Stigma Of Mental Illness Among Patients With Schizophrenia

وصمة المرض النفسى لدى المرضى المصابين بالفصام

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الخلاصة:

العيادات الحكومية الخارجية راض النفسية

الخصائص الاجتماعية والديمو غرافية

المنهجية: دراسة وصفية تحليلية أجريت على عينة غرضية (غير إحتمالية) 100 مريض مصاب بالفصام خلال الفترة بين اذار. تشرين الثاني 2013. تم إختيار مرضى الفصام من العيادات الخارجية في مستشفى ابن رشد التعليمي للطب النفسي ، مستشفى الرشاد التعليمي للأمراض النفسية والعقلية ومستشفى بغداد التعليمي . تم استخدام الاستبيان الذاتي من قبل الباحثين لتحديد صلاحية و ثبات اداة البحث من خلال فريق من الغيراء ، و من خلال حساب معامل ارتباط لفا . جمعت البيانات لهذه الدراسة من خلال استخدام الاستبيان الذاتي باستثناء المبحوثين الذين لا يستطيعون القراءة والكتابة من خلال المقابلات المنظمة. تم تحليل البيانات تطبيق الحزمة الإحصائية للعلوم الاجتماعية الإصدار 17.0.

النتائج: أظهرت نتائج الدراسة بأن غالبية أفراد العينة هم من الذكور العزاب العاطلين عن العمل والذين تتراوح أعمار هم بين 33-40 سنة المنافع: اطهرت تنافع الدراسة بأن عابيية افراد العينة هم من الدفور العراب العاطيين عن العمل والدين تدراوح اعمار هم بين 3-40 سنة الحاصلين على شهادات معهد أو كلية، لديهم 11 1-3 إلى مستشفيات الأمراض النفسية. وقد تبين بأن مرضى الفصام يعانون من مستوى معتدل لوصمة المرض النفسي. بين تحليل الارتباط بأن هناك علاقة ذات دلالة احصائية بين وصمة الحالة الاجتماعية الحالة الاجتماعية المرضى الفصام لديهم مستوى معتدل من ، وترتبط وصمة المرض النفسي بشكل ملحوض مع الحالة الاجتماعية ومدة المرض المرضى الفصام.

متوص مع الحالة الإجماعية وهذه المركب مراحتي المعتام. النفسي من خلال حملة مكافحة الوصمة وأهمية تكرار هذه الدراسة على عينة

Objectives: The study aims to explore the stigma of mental illness among schizophrenic patients in governmental psychiatric outpatient in Baghdad and to identify the association between the stigma and some of patients' socio-demographic characteristics.

Methodology: A descriptive analytic design was used on purposive (non probability) sample of 100 schizophrenic outpatients throughout the period between March - November, 2013. The schizophrenic patients were enrolled in this study from out patient psychiatric clinic at Ibn-Rushd Psychiatric Teaching Hospital, Al-Rashad Psychiatric Teaching Hospital and Baghdad Teaching Hospital. Self administrative questionnaire was used by the investigators for the present study. The validity and reliability of the instrument was determined by using through the panel of experts, and internal consistency through the computation of Alpha Correlation Coefficient. The data have been collected through the utilization of the self administrated questionnaire as a mean of data collection except the respondents who are unable to read and write via structured interviewing. Data analysis was employed by applying the Statistical Package for Social Science version 17.0 (SPSS).

Results: The finding of the study showed that the majority of the sample was unemployed, single males, aged from 33-40 years old and graduated from institute or college. They have more than 11 years duration of illness and admitted 1-3 time in psychiatric hospitals. The schizophrenic patients experience a moderate level of mental illness stigma. The correlation analysis indicated that there is significant association between stigma with marital status and with their duration of illness but there is no association with remaining variables.

Conclusion: The study concluded that schizophrenic patients have moderate level of mental illness stigma. Mental illness stigma associated significantly with marital status and the duration of illness for schizophrenic patients.

Recommendations: The study recommended to increase public awareness about mental illness through the antistigma campaign and replication of the study on a large sample with more different variables its important.

Keywords: Mental illness, stigma, Schizophrenia.

