

Socio-Demographic Correlates of Stigma Attached to Mental Illness

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ABSTRACT

OBJECTIVE: To identify socio-demographic correlates of stigma attached to psychiatric illnesses

METHOD: This is a retrospective study. Data of the patients who had attended psychiatry department; either as a referral or direct consultation; and as in-patient or outpatient; at Isra University Hospital at Hyderabad during the years 2001 to 2004, were reviewed and presence or absence of stigma feelings were compared to their socio-demographic backgrounds. Demographic characteristics of a total of 1208 patients with different psychiatric illnesses were recorded. Data obtained, was subjected to analysis using SPSS 13th version.

RESULTS: Feelings of stigma was present in forty seven percent of the studied population. Males had slightly more feelings of stigma. People from urban areas were also carrying more feelings of stigma but it was statistically insignificant. Apart from people with no formal education who had maximum stigma feelings; education level was found to increase such feelings, in the population studied.

CONCLUSION: In our studied population, feeling of stigma seems to prevail in every demographic class; this is specially so among neurotics, male gender, urban patients. Level of education has interesting relation with the feeling of Stigma, which is found to increase with level of education.

KEY WORDS: Mental Illness, Socio-demographic, Stigma.

BACK GROUND

Stigma of mental illness has been the focus of multiple psychiatric researches all over the world. The topic has been studied from several aspects. People from different walks of life have been found to have negative and stigmatizing ideas about psychiatric patients and illnesses^{1,2,3}. Different socio-demographic sources of stigma have been studied. First, lack of awareness has been identified as main factor contributing to stigma of mental illness in some social groups⁴. Second, inter-personal factors, such as social skills, perceived physical appearance, and positive and negative symptoms of psychiatric illnesses have been identified as sources of stigma⁵. Finally, family lore, personal experiences, peer relations and media's portrayal of people with mental illness^{6,7} in general and Schizophrenia^{8,9,10} in particular have also been identified. Misconceptions about mental illnesses and mentally ill people and their behaviors have been found to further augment the social stigma attached to it. These types of public opinions and stigmatizing beliefs such as "dangerousness", "unpredictability", and "hard to talk to"¹¹; and blame worthiness¹²; affects other community members, leading to further discrimination^{13,14} towards mentally ill

people; on one hand; and, causes guilt, and feeling of stigma and overt discrimination among patients; on the other hand. As a consequence, anger, depression, fear, anxiety, feeling of isolation, embarrassment, further hampers the recovery from illness¹⁵. Some of the studies have focused on more grim and socially disastrous consequences like lowered self-esteem, unemployment, poverty, and harassment^{16,17}. Norman Sartorius, in his article raised another important issue of Iatrogenic Stigma; which arises out of careless attitude of professionals¹⁸. Factors leading to such attitudes in the society are ultimately responsible to discontinuation of medication¹⁹ and problems with the management and prognosis of the diseases. With this background, we can see and well imagine that in our part of the world, there is a lack of research on this topic, despite a serious need. We initiated a survey of psychiatric patients on this area. The objectives of current study include; To identify the demographic distribution of feeling of stigma among psychiatric patients.

METHODOLOGY

This study is a retrospective study of the data of the patients, presented in Psychiatry Department from

January 2002 to February 2004, at Isra University Hospital Hyderabad. Isra University Hospital is tertiary care facility in the sub-urb of Hyderabad, and drains most of the patients from interior of Sindh province and adjoining area of south Punjab. All the patients attending psychiatric outpatient department or admitted under psychiatric care, or referred from other medial specialties for psychiatric opinion were included in the study after a verbal consent has been taken. All the patients were assessed using Present Mental State Examination²⁰; and diagnosis were made on the bases of I.C.D-10²¹. In addition, information were taken regarding presence or absence of feeling of stigma and verbatim reason(s) were recorded. In case of patients with Psychosis, this feeling was recorded after recovery of the patient from psychosis. All the data thus obtained was transferred to a structured proforma containing demographic details of the patients. Data analysis was carried out using SPSS 13th version.

RESULT

Table I shows the presence of stigma among patients and their diagnostic class, which shows that only one-third of them, had feeling of stigma about psychiatric illness. The feeling of stigma is relatively more among patients with neurotic illness than those with psychotic illness. The results of this study show that feeling of stigma was more, (but not reaching the statistical significance) in males then in female as 49% of male as compare to 45.41% of female develop this feeling as is shown in **Table II**. The socio-cultural factors influence the feeling of stigma as **Table III** shows that there is distinctive difference in feeling of stigma among people who belong to different areas. The feeling of stigma was 49% more among people belonging to urban area than 45.53% among patients belonging to rural area, although this is not statistically significant. It is evident from **Table IV** that feelings of stigma are almost identical in patients from both major classes of family, joint and nuclear. **Table V** shows some interesting findings; psychiatric patients with no formal education suffer a lower level of stigma (39%). The patients with Madrasah education had higher level of feelings of stigma (62.5%); but sample size is too small to conclude such a result. In our study population the feeling of stigma increases as the level of education increases.

