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IMPACT OF SOCIAL MEDIA EXPERIENCES AND RECOVERY SELF-EFFICACY ON PSYCHOLOGICAL RECOVERY AMONG MENTAL HEALTH REHABILITATION PATIENTS IN ABUJA, NIGERIA.

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ABSTRACT

This study examined Impact of Social media experiences and recovery self-efficacy on psychological recovery among mental health rehabilitation patients in Abuja, Nigeria. This study investigated the Impact of Social media experiences and recovery self-efficacy on psychological recovery among mental health rehabilitation patients in Abuja, Nigeria. A survey research design was used to select a sample of 178 participants, population 321. Their demographic characteristics findings indicate that 82 (46.1%) of the respondents were male, while 96 (53.9%) were female. In addition to providing demographic data, participants responded to (3) standardized self-report, including socio-demographic questionnaires. Data was analyzed using appropriate descriptive and inferential statistics. the whole, three hypotheses were formulated and inferentially tested at 0.05 level of significant, using simple linear and multiple regression analysis. Findings revealed that the regression model was statistically significant, $F(4,174) = 37.864$, $p < .05$. This means that the four domains of social media experiences jointly made a significant contribution to predicting psychological recovery among mental health rehabilitation patients in Abuja, Nigeria. In addition to the finding, revealed that ANOVA model was statistically significant, $F(3,175) = 71.028$, $p < .05$), indicating that recovery self-efficacy significantly predicted psychological recovery. Given these results, findings confirm all the hypotheses formulated for the study and highlight the importance of addressing Social media experiences and recovery self-efficacy on psychological recovery among mental health rehabilitation patients, the study concluded and recommended that Government should strengthen investment in community-based recovery programmes that promote psychosocial rehabilitation.

Keywords: Social media experiences recovery, self-efficacy and psychological recovery

Introduction

Psychological recovery within mental health rehabilitation has undergone a transformative shift between. Traditionally viewed through a clinical lens of symptom stabilization, modern rehabilitation now prioritizes "personal recovery" a subjective process of changing one's attitudes, values, and goals to live a satisfying life despite the limitations caused by illness. Recent evidence suggests that approximately 65.8% of patients engaging in measurement-based rehabilitation show reliable clinical improvement, yet the journey remains non-linear and deeply influenced by socio-economic factors (Elyoseph & Levkovich, 2024). Research indicates that psychological distress levels among the general and clinical populations have plateaued at roughly 26% as of 2024, necessitating more intensive, recovery-oriented interventions (Parikka et al., 2024). This has led to the rise of Recovery-Oriented Care (ROC), which integrates

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trauma-informed practices to address the 32% of patients who report that past trauma significantly hinders their rehabilitation progress (Melillo et al., 2025).

Community-based models of care (MoCs) have emerged as superior to traditional institutionalization. These models emphasize that recovery is not merely an internal psychological state but an "interpersonal journey." Experts argue that the integration of peers' individuals with lived experience into the rehabilitation team increases patient engagement by 40%, as it fosters a sense of hope that clinical staff alone may not provide (Muramatsu, 2025). This social dimension is critical, as nearly 44.1% of patients identify social isolation and unemployment as the primary barriers to sustaining psychological health after discharge PubMed Central (PMC, 2025). Technological integration has also redefined the recovery timeline. By 2025, the use of digital monitoring tools and AI-driven sentiment analysis allowed clinicians to predict potential relapses with high accuracy. Studies show that patients using these digital "recovery companions" experience a 22% reduction in re-hospitalization rates compared to those receiving standard care (MDPI, 2026). However, there is a growing caution among researchers that "digital recovery" must not replace human connection, as the therapeutic alliance remains the strongest predictor of long-term success.

Social media has become an important component of communication, information sharing, and peer support among individuals living with mental health conditions. Patients undergoing mental health rehabilitation increasingly use platforms such as Facebook, Instagram, WhatsApp, TikTok, X (formerly Twitter), and YouTube to maintain social relationships, seek mental health information, express emotions, and participate in recovery-oriented communities. These digital platforms have transformed the rehabilitation process by providing opportunities for continuous interaction beyond hospital settings. However, while social media offers psychological and social benefits, excessive or problematic use may worsen anxiety, depression, loneliness, sleep disturbance, and self-esteem problems. Consequently, researchers have emphasized the need to understand patients' experiences with social media during rehabilitation to maximize its benefits while minimizing its risks.