INTRODUCTION

Throughout the past history, mental illness has been interpreted in many different ways, depending on the beliefs of each culture. In social settings like our own, mental illness has almost always had negative connotations. The people with mental illness have been discriminated against in several ways throughout the centuries. Expressions such as "mentally ill" or "mental patients" are still associated with violence, dangerousness, unpredictability, and even moral depravity⁽¹⁾.

The living conditions of people with schizophrenia do not only depend on the severity of the illness, but also on the level of their acceptance in the community. Despite recent treatment advances, those suffering from schizophrenia face a considerable stigma that limits access to treatment and hinders their full integration into society⁽²⁾.

Goffman⁽³⁾ used the term stigma to "refer to an attribute that is deeply discrediting". Inherent to this definition is the idea that this attribute is something which deviates from what society has deemed 'normal'. This attribute can be a physical marking or a behavior.

Many people with serious mental illness such as schizophrenia are challenged doubly. On the one hand, they struggle with the symptoms and disabilities that result from the disease. On the other hand, they are challenged by the stereotypes and prejudice that result from misconceptions about mental illness. As a result of both, people with mental illness are robbed of the opportunities that define a quality life; good jobs, safe housing, satisfactory health care, and affiliation with adverse group of people⁽⁴⁾.

Persons with schizophrenia are probably the mentally ill patients who mostly suffer from stigma. The effects of discrimination work almost like a second illness that acts in several ways, not only in interpersonal relationships but also in social roles and at the social construct level. These experiences constitute an important barrier to the patient's clinical improvement and mental health, restricting opportunities and lowering self-esteem⁽¹⁾.

In the developing countries especially in the Arabic World, a few researches have been done in the area of stigma and mental illness⁽⁵⁾. Therefore, its important to studying the stigma associated with schizophrenic patients and its effects on the different area of patients' life, in this study the researcher is trying to assess the mental illness stigma in patients with schizophrenia and its association with some of personal characteristics for those patients.

METHODOLOGY

A descriptive analytic design was used on purposive (non probability) sample of 100 schizophrenic outpatients in order to achieve the objectives of the present study throughout the period between March – November, 2013.

Administrative arrangements and consents has been taken from two main Ministries; Ministry of Planning/Central Statistical Organization and Ministry of Health / Training & Developing Center, in addition to the consent of Research Ethical Committee in the Iraqi National Council of Mental Health.

The schizophrenic patients were enrolled in this study from out patient psychiatric clinic at Ibn-Rushd Psychiatric Teaching Hospital and Al-Rashad Psychiatric Teaching Hospital which are located in AL-Rusaffa sector of Baghdad/ AL-Rusaffa Health Directorate. And also from the out patient psychiatric clinic at Baghdad Teaching Hospital/ Medical City Directorate, which located in AL-Rusaffa sector also.

Self administrative questionnaire was used by the investigators for the present study which includes of two parts: the first includes the covering letter and personal characteristics of the patients; the second includes the Stigma Scale which consists of 28 items measured by five Likert Scale. These items were rated to 5 level of Likert Scale and scored as follow: strongly agree = 5, agree = 4, neutral = 3, disagree = 2 and strongly disagree = 1 in the direction of agreement except the items number of 3, 4, 7, 10, 14, 15, 19, 23, and 24 which scores were inverted to be as: strongly disagree = 5, disagree = 4, neutral = 3, agree = 2, and

strongly agree = 1 in the direction of disagreement. The result of stigma was calculated according to the cut of point for means of scores as following: -1 - 1.5 = mild; 1.6 - 3 = moderate; and 3.1 - 5 = sever; the level of stigma was calculated according to the total score of stigma as following: 35-65 = mild; 66-103 = moderate; and 104-140 = sever.

The validity and Reliability of the instrument was determined by using of face validity through the panel of experts, and internal consistency through the computation of Alpha Correlation Coefficient (Cronbach's Alpha).

The data were collected for the present study through the utilization of the self administrated questionnaire as a mean of data collection except the respondents who can not read and write; the data were collected through the utilization of structured interviewing.

Data analysis was employed by applying the Statistical Package for Social Science version 17.0 (SPSS).

