Original Article

Study of socio-demographic, clinical characteristics and prevalence of perceived stigma in patients with major mental health disorders

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Abstract

Objectives: To study the socio-demographic and clinical characteristics in patients with major mental health disorders and to assess the prevalence and pattern of perceived stigma in patients with major mental health disorders.
Key Words: socio-demographic, clinical characteristics.

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INTRODUCTION

Stigma has been defined as an identifying mark of shame or discredit (Goffman *et al*,1963) Stigma brings experiences and feelings of

1. Shame
2. Blame
3. Hopelessness
4. Distress
5. Misrepresentation in the media

Stigma boils down to discrimination and hate. The families experience significant burden due to the illness. A study involving caregivers of bipolar disorder has shown that 93% of caregivers report moderate level of burden and 54% caregivers report severe level of burden. (Perlick *et al*, 1999)Stigma associated with mental illness is viewed as a primary barrier to the accessibility of care today and can result in long treatment delays. Stigma is universal but the nature, source, and impact of stigma varies across cultures and regions. The burden on the relatives of patients with manic and depressive symptoms is significant and at similar level (Schmid *et al*, 2007).

MATERIAL AND METHOD

The study was conducted with due permission from the scientific and the ethical committee of NIMS medical college and hospital Jaipur. A study on the stigma of mental illness and associated factors were carried out in patients with major psychiatry disorders after taking a written informed consent from them.

Study area

Outpatient department (OPD)of psychiatry in NIMS medical college and tertiary care hospital, Shobha nagar Jaipur, Rajasthan

Study Population

50 patients with major psychiatric disorders who reported to the Psychiatry OPD of NIMS Hospital and fulfilled inclusion criteria

Inclusion Criteria

1. The patients with major psychiatric disorders aged 18 years to 60 years
2. Who will give written informed consent for participating in this study.

Exclusion Criteria

1. The cases below 18 years of age and above 60 years of age.
2. The cases of patients with other general medical conditions.

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Data Collection Method

The data was collected by interview method all the patients with major mental disorders who present to the psychiatry OPD of NIMS hospital and fulfill the inclusion were provided with:

- Patient Information Sheet
- Written Informed Consent Form
- After obtaining written informed consent, the subject were assessed to obtain information as per following :
- Performa for socio-demographic profile for cases and clinical profile of the cases "Specially designed for study"
- FAMILY STIGMA SCALE ref: Bruce Link, Columbia University school of public health, New York, U.S.A
- All mental disorders were diagnosed as per ICD-10 criteria's

Demographic Profile

The mean age of the patients was 36.4 years. Majority of the patients were:

- Male (82%), Married (76%) Illiterate (58%), Farmer (48%),
- Hindu (94%), Residing In Joint Family (78%)
- Belonging To Lower Social Economics Class (68%) and
- Residing In Rural Areas (98%)

Table 1: Age and marital status

Variable	Frequency N = 50	Percentage 100%
Mean Age	36.1 years (SD=11.5)	RANGE = 20 – 60 years
SEX		
Male	41	82
Female	9	18
Marital Status		
Single	12	24
Married	38	76

RESULTS

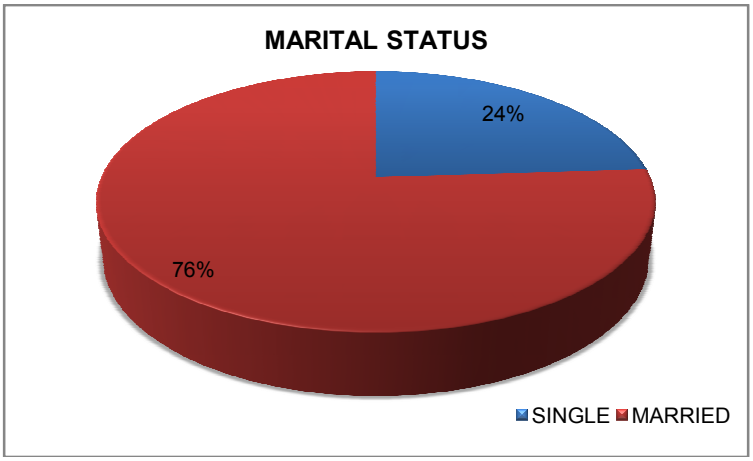

Figure 1:

Table 2: Educational status

Variable	Frequency	Percentage
Education	50	100
Illiterate	29	58
Primary	14	28
Middle	03	06
Matric	02	04
Intermediate	00	00
Graduate	02	04

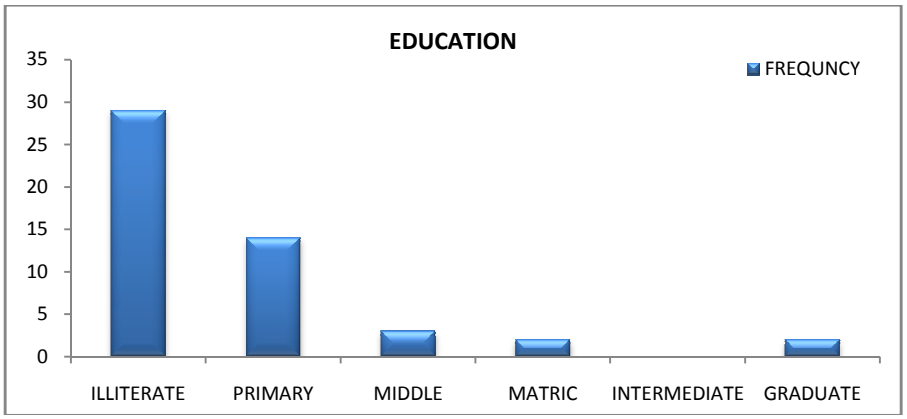

Figure 2:

Table 3: Occupational status

Variable	Frequency	Percentage
Occupation	N = 50	100%
Unemployed	20	40
Student	01	02
Farmer	24	48
Shop Owner	03	06

Figure 3:

Table 4: Religion and family type

Variable	Frequency N = 50	Percentage 100%
Religion		
Hinduism	47	94
Islam	03	06
Family Type		
Nuclear	11	22
Joint	39	78

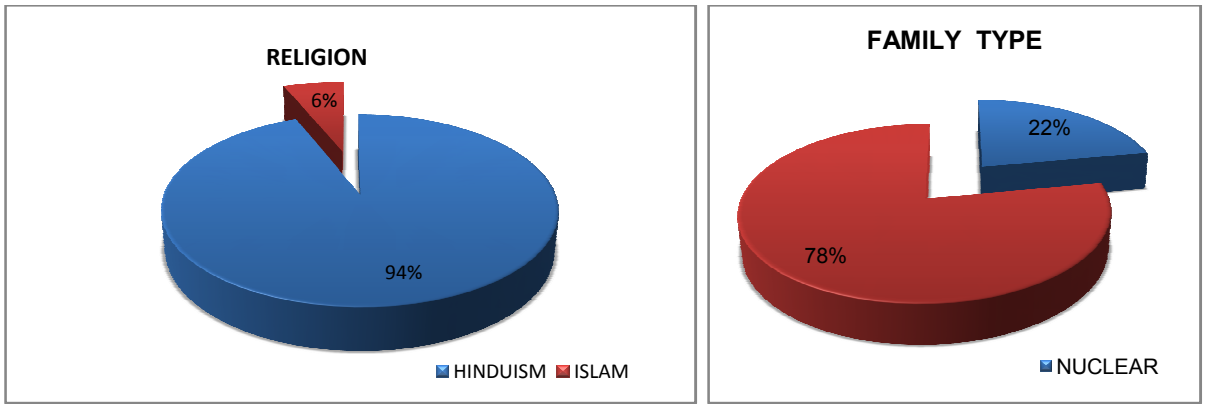

Figure 4:

Table 5: Socio-economy and locality

Variable	Frequency	Percentage
Socio-Economic Status :	Kappuswami Scale – 1998	
Upper Class	01	02
Middle Class	15	30
Lower Class	34	68
Locality		
Urban	01	02
Rural	49	98

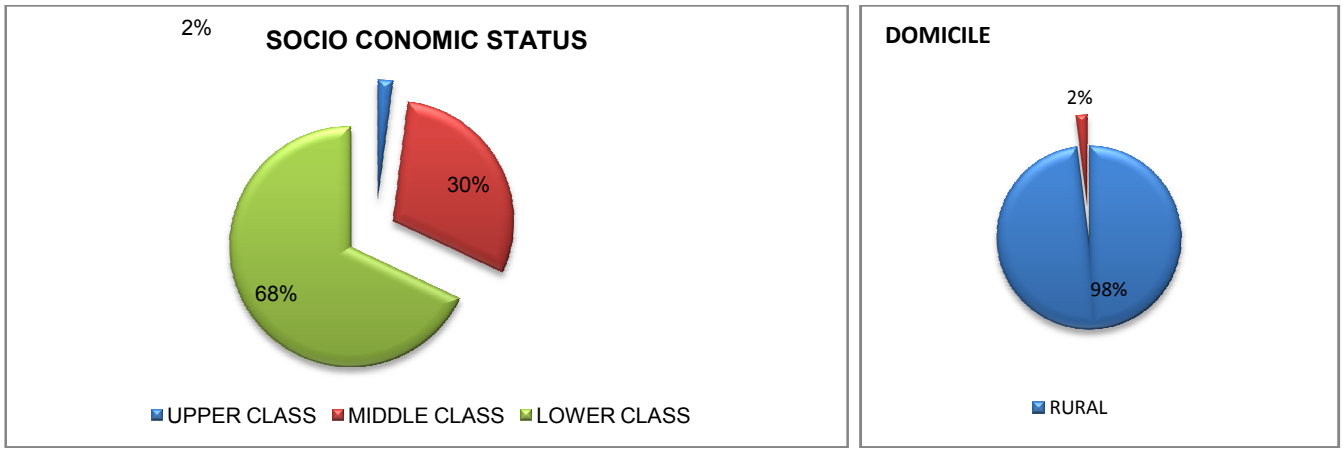

Figure 5:

Table 6: Clinical correlates

ICD 10 Code	Clinical Variable	Frequency N = 50	Percentage 100%
F(32)	Major depressive disorder	25	50
F(41)	Anxiety	06	12
F(30)	Mania	04	08
F (42)	OCD	04	08
F (20)	Schizophrenia	11	22

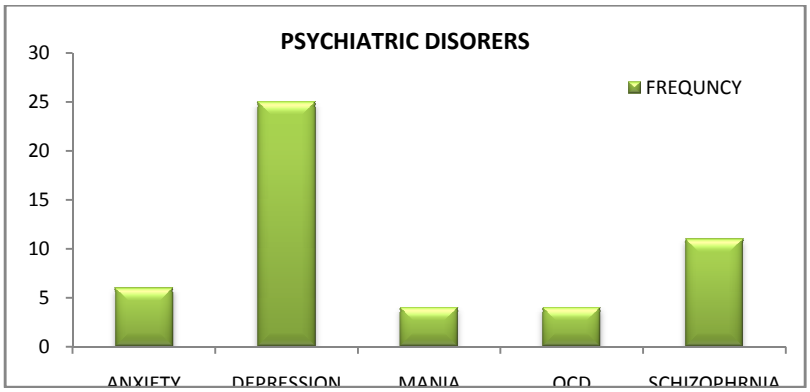

Figure 6:

Table 7: Comorbidity profile

Substance Abuse	Frequency	Percentage
Tobacco	23	46
Alcohol	08	16
Tobacco + Alcohol	12	24
No substance	07	14
Substance Abuse	Mean (Months)	SD
Duration Of Abuse	39.2	62.6

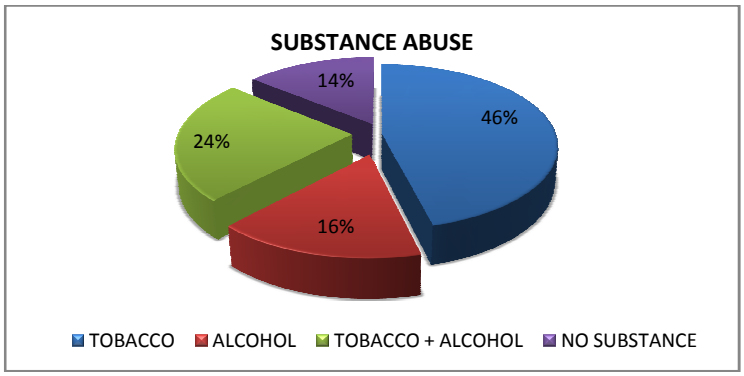

Figure 7: Perceived stigma scale

DISCUSSION

The present study is an attempt to measure stigma among patients. Although stigma is a major factor determining entry into the treatment facilities, adherence to treatment, and rehabilitation, there is very limited research on stigma. Majority of patients were Male (82%), Married (76%), living in Joint family (78%), belonging to Rural area (98%). While in other study by Berhanu *et al*, 2014, majority of patients were male (73.5%), single (69.6%), living in family (87.6%), belonging to urban area (78.3%). In another study by Karambelkar *et al*, 2016, majority of patients were male (64%), married (60%), living in nuclear family (58%). The mean age of patients in our study was 36.4 years. While in most of other studies the mean age of patients was less than 30 years [Kavitha *et al*, 2013; Phillips *et al*, 2002]. Results of the present study showed that stigma was more common in Males, Illiterate and Rural area. Among mental disorders, patients had more stigma in schizophrenia and depression. Persons with mental illness may internalize mental illness stigma and experience diminished self-esteem and self-efficacy. This process is referred to as self-stigma. Along with internalized stigma, the "failures" result in self-esteem and self-efficacy decrements [Watson *et al*, 2007]. In our study it was found that most patients reported that "most of the people in the neighborhood are not aware that I am taking these medications"; "Whenever I have any arguments with my siblings, they do not hesitate in calling me mad and crazy"; "If people get to know of my psychiatric disorder, they will reject me." In our study Tobacco (46%) was much more abused than Alcohol (16%). A previous study has also found high stigma among patients with substance users seeking treatment. [Luoma *et al*, 2007]. A person with substance dependence is held responsible for his and his family members' problems and it is considered that he

willfully indulges in substance dependence. The biological model of substance dependence is mostly ignored while forming these views [Barton *et al*, 1991; Fulton *et al*, 1999]. Though stigma has been found to be present as long as mental illness has been known, there is scant research on this social issue especially from India. A search in the Indian Journal of Psychiatry reveals that out of the 86 original articles including award papers published since 2011, 14 have been related to biological psychiatry and none to stigma.

CONCLUSION

The perceived stigma is common among patients with mental disorders**.** Most common psychiatric diagnosis associated with stigma was schizophrenia followed by depression among patients. The families of patients with OCD also do experience considerable burden. Low educational status, chronicity of illness and noncompliance were factors associated with stigma. The stigma associated with mental illness represents a challenge for effective mental health care.

LIMITATIONS

Hospital based study and Small sample size.

RECOMENDATIONS

Community based studies on stigma associated with mental disorders. Minimizing stigma through anti-stigma programs. Effective mental health services for early detection, treatment and rehabilitation. Community participation in mental health services.

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