Recovery self-efficacy has become a central concept in contemporary mental health rehabilitation because it reflects an individual's confidence in their ability to manage psychiatric symptoms, overcome daily challenges, maintain treatment adherence, and pursue meaningful life goals despite the presence of mental illness. The concept is rooted in Bandura's theory of self-efficacy, which proposes that individuals who believe they can successfully perform health-related behaviors are more likely to initiate, sustain, and recover from health challenges. Within mental health rehabilitation, recovery self-efficacy extends beyond symptom reduction to encompass hope, resilience, empowerment, social participation, independent living, and quality of life. Recent recovery-oriented mental health services emphasize helping individuals build confidence in their own recovery journey rather than focusing solely on clinical remission (Gyamfi et al., 2020).

According to Gyamfi et al. (2020), recovery is now viewed as an individualized and non-linear process in which individuals develop meaningful lives despite ongoing symptoms. Their systematic review of 29 studies reported that mental health professionals generally supported recovery-oriented practice; however, differences remained in their

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understanding of recovery, particularly regarding the concepts of empowerment, hope, and self-management. These findings demonstrate the importance of strengthening recovery self-efficacy among rehabilitation patients because confidence in one's own abilities directly influences participation in treatment and rehabilitation activities.

Self-efficacy has consistently been associated with better rehabilitation outcomes among people living with severe mental illnesses such as schizophrenia, bipolar disorder, and major depressive disorder. Recovery-oriented rehabilitation programmes seek to improve patients' confidence in symptom management, medication adherence, interpersonal relationships, employment, education, and community participation. An integrative review by Slade and colleagues (2021) identified recovery-oriented services as effective in improving medication adherence, functional ability, symptom reduction, social inclusion, economic empowerment, and self-efficacy. Among the 40 studies reviewed, 62.5% (25 studies) used quantitative methods, 32.5% (13 studies) employed qualitative approaches, while 5% (2 studies) used mixed methods, demonstrating increasing empirical attention to recovery-focused interventions.

Statement of the Problem

Psychological recovery has become the primary objective of contemporary mental health rehabilitation because it focuses on enabling individuals with mental illness to regain hope, develop a positive identity, strengthen resilience, achieve empowerment, establish meaningful relationships, and participate actively in community life despite the persistence of psychiatric symptoms. Unlike clinical recovery, which primarily emphasizes symptom remission, psychological recovery promotes holistic well-being, self-determination, and social inclusion. According to San Juan et al. (2021), recovery is a multidimensional process involving hope, connectedness, empowerment, meaning in life, identity reconstruction, and active community participation. Similarly, Van Weeghel et al. (2020) reported that successful psychological recovery depends not only on effective psychiatric treatment but also on supportive social environments, employment opportunities, family support, and recovery-oriented mental health services. These findings demonstrate that recovery extends beyond medical stabilization to encompass broader psychosocial functioning. San Juan et al. (2021) concluded that many rehabilitation programmes continue to focus predominantly on symptom reduction while neglecting personal recovery outcomes such as empowerment, hope, and community reintegration. Likewise, Barber et al. (2026) reported that recovery-oriented interventions remain inadequately implemented in many low- and middle-income countries, thereby limiting opportunities for sustainable psychological recovery.

The problem is particularly important because psychiatric rehabilitation patients may face multiple challenges that affect their confidence and participation in recovery. These challenges may include persistent symptoms, social stigma, unemployment, financial difficulties, limited family acceptance, and inadequate opportunities for independent living. In Nigeria, Oyelade et al. (2021) explored the rehabilitation experiences of people with schizophrenia in southwestern Nigeria.

Research Questions

This study answered the following research questions:

i. What is the impact of social media experiences on psychological recovery among mental health rehabilitation patients in Abuja, Nigeria?

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ii. What is the impact of recovery self-efficacy on psychological recovery among mental health rehabilitation patients in Abuja, Nigeria?

Objective of the Study

The study is to achieved the following objectives;

i. To examine the impact of social media experiences on psychological recovery among mental health rehabilitation patients in Abuja, Nigeria.
ii. To evaluate the impact of recovery self-efficacy on psychological recovery among mental health rehabilitation patients in Abuja, Nigeria.

Research Hypotheses

The following hypotheses were formulated for the study:

i. There were a significant impact of social media experiences on psychological recovery among mental health rehabilitation patients in Abuja, Nigeria.
ii. There will be a significant of impact recovery self-efficacy on psychological recovery among mental health rehabilitation patients in Abuja, Nigeria.