RESULTS

Table 1. Patients' Socio-demographic Characteristics

Patients' Characteristics	F	%
Gender		
Male	74	74
Female	26	26
Total	100	100
Age (years)		
15 – 29	19	19
30 – 44	43	43
45 – 59	31	31
60	7	7
Total	100	100
Marital Status		
Single	39	39
Married	36	36
Divorced	20	20
Widowed	5	5
Total	100	100
Level of Education		
Unable to read & write	10	10
Read & write	10	10
Elementary	27	27
Secondary	25	25
Institute or college	28	28
Total	100	100
Occupation		
Unemployed	46	46
Non governmental employee	42	42
Governmental employee	12	12
Total	100	100

The results indicated that the sample of schizophrenic patients consisted of 100 patients. The majority of them were males(74%), who were single (39%) aged from 30-44 years old (43%). The highly percentage concerning level of education were shown among patients with institute or college education (28%) and 46% of patients were unemployed.

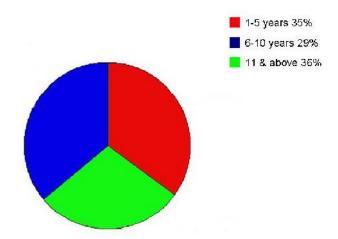


Figure 1. Distribution of The Patients Regarding to Their Duration of Illness (Years)

This figure showed the duration of illness for schizophrenic patients. The higher percentage of them had 11 years and above (36%), 1-5 years (35%) while 29% of them had 6-10 years duration of illness.

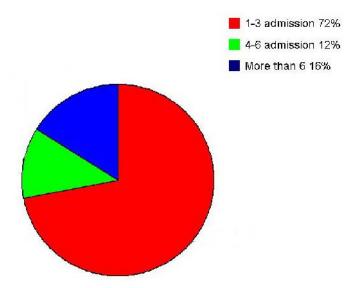


Figure 2. Distribution of The Patients Regarding to Their Number of Admission

This figure showed the distribution of the patients regarding to their numbers of admissions. The finding revealed that the majority of the sample (72%) had 1-3 admission to the psychiatric wards.

Table 2. Mental Illness Stigma Among Schizophrenic Patients

No	Item	M.S	S.D	Severity
1	I have been discriminated against in education because of my mental health problems (A)	3.36	1.19	M
2	Sometimes I feel that I am being talked down to because of my mental health problems (A)	3.38	1.33	M
3	Having had mental health problems has made me a more understanding person (D)	2.69	1.23	M
4	I do not feel bad about having had mental health problems (D)	3.37	1.28	M
5	I worry about telling people I receive psychological treatment (A)	3.69	1.32	Н
6	Some people with mental health problems are dangerous (A)		1.13	H
7	People have been understanding of my mental health problems (D)	2.89	1.37	M
8	I have been discriminated against by police because of my mental health problems (A)	2.86	1.17	M
9	I have been discriminated against by employers because of my mental health problems (A)	3.30	1.08	M
10	My mental health problems have made me more accepting of other people (D)	3.07	1.27	M
11	Very often I feel alone because of my mental health problems (A)	3.77	1.25	Н
12	I am scared of how other people will react if they find out about my mental health problems (A)	3.82	1.53	Н
13	I would have had better chances in life if I had not had mental health problems (A)	3.98	1.11	Н
14	I do not mind people in my neighborhood knowing I have had mental health problems (D)	3.36	1.38	M
15	I would say I have had mental health problems if I was applying for a job (D)		1.35	M
16	I worry about telling people that I take medicines/tablets for mental health problems (A)	3.27	1.38	Н
17	People's reactions to my mental health problems make me keep myself to myself (A)	3.63	1.32	Н
18	I am angry with the way people have reacted to my mental health problems (A)	3.61	1.19	Н
19	I have not had any trouble from people because of my mental health problems (D)	3.24	1.28	M
20	I have been discriminated against by health professionals because of my mental health problems (A)	3.17	1.10	M
21	People have avoided me because of my mental health problems (A)	3.15	1.32	M
22	People have insulted me because of my mental health problems (A)	3.04	1.33	M
23	Having had mental health problems has made me a stronger person (D)	3.32	0.98	M
24	I do not feel embarrassed because of my mental health problems (D)	3.34	1.30	M
25	I avoid telling people about my mental health problems (A)	3.72	1.22	Н
26	Having had mental health problems makes me feel that life is unfair (A)	3.71	1.31	Н
27	I feel the need to hide my mental health problems from my friends (A)	3.92	1.6	Н
28	I find it hard telling people I have mental health problems (A)	3.70	1.13	Н
	Total Average	3.43	1.27	M

No: Number, A: Agreement, D: Disagreement, M.S: Mean of score, S.D: Standard Deviation, M: Moderate, H: High

The analysis of this table revealed that the schizophrenic patients experience moderate level of stigma related to their mental illness of schizophrenia (M.S= 3.43).

