni ngori'; (challenge).* The participant felt they still had a chance to change their existing academic situation. They shared *'... I can get back on track academically and even learn more challenges are normal'*. reflecting the new belief in self-ability.

According to Participant 4, they were not motivated as they narrated, *'I felt I did not have any motivation for school anymore'.* Participant 5 felt responsible for their mental condition. *'... I dropped out of school. I had a poor mindset ...poor thinking....I interacted with bad company. All that has changed now. I am back in school'.* Participant 5 academic self- perception was through their resumption of studies, indicating periods of both low and high academic engagement as seen in their narrative *'I appreciate myself because I will work on my mission to improve my vision. I do not have time to waste'.*

Regarding Participant 6, they felt their mental challenges affected their academic performance. '*... I was good always above average... social too... my academic graph deteriorated to below average...I started devaluing myself... was voluntary madness'.* The use of the term 'voluntary madness' points to a possibility that the participant felt solely responsible for his condition and did not want to engage in any academic or social activity.

Participant 7 captured their feelings as '*Mungu Yuko*' (*there is a God).* Their narration was that '*…before my illness I was doing well in school... I started dropping from school...I now feel good about my achievements now…I wanted to become a doctor…I feel good about my achievements… am contented'.*

*P*articipant 8 shared, '*… . I was not stable in school. I was quiet and used to hide… and did not want to see people…. I now feel this is not my end'.* Further, Participant 10 narrated: '*I used to perform well academically,* and *I was always on my books. I later started dropping out of school and stopped interacting well. I feel things are getting better…I am now meeting expectations ... I am even involved in extracurricular activities like athletics.*

In summary, participants shared different experiences with academic engagement. For example, Participants 1, 2, 3, 4, 6, and 10 described periods of low engagement at some point in their academic journey after the onset of their illness. They attributed this to negative attitudes, self-doubt, or a lack of motivation. The findings are corroborated by Grotan et al. (2019), who also reported a close association between mental disorder, academic self-efficacy, and poor study progress. Further, Participants 7, 8, and 5 expressed narratives that were optimistic and futuristic in perception; hence non-stigmatising. Finally, Participants 2 and 7 attributed their inability to engage academically to factors related to the nature of their illness rather than their perception towards their academic engagement. Findings from participants 2 and 7 agree with Dubreucq et al. (2021) that the nature of the mental disorder may greatly contribute to self-acceptance and, consequently, self-efficacy.

Overall, participants described academic self-efficacy differently. For instance, Participant 2 acknowledged that although they were frequently sick, they still gave it their all and achieved good academic results. Participant 5 also underlined their dedication to their studies. Similarly, Participant 6 said they always performed well in school, while Participant 8 said they were devoted to their studies. Others, such as Participant 10, cited declining academic performance and frequent school abandonment as additional challenges. However, intervention in the mental health programme appeared to have changed the self-narratives. Other relevant studies have reported similar findings, where psychological interventions seemingly moderated self-efficacy among students with mental health challenges (Mwita et al., 2025; Rüsch & Kösters, 2021; Venturo-Conerly et al., 2021).

In contrast, not every student participant reported a notable decrease in academic and social engagement. For example, Participant 1 maintained good academic grades while building relationships with others. This example highlights the diversity in how participants evaluated their ability to engage in activities, with some continuing their academic pursuits despite obstacles. The Mental Health Innovation Network (n.d.) reported similar findings.

Regarding social engagement, participants' narratives revealed a wide spectrum of experiences, ranging from feelings of connection to deep isolation. Participant 1 shared, '*I used to feel isolated, but I now feel hopeful and am able to talk to people',* illustrating a transition towards improved social confidence. In contrast, Participant 2 described being '*...slandered and labelled… this affected me, I did not talk much….,'* reflecting how self-perceptions hindered social interaction. Participant 3 expressed the challenge of living with a mental health illness, probably due to the restrictive nature of the illness.

Similarly, several participants expressed initial struggles with self-perception, while Participants 4, 5, 6, and 7 reported periods of wanting to isolate themselves but noted positive change, as one remarked, '*I now have friends in the Mental Health Programme… and a new family'.* Participant 8 recounted experiences of social judgment, stating, '*Some people said I was fake… I did not feel comfortable among such people'.* Participant 10 also described a similar trajectory of social withdrawal and recovery, '*I became withdrawn, but the people in the Programme have taught me resilience… I now enjoy talking to my friends in the programme',* referring to the St. Martin Mental Health Programme. Participant 3 reflected on earlier tendency to externalise blame, narrating, '*… I blamed others for how I looked…but not anymore'.*

## Conclusions

Findings showed that self-efficacy narratives had some implications for self-stigma among student beneficiaries with lived experience of mental disorder under the St Martin Mental Health Programme in Nyahururu Town, Kenya. Additionally, findings suggested the nature of the disorder may also have moderated the level of self- efficacy narratives in some participants' propensity to self-stigma.

The study recommended that mental health support initiatives in secondary and tertiary institutions should boost positive self-efficacy narratives geared towards navigation of global mental health challenges by building resilience to mitigate self- stigma.

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