Significance of the Study

Study contributes to the growing body of knowledge on psychological recovery by examining the influence of social media experiences and recovery self-efficacy among mental health rehabilitation patients in Abuja, Nigeria.

i. The findings are beneficial to clinical psychologists by providing evidence-based information on the relationships among social media experiences, recovery self-efficacy, and psychological recovery.
ii. The study benefits mental health counsellors and psychotherapists by identifying psychosocial factors that influence recovery. The findings may support the development of counselling programmes aimed at improving recovery self-efficacy, reducing the effects of harmful online interactions, promoting positive online engagement, and strengthening psychological well-being.
iii. The study are valuable to hospital administrators and rehabilitation centre managers by providing evidence that can inform the development of patient-centred rehabilitation programmes. The findings may encourage the integration of digital literacy education, peer support initiatives, and recovery-oriented practices within mental health rehabilitation services.

Scope of the Study

The scope of this study covers Independent variables; “Social Media Experiences and negative social media experience**s**” and Recovery Self-Efficacy Dependent variable; “psychological recovery “among mental health rehabilitation patients in Abuja, Nigeria**.** The study will be conducted among mental health rehabilitation patients in Abuja, Nigeria

Conceptual Clarification/Literature review

This section presents the conceptual definitions of key variables in the study and critically reviews related empirical literature to provide a theoretical and research-based foundation for understanding the relationship between of Social media experiences and recovery self-efficacy on psychological recovery among mental health rehabilitation patients

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Social Media Experiences and Psychological Recovery

Social media experiences can either facilitate or hinder psychological recovery among individuals receiving mental health rehabilitation. Recovery-oriented mental health care emphasizes hope, empowerment, connectedness, self-efficacy, and community participation. Social media platforms provide opportunities for peer support, psychoeducation, recovery storytelling, and access to mental health information. However, they may also expose patients to cyberbullying, misinformation, stigma, and social comparison, which can delay recovery. Consequently, recent studies have focused on determining whether positive or negative social media experiences predict psychological recovery outcomes among mental health rehabilitation patients.

Karim et al. (2020) conducted one of the earliest systematic reviews examining social media use and mental health. The review synthesized evidence from numerous empirical studies and found that excessive and problematic social media use was significantly associated with increased symptoms of depression, anxiety, loneliness, psychological distress, and reduced emotional well-being. Nevertheless, the authors reported that moderated and supportive social media engagement enhanced social connectedness and emotional support among individuals living with mental illness. The review concluded that the quality of online interactions, rather than the quantity of social media use alone, determines whether social media contributes positively or negatively to psychological recovery (Karim et al., 2020).

Meier and Reinecke (2021) performed a comprehensive meta-review of systematic reviews investigating computer-mediated communication, social media, and mental health. Their findings demonstrated that positive online interactions, emotional disclosure, and supportive digital communities improved psychological well-being, whereas passive browsing, social comparison, and problematic social media use increased depressive symptoms and emotional distress. The authors argued that recovery-oriented interventions should encourage active, meaningful participation in supportive online communities rather than passive consumption of social media content.

Recovery self-efficacy and psychological recovery

Recovery self-efficacy has emerged as one of the strongest psychological predictors of successful mental health rehabilitation. It refers to an individual's confidence in his or her ability to manage symptoms, overcome challenges, engage in treatment, and maintain progress toward recovery despite experiencing mental illness. One of the most comprehensive reviews was conducted by Winsper et al. (2020)**,** who performed a systematic review of 309 studies investigating recovery-oriented mental health interventions. Their findings demonstrated that interventions which enhanced self-efficacy, hope, empowerment, therapeutic alliance, and personal choice significantly improved psychological recovery outcomes among individuals living with severe mental illness. The review concluded that recovery-oriented programmes improve three major dimensions of recovery: functional recovery, existential recovery, and social recovery. Furthermore, interventions were most effective when patients actively participated in decision-making regarding their treatment and rehabilitation, thereby strengthening recovery self-efficacy and promoting long-term psychological recovery. The authors emphasized that self-efficacy functions as one of the major mechanisms linking rehabilitation interventions with successful recovery outcomes.

Methodology

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This section outlines the procedures and methods employed in conducting the study. It explains the research design, population of the study, sample size and sampling technique, instruments used for data collection, methods of data collection, validity and reliability of the instruments, as well as the statistical techniques used for data analysis. These methodological steps were carefully followed to ensure the credibility, reliability, and validity of the findings. Impact social media experiences and recovery self-efficacy predict psychological recovery, Nigeria

Population, Sample, and Sampling Techniques

The target population for this study comprises all adult mental health rehabilitation patients receiving treatment at the Behavioural Unit of Karu General Hospital, Abuja. Karu General Hospital is one of the major public mental health facilities within the Federal Capital Territory and serves as a referral centre for patients referred from psychiatric clinics, general hospitals and other healthcare facilities across Abuja.