Table 3. Correlation Between Stigma and Patients' Socio-demographic Variables

Correlation	Gender	Age	Marital Status	Level of Education	Occupation	Stigma
Gender	1.000					
Age	-0.048	1.000				
Marital Status	0.069	0.163	1.000			
Level of Education	0.211*	0.138	0.098	1.000		
Occupation	-0.139	-0.229	0.057	0.177	1.000	
Stigma	-0.020	-0.155	-0.300**	-0.079	-0.130	1.000

^{*} Correlation is significant at the 0.05 level (2-tailed).

The findings indicate that there is no significant association between stigma and patients' socio-demographic except marital status which was correlated significantly at p-value 0.01 respectively.

Table 4. Correlation between Stigma and Patients' Clinical Variables (N= 100)

Correlation	Duration of Illness	No. of Admission	Stigma
Duration of Illness	1.000		
No. of Admission	0.277**	1.000	
Stigma	-0.234*	0.046	1.000

^{*} Correlation is significant at the 0.05 level (2-tailed).

This table shows that there is significant association between the stigma and the duration of illness at p-value 0.05.

DISCUSSION

It has been known out of such characteristics (table 1) that greater than half of the schizophrenic patients were males (74%). This finding reflects that the prevalence rate of schizophrenia is high in males than females in our community, and also the male-female ratio could be interpreted that female psychiatric patients were less frequently brought to the psychiatric hospitals to avoid the stigmatization by public. This gender distribution is supported by Al- Saffar and Yaseen ⁽⁶⁾ who reported that 75% of the patients were males as represented in their study. This result is inconsistent with the study of Ansari and colleagues ⁽⁷⁾ who reported that more than half of the sample was young women patient.

The age distribution of the sample in this study indicated that 43% of them were fall in the age group of 30 -44 years old. This finding may be confirmed that schizophrenic patients got remission after their acute onset of schizophrenic disorder they have been got in twenties or thirties. This findings was congruent with the results of Neena and Kamal⁽⁸⁾ who found that the average age of their patients was (34 ± 12.61) years old. The finding was incongruent the results of Hussein⁽⁹⁾ who found that schizophrenic patients were fall in the age group between 20-29 years old.

The marital status of the present sample (table 1) revealed that 39% of the patients were unmarried (single) and 36% of them were married. This finding was consistent with Neena and Kamal⁽⁸⁾ who found that 42% were single; the finding was also supported by Hussein⁽⁹⁾

^{**} Correlation is significant at the 0.01 level (2-tailed).

^{**} Correlation is significant at the 0.01 level (2-tail

who found that 56.7% of the patients were singles. The above result may be explained by the early onset of the disease and that patient with schizophrenia tend to have difficulties with maintaining their daily living. Kim and his associates⁽¹⁰⁾ stated that it is common in comparing to the general population, that schizophrenic patients are less likely to marry.

The high percentage concerning level of education has been reported as high education, 28% of the sample have institute or college educational level (table 1). This finding may interpret that highly educated patients are more understanding and accepting their illness than other patients due to their knowledge and perception of their own condition. This finding was agree with Lv et al. (11) who found that most of patients were completed the high school. The finding was disagree with Hussein (9) who found that 58.3% of sample have intermediate school level and above; Al- Saffar and Yaseen (6) reported different result in their study in which that 75% of the sample was illiterate.