DISCUSSION

In our studied population, almost forty seven percent of the patient had feeling of stigma because of their mental illness. This finding may suggest that almost half of the mentally ill population in the studied catchment area would have missed psychiatric help for the same reasons. The finding that people with schizophrenia and other psychotic illnesses bear less feeling of stigma once they have been recovered from their illness; is unexpected, when seen in the perspective that schizophrenics are more stigmatized than the neurotics or depressed patients²²; but this is in line with the results in the qualitative study by Sokratis et al¹⁵ where participants with depression, anxiety and personality disorders were the most likely to be affected by the feeling of stigma. Feeling of stigma is slightly less among females than the males. If we compare this finding with the study done by Caroline et al²², where females seem to be more comfortable with mentally ill people and tend less to stigmatize; we can conclude that stigmatizing the mentally ill or harboring the feeling of stigma may co-exist and may have something to do with the gender. In the studied population, stigma seems to exist in all sections of the society; irrespective of their gender, family background, level of education, and catchment area. Surprisingly, the people with minimum level of education are least affected by this feeling. Setting aside the people with Madrasah education; why is that stigma increases with level of education; needs to be understood. Probably due to the fact that people might attribute psychiatric illness with lower level of mental capabilities; and there-fore think that by disclosing their illness, their credibility and influence may be lost in the society. On the other hand people with basic Madrasah level of education carry maximum feeling of stigma (62%). This finding cannot be compared with any of the previous researches, due to lack of such studies in the past. This is a complex issue requiring more exploratory studies

CONCLUSION

In our studied population, each demographic class seems to be markedly affected by the feelings of stigma due to their psychiatric illness. But this feeling is more among neurotic patients; male population; patients belonging to urban areas; and increases as the level of education increases.

TABLE I: CORRELATION BETWEEN DIAGNOSIS AND STIGMA FEELING

Diagnosis		Frequency	Percent	Valid Percent	Cumulative Percent
Uncertain	Valid	No	6	60.0	60.0
		Yes	4	40.0	100.0
		Total	10	100.0	100.0
Acute Psychotic Disorder	Valid	No	7	50.0	50.0
		Yes	7	50.0	100.0
		Total	14	100.0	100.0
Adjustment Disorder	Valid	No	4	18.2	18.2
		Yes	18	81.8	100.0
		Total	22	100.0	100.0
Bipolar Affective Disorder	Valid	No	11	39.3	39.3
		Yes	17	60.7	100.0
		Total	28	100.0	100.0
Conversion Disorder	Valid	No	46	63.9	63.9
		Yes	26	36.1	100.0
		Total	72	100.0	100.0
Depression	Valid	No	342	54.6	54.6
		Yes	284	45.4	100.0
		Total	626	100.0	100.0
Drug induced Psychosis	Valid	No	6	50.0	50.0
		Yes	6	50.0	100.0
		Total	12	100.0	100.0
Generalized Anxiety Disorder	Valid	No	55	52.9	52.9
		Yes	49	47.1	100.0
		Total	104	100.0	100.0
Mental Retardation	Valid	No	14	46.7	46.7
		Yes	16	53.3	100.0
		Total	30	100.0	100.0
OCD	Valid	No	60	43.5	43.5
		Yes	78	56.5	100.0
		Total	138	100.0	100.0
Organic Brain Syndrome	Valid	No	21	61.8	61.8
		Yes	13	38.2	100.0
		Total	34	100.0	100.0
Panic Disorder	Valid	No	18	50.0	50.0
		Yes	18	50.0	100.0
		Total	36	100.0	100.0
Schizophrenia	Valid	No	48	58.5	58.5
		Yes	34	41.5	100.0
		Total	82	100.0	100.0

**TABLE II:
CORRELATION BETWEEN GANDER AND
STIGMA**

Count		Gender		Total
		Male	Female	
Stigma	No	28(50.79%)	351(54.58%)	638
	Yes	278(49.20%)	292(45.41%)	570
	Total	565	643	1208

**TABLE III:
CORRELATION BETWEEN CATCHMENTS
AREA AND STIGMA**

		Catchments area		Total
		Urban	Rural	
Stigma	No	290(50.96%)	348(54.46%)	638
	Yes	279(49.03%)	291(45.53%)	570
	Total	569	639	1208

TABLE IV: CORRELATION BETWEEN TYPE OF FAMILY AND STIGMA

		Type of family				Total
		Joint(%)	Nuclear(%)	Communal	Not Known	
Stigma	No	304(55.67)	245(56.45)	4	85	638
	Yes	242(44.32)	189(43.54)	4	135	570
Total		546	434	8	220	1208

TABLE V: STIGMA EDUCATION CROSS TABULATION

		Education							Total
		NFE* (%)	Madrasah Basic (%)	Primary (%)	High School (%)	Graduation (%)	Profes-sional Education (%)	Not an-swered	
Stigma	No	210 (60.69)	6(37.5)	125 (61.27)	117(50.86)	61(48.41)	27(48.21)	92	638
	Yes	136 (39.3)	10(62.5)	79 (38.72)	113(49.13)	65(51.58)	29(51.78)	138	570
Total		346	16	204	230	126	56	230	1208

* No Formal Education

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