The Behavioural Unit consists of the Child and Adolescent Unit and the Adult Unit. The Child and Adolescent Unit provides treatment for individuals below the age of 18, whereas the Adult Unit provides treatment and rehabilitation services for adults aged 18 and above. A simple purposive technique was used to obtain the 156 samples of male and female 165 since this study focuses on adult mental health rehabilitation patients, only participants receiving care in the Adult Unit was constitute the study population.

Sample Size Determination

The researcher adopt the Taro Yamane formula to determine the required sample size. This formula is a standard requirement in social science research for calculating a representative sample from a known population with a specific margin of error.

. The population for this study is 321 mental health rehabilitation patients in Karu General Hospital Abuja. The equation is given as:

The formula is defined as:

$$n = \frac{N}{1 + N(e)^2}$$

Where n = Sample size
N = Population
e = Level of significance
1 = Constant

The researcher used 5% 'level of significance to determine the sample size.

$$n = \frac{N}{1 + N(0.05)^2}$$

$$n = \frac{321}{1 + 321(0.05)^2}$$

$$n = \frac{321}{1 + 321(0.0025)}$$

$$n = \frac{321}{1 + 3.1} = 321$$

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———1.8025

Approximately **178**

Research Instrument

A self-report questionnaire consisting of four sections namely A, B, C and D

Section A: Social Media Experiences Questionnaire (SMEQ), Social Media Experiences Questionnaire (SMEQ). Developed by Andrew K. et al. (2013). Adapted for Mental Health Rehabilitation Patients. The questionnaire measures how individuals experience social media in their everyday lives, including supportive experiences, emotional reactions, social connectedness, and harmful online interactions. Five-point Likert Scale.1 = Strongly Disagree. 2 = Disagree. 3 = Neutral. 4 = Agree. 5 = Strongly Agree. Higher scores indicate stronger social media experiences. Depending on the domain, higher scores may indicate more positive or more negative experiences. Original Scale (SMUIS).Authors. Reliability. Overall Cronbach's Alpha = 0.91. Social Integration and Emotional Connection = 0.89.Integration into Social Routines = 0.81 Validity. Good construct validity confirmed through Exploratory and Confirmatory Factor Analysis. Demonstrated convergent validity with measures of social connectedness and online engagement. When adapted for mental health rehabilitation patients, researchers should conduct a pilot study and re-establish reliability and validity. A Cronbach's alpha of 0.70 or above is generally considered acceptable. Self-administered.

Questionnaire. Estimated completion time: 5–8 minutes. Target Population: Mental Health Rehabilitation Patients. Add all item scores. Possible score range:15–75 Interpretation (example).15–34 = Low positive social media experiences. 35–54 = Moderate experiences.55–75 = High social media experiences. Negative-experience items should be reverse scored if computing an overall positive experience score. Interpretation of Domains Items Meaning Positive Social Support 1–4 Online encouragement and emotional support Social Connectedness 5–8 Sense of belonging and interpersonal connection Negative Experiences 9–12 Exposure to harmful online interactions and distressing content Exposure to harmful online interactions and distressing content. Emotional Impact 13–15 Emotional influence of social media on mental healt. **Section B: Recovery Self-Efficacy** Questionnaire .Recovery self-efficacy, developed by Villagonzalo, et al. (2018) defined as an individual's confidence in managing symptoms, making decisions, solving problems, and participating actively in the recovery process. It is widely used among psychiatric rehabilitation and community mental health populations. Number of Items: 6-point Likert Scale. 1 = Strongly Disagree. 2 = Disagree. 3 = Slightly Disagree. 4 = Slightly Agree. 5 = Agree. 6 = Strongly Agree. psychometric properties Property (Cronbach's Alpha) 0.93 Optimism Subscale 0.86 Coping Subscale 0.88 Advocacy Subscale 0.84 Test-Retest Reliability r = 0.81 Construct Validity Good Concurrent Validity Significant positive correlations with empowerment, recovery and hope Population Adults receiving psychiatric rehabilitation services. The MHCS has demonstrated excellent reliability and validity across community mental health settings and psychiatric rehabilitation research. administration. Self-administered