The distribution of occupation in table 1 indicated that 46% of schizophrenic patients were unemployed. Such finding may reflect that patients are unable for maintaining their daily living activities due to the significant impairment of the schizophrenic disorder, moreover the side effect of antipsychotic medication which may hold patients' ability of activities. All of these may prevent the patients from working. In addition to the discrimination against schizophrenic patient in the work as social process of stigmatization. The finding was supported by Hussein⁽⁹⁾ who reported that two- third (66.7%) of the sample were unemployed. Further support was by Chabungbam and his colleagues⁽¹²⁾ who found in their study that a longer period of unemployment was reported to be reliable predictor of rehospitalization rate. Therefore, relapse were significantly more likely to become unemployed due to their mental illness hindering the possibility to sustain the demands of a work schedule. The Iraq Mental Health Survey⁽¹³⁾ reported different results about employment which are the most of the population (40.8%) were employed and the remaining were either students, retired, or un employed.

The finding in the figure 1 showed the duration of illness for schizophrenic patients which revealed that the higher percentage of them had 11 years and above duration of illness (36%). This finding was consistent with the result of Al-Juboori⁽¹⁴⁾, who reported that the majority of patients' duration of illness was 7-11 years. The fining was inconsistent with Lv et al⁽¹¹⁾; Al Saffar and Yaseen⁽⁶⁾ who found diffirent results. The difference in the current result of this study and other studies might be explained by the relations between early onset and age of the schizophrenic disorders among the patient which are aging from 33 - 40 years old as indicated from the results of current study.

The figure (2) showed the distribution of the patients regarding to their number of admissions. 72% of schizophrenic patients had 1-3 admission to the psychiatric wards. Such finding may be confirmed by the theory of stigma and its impact on mental health services which state that people avoiding to seek medical psychiatric treatment to reduce the stigmatization and negative view of others. The finding was supported by Lv et al⁽¹¹⁾ who reported the same numbers of admission. Additional support was by Corrigan⁽¹⁵⁾ who revealed that the stigma is a major barrier to seek treatment and interfere with mental health services.

It has been known out of the table 2 that patients are experience moderate level of stigma. The results reflected that schizophrenic patients are worrying about telling people they receiving psychological treatments and they agree that some of mentally ill are dangerous. Very often patients feel alone because of their mental health problems, patients are scared of people reactions toward their illness at the same time they feel that the life is unfair and they have better chance if they hadn't mental health problems, such findings could be explained by the nature of our culture and people. The psychiatric patient is always the source of sympathy and in the same time is a source of sarcasm not only by people but also by media which make of psychiatric patient a comedian character and so on. This negative view and public attitude toward mentally ill make them a focus of stigmatization process as confirmed

by theory of self-stigma and public-stigma which lead to perceiving stigma by schizophrenic patients. This finding was supported by Lv et al. (11) who found that most of their sample perceiving moderate to high level of stigma related to mental illness. Additional supports were by Gonzalez et al. (1).

The findings in table 3 indicated that there is significant relationship between the stigma and marital status. This finding reflects that single patient experiences the stigma more then other considering the finding in table 1 which revealed that most of the patients were single. The public negative attitude towards schizophrenic patients make them highly stigmatized, that lead the patients to avoid social contact and even making social relationship. The findings above were consistent with the findings of Gonzalez and associates⁽¹⁾ who reported significant association. But inconsistency with the results of Lv et al.⁽¹¹⁾ and Silveria et al⁽¹⁶⁾ who reported no significant association with the patients' socio-demographic variables.

Table 4 showed that there is moderate positive relationship between numbers of admission and stigma and there is no relationship between the stigma and the duration of illness. The significance between the stigma and admission of the patients indicated the effect of the public stigmatization that lead to the relapse of the patients to re-admitted to the psychiatric hospital. The stigma has no significance with the duration of illness, this may be explained that patients are trying to hide their illness to avoid the stigma. These findings were agreed by Lv and associates⁽¹¹⁾ and disagreed by Ostman & Kjellin⁽¹⁷⁾.

CONCLUSION

- 1. The patients experienced moderate level of stigma related to their mental illness.
- 2. Mental illness stigma associated significantly with marital status and the duration of illness for schizophrenic patients.

RECOMMENDATION

- 1. Increasing public and professional awareness about mental illness and psychiatric patients through the launch of global and local campaigns.
- 2. Replication of the study on a large sample with more different variables its important.

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