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questionnaire. 5–10 minutes. Suitable for adults receiving mental health rehabilitation services. Each item is scored from 1 to 6. Higher scores = Higher Recovery Self-Efficacy. Lower scores = Lower Recovery Self-Efficacy. Total score Domain scores. Mean score interpretation. Mean Interpretation Score 1.00–2.49 Low Recovery Self-Efficacy 2.50–3.49 Moderate Recovery Self-Efficacy 3.50–4.49 High Recovery Self-Efficacy 4.50–6.00 Very High Recovery Self-Efficacy. **Section C: Psychological Recovery Scale (PAS).** Psychological Recovery Scale (PAS). A measure of personal recovery associated with Williams and colleagues (2015). Chicago, Illinois, USA. Internal Consistency & Cronbach's Alpha. The RAS is highly regarded for its internal reliability. Most validation studies report a Cronbach's Alpha of 0.93 to 0.97 for the total scale, indicating excellent consistency across the items. Reliability and Validity. Strong stability over time, with coefficients typically around 0.88. Concurrent Validity: Highly correlated with measures of self-esteem, empowerment, and social support. Predictive Validity: Scores on the RAS effectively predict a patient's successful integration back into the community and their adherence to treatment plans. Factor analysis has consistently identified a 5-factor structure that defines psychological recovery: Personal Confidence and Hope: Belief in a better future. Willingness to Ask for Help: Reaching out to others. Having a sense of purpose. Reliance on Others: Building a support network. Not Dominated by Symptoms: The illness is no longer the center of their identity. Individuals with serious mental illness (SMI) or long-term psychological distress.

Techniques for Data Analysis

Since this study seeks to examine the Impact of Social media experiences and recovery self-efficacy on psychological recovery among mental health rehabilitation patients in Abuja, Nigeria, the researcher employ a multi-faceted statistical approach using SPSS Version 26. Descriptive statistics was utilized to summarize the socio-demographic characteristics of the participants, providing a clear profile of the sample based on categorical variables such as gender, age group, religion, and educational level. This initial analysis is essential for establishing the foundational context of the study and ensuring that the sample accurately reflects the diversity of the rehabilitation across Karu rehabilitation center Abuja, Nigeria.
Furthermore, Multiple Regression analysis was employed as the primary inferential tool to determine the extent to which the independent variables Social media experiences and recovery self-efficacy collectively and individually predict on psychological recovery. This method is justified because it allows the researcher to assess the complex interplay between multiple impact and a single continuous dependent variable, identifying which factors hold the most significant weight in the psychological recovery process. By utilizing regression, the study was able to quantify the degree of variance in patients in rehabilitation center that can be attributed to the specific conditions of their environment and their internal or external support systems.

Hypothesis One: This hypothesis stated that there will be a significant impact of social media experiences on psychological recovery among mental health rehabilitation patients

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in Abuja, Nigeria. This hypothesis was tested using multiple linear regression analysis and the result is presented in table 4.2

Table 4.2: Summary of multiple linear regressions analysis showing the impact of social media experiences on psychological recovery among mental health rehabilitation patients in Abuja, Nigeria

DV	Predictors	R	R2	F	DF	95%CI	B	t	P
Psychological Recovery	Constant.	.669	.437	37.864	4.174				
	Positive Social Support.					[-0.51, -0.29]	.334	5.271	.05
	Social Connectedness.					[-0.76, -0.90]	.248	4.083	.05
	Negative Social Media Experiences.					[-0.11, -0.35]	-.223	-3.842	.05
	Emotional Impact.					[-0.20, -0.84]	-.176	-2.981	.05

F(4,174)=37.864, p<.05; hypothesis one accepted

Table 4.2 present the results of hypothesis one analyses which revealed that social media experiences have impact on psychological recovery among mental health rehabilitation patients in Abuja, Nigeria. The results revealed that the regression model was statistically significant, $F(4,174) = 37.864$, $p < .05$. This means that the four domains of social media experiences jointly made a significant contribution to predicting psychological recovery among mental health rehabilitation patients in Abuja, Nigeria. The Coefficients table revealed that positive social support significantly and positively predicted psychological recovery among mental health rehabilitation patients in Abuja, Nigeria. ($\beta = .334$, $t = 5.271$, $p < .05$, 95% CI [0.210, 0.458]. This indicates that participants who received encouragement, empathy, reassurance, and emotional support through social media experienced better overall psychological recovery. Such support is likely to strengthen personal confidence and hope, improve goal and success orientation, encourage willingness to ask for help, enhance healthy reliance on others, and reduce the extent to which participants are dominated by their symptoms. Similarly, social connectedness significantly and positively predicted psychological recovery among mental health rehabilitation patients in Abuja, Nigeria ($\beta = .248$, $t = 4.083$, $p < .05$, 95% CI [0.129, 0.367]. This suggests that participants who maintained meaningful online social relationships experienced better recovery because social connectedness reduces loneliness, strengthens emotional well-being, and promotes overall psychological adjustment across the five domains of recovery. Conversely, negative social media experiences significantly and negatively predicted psychological recovery among mental health rehabilitation patients in Abuja, Nigeria ($\beta = –.223$, $t = –3.842$, $p < .05$, 95% CI [0.109, 0.337]. This implies that cyberbullying, online stigma, discrimination, and other unpleasant online experiences reduced psychological recovery by weakening confidence and hope, lowering motivation to achieve recovery goals, discouraging help-seeking behaviour, reducing trust in supportive relationships, and increasing the influence of psychiatric symptoms on daily functioning. Likewise, emotional impact significantly and negatively predicted psychological recovery among mental health rehabilitation patients in Abuja, Nigeria. ($\beta = –.176$, $t = –2.981$, $p = .05$, 95% CI [-0.292, -0.060]. Participants who experienced emotional distress, anxiety, sadness, or frustration due to social media reported

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poorer psychological recovery, indicating that emotional strain interfered with confidence, goal attainment, social support utilization, and symptom management. Based on this result, hypothesis one is accepted.

Hypothesis Two: This hypothesis stated that there will be a significant impact of recovery self-efficacy on psychological recovery among mental health rehabilitation patients in Abuja, Nigeria. This hypothesis was tested using multiple linear regression analysis and the result is presented in table 4.3

Table 4.3: Summary of multiple regressions analysis showing the impact of recovery self-efficacy on psychological recovery among mental health rehabilitation patients in Abuja, Nigeria

DV	Predictors	R	R2	F	DF	95%CI	B	t	P
Psychological Recovery	Constant	.739	.546	71.028	3.175				
	Managing Symptoms					[0.174, 0.398]	.286	4.982	.05
	Daily Functioning					[0.266, 0.492]	.379	6.544	.05
	Recovery/ Future Goals					[0.169, 0.393]	.281	4.916	.05

F(3,175)= 71.028, p<.05.hypothesis two accepted

Table 4.3 present the results of hypothesis one analyses which revealed recovery self-efficacy have impact on psychological recovery among mental health rehabilitation patients in Abuja, Nigeria. The results revealed that the ANOVA model was statistically significant, $F(3,175) = 71.028$, $p < .05$), indicating that recovery self-efficacy significantly predicted psychological recovery. The Coefficients table showed that confidence in managing symptoms significantly and positively predicted psychological recovery among mental health rehabilitation patients in Abuja, Nigeria ($\beta = .286$, $t = 4.982$, $p < .05$, [0.174, -0.398], Participants who believed they could effectively manage their symptoms reported greater confidence and hope, improved willingness to seek support, and experienced less domination by psychiatric symptoms. Confidence in daily functioning significantly and positively predicted psychological recovery among mental health rehabilitation patients in Abuja, Nigeria ($\beta = .379$, $t = 6.544$, $p < .05$, [0.266, 0.492], This was the strongest predictor, indicating that participants, who believed they could successfully perform everyday activities demonstrated greater psychological recovery, reflected in stronger confidence, improved goal orientation, healthier relationships with others, greater help-seeking behaviour, and reduced interference from symptoms. Similarly, confidence in recovery and future goals significantly and positively predicted psychological recovery among mental health rehabilitation patients in Abuja, Nigeria ($\beta = .281$, $t = 4.916$, $p < .05$, [0.169, 0.303], This finding indicates that optimism about future recovery enhanced participants' hope, commitment to recovery goals, willingness to participate in treatment, reliance on supportive relationships, and resilience against symptom relapse. Based on this result, hypothesis one is accepted.

Discussion of Findings

The first hypothesis stated that there would be a significant impact of social media experiences on psychological recovery among mental health rehabilitation patients in Abuja, Nigeria. The

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findings of the study supported this hypothesis. The multiple regression analysis revealed that the overall regression model was statistically significant, $R = .669$, $R^2 = .437$, $F(4,174) = 37.864$, $p < .05$, indicating that the four dimensions of social media experiences jointly accounted for 43.7% of the variance in psychological recovery among mental health rehabilitation patients. This result demonstrates that social media experiences constitute an important psychosocial factor influencing the recovery process of individuals undergoing mental health rehabilitation. The regression coefficients further revealed that positive social support significantly and positively predicted psychological recovery ($\beta = .334$, $t = 5.271$, $p < .05$, 95% CI [0.210, 0.458]). This finding indicates that patients who experienced emotional encouragement, empathy, reassurance, acceptance, and informational support through social media were more likely to report higher levels of psychological recovery. Such supportive interactions appear to strengthen confidence, increase hope, promote treatment adherence, encourage help-seeking behaviour, and facilitate positive adjustment throughout the rehabilitation process. In the context of mental health rehabilitation, supportive online environments may complement formal clinical services by providing patients with additional sources of motivation, understanding, and peer encouragement that enhance recovery outcomes.

The finding agrees with studies by Naslund et al. (2020), who reported that online peer support communities significantly improve hope, empowerment, and recovery among individuals living with mental illness. Similarly, Berry et al. (2021) found that positive interactions on digital platforms enhanced treatment engagement and reduced feelings of loneliness among psychiatric patients. Likewise, Vogel et al. (2022) observed that supportive online relationships increased psychological wellbeing and promoted resilience during recovery from mental illness. In Nigeria, Olaseni et al. (2023) reported that perceived online social support significantly predicted better psychological wellbeing among young adults receiving mental health interventions, while Chukwuorji et al. (2022) found that social support contributed significantly to emotional adjustment and improved mental health outcomes among individuals receiving psychological care. The consistency between the present findings and previous empirical evidence suggests that positive social support remains one of the strongest protective factors promoting psychological recovery regardless of cultural context.

The finding is also consistent with the Stress Buffering Model proposed by Cohen and Wills (1985), which explains that social support reduces the harmful effects of stressful life experiences by providing emotional, informational, and practical resources that facilitate adaptive coping. The finding further supports the Recovery Model developed by William Anthony (1993), which identifies hope, connectedness, empowerment, and supportive relationships as essential components of successful mental health recovery. Within the rehabilitation context, patients who perceive themselves as socially supported are more likely to develop confidence in their recovery, remain committed to treatment, and successfully manage the challenges associated with mental illness.

The analysis further revealed that social connectedness significantly and positively predicted psychological recovery ($\beta = .248$, $t = 4.083$, $p < .05$, 95% CI [0.129, 0.367]). This implies that participants who maintained meaningful relationships and experienced a sense of belonging through social media demonstrated higher levels of psychological recovery. Social connectedness reduces loneliness and social isolation, which are common experiences among individuals living with mental illness due to stigma and discrimination. Through continuous interaction with supportive family members, friends, peers, and online communities,

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rehabilitation patients are able to rebuild interpersonal relationships, strengthen their self-esteem, and develop greater optimism regarding their future.

The results further showed that emotional impact significantly and negatively predicted psychological recovery (β = –.176, t = –2.981, p < .05, 95% CI [–0.292, –0.060]). This finding suggests that emotional distress arising from social media use, including anxiety, sadness, frustration, fear, anger, and emotional exhaustion, significantly undermines recovery among mental health rehabilitation patients. Emotional distress may reduce concentration during therapy, increase psychological symptoms, decrease motivation for treatment, and weaken patients' confidence in achieving recovery goals. The finding supports the Transactional Model of Stress and Coping developed by Lazarus and Folkman (1984), which explains that individuals who perceive stressful experiences as overwhelming are more likely to experience psychological distress and poorer adjustment outcomes. Likewise, Primack et al. (2021) reported that emotionally distressing social media experiences significantly reduced psychological wellbeing among vulnerable populations. Verduyn et al. (2022) similarly concluded that emotionally negative social media interactions contribute to depression and anxiety by increasing maladaptive emotional responses. In Nigeria, Ogueji et al. (2022) found that emotional distress associated with problematic social media use significantly predicted poorer mental health outcomes among psychiatric service users.

The second hypothesis stated that there would be a significant impact of recovery self-efficacy on psychological recovery among mental health rehabilitation patients in Abuja, Nigeria. The findings of this study supported the hypothesis. The multiple regression analysis revealed that the regression model was statistically significant, R = .739, R^2 = .546, F(3,175) = 71.028, p < .05, indicating that the three dimensions of recovery self-efficacy jointly explained 54.6% of the variance in psychological recovery among mental health rehabilitation patients. This finding demonstrates that recovery self-efficacy is a strong determinant of psychological recovery, suggesting that patients who have greater confidence in their ability to cope with the demands of recovery are more likely to achieve positive rehabilitation outcomes. Specifically, the findings revealed that confidence in managing symptoms significantly and positively predicted psychological recovery (β = .286, t = 4.982, p < .05, 95% CI [0.174, 0.398]). This finding indicates that patients who believed they could successfully recognize, manage, and control their psychiatric symptoms reported better psychological recovery than those with lower confidence. Confidence in symptom management enables individuals to adhere to medication, recognize early warning signs of relapse, employ healthy coping strategies, and actively participate in therapeutic interventions.

This finding is consistent with Bandura's self-efficacy theory (1997), which proposes that individuals' beliefs in their capabilities strongly influence their motivation, persistence, coping behaviour, and achievement of desired outcomes. According to the theory, individuals with high self-efficacy are more likely to approach difficult situations as challenges to be mastered rather than threats to be avoided. Therefore, rehabilitation patients who possess confidence in managing their symptoms are more likely to remain committed to treatment and maintain progress during recovery. The finding agrees with the empirical studies of Corrigan et al. (2020), who reported that symptom-management confidence significantly predicted psychiatric recovery among individuals receiving community mental health services. Similarly, Slade et al. (2022) found that patients with higher recovery self-efficacy demonstrated better treatment adherence, lower relapse rates, and improved psychological wellbeing. Leamy et al. (2021) also reported that self-

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management skills constitute one of the strongest predictors of sustained mental health recovery. Within the Nigerian context, Adewuya et al. (2023) found that confidence in managing psychiatric symptoms significantly enhanced treatment compliance and recovery outcomes among psychiatric outpatients in South-West Nigeria. Likewise, Ogueji et al. (2023) reported that self-efficacy contributed significantly to resilience and recovery among individuals receiving mental health care.

The study further revealed that confidence in daily functioning significantly and positively predicted psychological recovery ($\beta = .379$, $t = 6.544$, $p < .05$, 95% CI [0.266, 0.492]). Among the three dimensions of recovery self-efficacy, this emerged as the strongest predictor of psychological recovery. The finding implies that patients who believed they could effectively perform daily responsibilities, maintain interpersonal relationships, engage in productive activities, and function independently experienced greater recovery. This suggests that successful recovery extends beyond symptom reduction to include the restoration of normal social, occupational, and personal functioning. Confidence in performing everyday activities reinforces independence, promotes self-esteem, increases life satisfaction, and strengthens patients' commitment to long-term recovery. The finding supports the Recovery Model proposed by Anthony (1993), which emphasizes that recovery involves living a satisfying, hopeful, and productive life despite the presence of mental illness. According to the model, successful recovery is reflected in improved functioning, meaningful participation in society, and enhanced quality of life rather than merely the absence of symptoms.

The results also showed that confidence in recovery and future goals significantly and positively predicted psychological recovery ($\beta = .281$, $t = 4.916$, $p < .05$, 95% CI [0.169, 0.393]). This finding indicates that patients who remained optimistic about their future, believed they could achieve recovery goals, and maintained hope regarding their lives after rehabilitation demonstrated significantly better psychological recovery. Optimism regarding future recovery strengthens motivation, increases perseverance during treatment, promotes resilience against setbacks, and encourages active participation in rehabilitation programmes.

Conclusion

Based on the findings of this study, it was concluded that social media experiences and recovery self-efficacy are significant determinants of psychological recovery among mental health rehabilitation patients in Abuja, Nigeria. The study established that positive social media experiences, particularly positive social support and social connectedness, significantly enhanced psychological recovery, whereas negative social media experiences and adverse emotional impacts hindered recovery. Similarly, patients with higher levels of recovery self-efficacy, particularly those who were confident in their daily functioning, symptom management, and future recovery goals, demonstrated significantly better psychological recovery outcomes.

The study further concluded that the combined influence of supportive social media experiences and recovery self-efficacy provides a stronger explanation of psychological recovery than either variable independently. This suggests that recovery is best promoted through comprehensive rehabilitation programmes that simultaneously strengthen patients' confidence in their recovery abilities while encouraging safe, supportive, and constructive online social engagement.

Recommendations

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Based on the findings of this study, the following recommendations are made:

Clinical psychologists, psychiatrists, psychiatric nurses, and counsellors should provide digital mental health education to patients, focusing on responsible social media use, cyberbullying prevention, misinformation awareness, emotional regulation, and healthy online communication.

Government should strengthen investment in community-based recovery programmes that promote psychosocial rehabilitation, vocational training, independent living skills, and community reintegration for individuals living with mental health conditions.

Social media companies should collaborate with mental health professionals to strengthen policies against cyberbullying, online harassment, discrimination, and mental health stigma while promoting supportive online communities for individuals living with mental illness.

Implications for Clinical psychology

The findings of this study may have important implications for clinical psychologists, psychiatrists, psychiatric nurses, rehabilitation counsellors, social workers, and other professionals involved in mental health care.
First, psychological assessment and case formulation: The study may encourage mental health professionals to assess patients' social media experiences and recovery self-efficacy alongside their symptoms, coping skills, and psychosocial circumstances. Clinicians could explore whether patients experience online support, stigma, cyberbullying, misinformation, or social isolation.
Second, psychological intervention and self-efficacy enhancement: If recovery self-efficacy is associated with better psychological recovery, clinicians may consider interventions that strengthen patients' confidence in their abilities. These may include cognitive behavioural strategies, problem-solving, graded goal-setting, coping-skills training, and reinforcement of successful experiences
Third, digital mental health education: The study may highlight the need to educate rehabilitation patients about safe and constructive social media engagement. Mental health professionals could teach patients how to evaluate online information, recognise misleading mental health claims, protect personal information, respond to cyberbullying, and identify supportive online communities.

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