ORIGINAL ARTICLE

PREVALENCE OF INTERNALIZED STIGMA IN PERSONS WITH SEVERE MENTAL ILLNESSES IN KARACHI, PAKISTAN

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ABSTRACT

OBJECTIVE
To discover the subjective experience of stigma among the persons diagnosed with severe mental illnesses and to see the difference between level of internalized stigma in persons with SMI i.e. persons with schizophrenia spectrum disorder and major depressive disorder.

DESIGN
Descriptive/Exploratory Study

PLACE OF DURATION OF STUDY
Data was collected during the period of Jan, 2014 to Mar, 2015 from Jinnah Postgraduate Medical Centre (JPMC), Dr. Abdul Qadeer Khan Centre, Institute of Behavioral Sciences (IBS), and Gulshan Psychiatric Hospital (GPH), Karachi.

SUBJECTS AND METHOD
120 participants were included. A purposive sample of 52 diagnosed persons with schizophrenia and 68 persons diagnosed with depression, age ranges 18 to 55 (mean age = 36.63, SD = 9.37) of both gender (male 34, female 18) who belonged to different socioeconomic status was taken from different psychiatric hospitals of Karachi. A demographic sheet, and Urdu Version of Internalized Stigma of Mental illness Scale (ISMI) were used.

RESULTS
Results indicated that persons with severe mental illness suffer 55% from severe level of internalized stigma. 84.6% individuals with schizophrenia fell under the category of severe level of internalized stigma. 36.4% individuals with major depression fell in moderate level.

CONCLUSION
Current findings call for concrete actions to provide effective services and group effort of health practitioners to reduce stigma in persons with severe mental illnesses side by side just treating the symptomatology.

KEY WORDS
Adults, Internalized Stigma, Schizophrenia, Major Depression

INTRODUCTION

Global prevalence of severe mental illnesses like schizophrenia has been estimated between range of 0.5% to 1%[1] while the ratio of major depressive disorder in the United States is 6.7%[2]. Persons experiencing severe mental illnesses are often subject to stigma from many sources, producing multifaceted negative effects[3-5]. Persons with SMI frequently suffer additional harm as a result of internalized stigma[6].

Internalized stigma or self-stigma occurs when a person cognitively or emotionally absorbs stigmatizing assumptions and stereotypes about mental illness and comes to believe and apply them to him or herself[7,8]. In the European countries ratio of self-stigma falls in 40% of moderate to severe range while in the study of Asian country like Tehran 40% respondents were in mild stigma[9]. Other findings discovered different segregations of stigma in South African persons; 60% of people with SMI tended to be violent, 30% felt ashamed because of their illness, 24% had this endorsement that they should not get married, and 43% had social withdrawal from society because their families would face embarrassment because of their illness[10].

Internalized stigma has been associated with a number of negative outcomes, including increased depression, avoidant coping[11,12], and social avoidance[13], decreased hope and self-esteem[13], worsening psychiatric symptoms[14], and decreased persistence in accessing mental health services and other supports[15].

The main objective of this research is to discover the ratio of internalized stigma in persons who have been labelled with severe mental illnesses such as schizophrenia spectrum disorder and with major depressive disorder. The purpose also extends towards food for thought for mental health care professionals that what type of the most effective and humanistic services and steps are needed to promote mental health. Following hypotheses were formulated:

a) Prevalence of internalized stigma would be high in persons suffering from severe mental illnesses.
b) Persons with schizophrenia spectrum disorder will have high prevalence of severe level of internalized stigma than persons with major depressive disorder.

METHODOLOGY

Participants

A purposive sample of 120 persons with severe mental illnesses (schizophrenia & depression) was taken from different psychiatric wards of different hospitals of Karachi from January, 2014 to March, 2015. Their age ranged between 18 to 55 years (mean age = 36.63, SD = 9.37). They were in and out door patients diagnosed with schizophrenia spectrum disorder and major depressive disorder according to criteria of DSM-V16 and ICD-10[17] by the psychiatrists and clinical psychologists. Only stable persons of schizophrenia were recruited whose' symptoms were better controlled through psychotropic medication, both groups were taking counselling services from the experts. They belonged to lower, middle and upper middle socio economic classes and all participants were educated till 5th grade. Persons who were having any history of substance abuse or general medical condition were excluded.

Instruments

Internalized Stigma of Mental illness Scale (ISMI)[18]

The ISMI is a 29-items 4-point Likert self-report scale. It is comprised of five sub scales: alienation, stereotype endorsement, discrimination experience, social withdrawal ad stigma resistance. Higher total scores indicate higher levels of internalized stigma. It has high internal consistency (alpha=0.90) and test-retest reliability (r=0.92). For present sample Cronbach alpha is .93 and .87, .81, .85, .88, and .52 for the alienation, SE, SW, DE and SR subscales respectively.

A demographic sheet consisted of information related to age, gender, education, occupation, marital status, family structure, total monthly income of the family, type of mental illness, duration of mental illness, duration of psychological or psychiatric treatment of the problem, and history of mental illness in the family was also administered.

Procedure

Approval for project was taken from Board of Advance Research and Studies, University of Karachi. Permission was taken from the authors of the scale to be used in the study. For data collection permission was taken from "Ethical Research Committee" of Jinnah Postgraduate Medical Centre, Dr. Abdul Qadeer Khan Institute of Behavioral Sciences (IBS) Karachi, and Gulshan Psychiatric hospital of Karachi. After getting permission persons with mental illnesses were approached and were informed about the nature of the research and informed consent was taken from participants. Researcher established the rapport with the participants before the demographic sheet was filled which was followed by the administration of required scale. For cross checking of the opinions given by each participant, there immediate family members or care givers were also involved in the study. After taking data each participant was provided counselling services to improve their self-esteem and psycho-education was provided to the care givers for their fears regarding the mental health problem of their beloved as incentive to participate in the study. In the end all participants were thanked for their cooperation. Scoring was carried out according to the given procedure for each scale.

RESULTS

Descriptive statistics were used to compute percentages through Statistical Package for Social Sciences. Table1 showed socio-demographic characteristics of the sample; it consists of equal ratio of gender. 50 % of the participnts were married, 58.3% were living in joint system, 31.7% had income between 14,000-30,000, 55% had matric to intermediate level of education, almost 44% reported history of mental illness and 32.4% were those who don't know or did not report about history of family disease, and 90.8% were having less than 5 number of hospitalizations.

Table 1
Summary of socio-demographic characteristics of current sample

Variables	Category	F	%
Gender	Female	60	50
	Male	60	50
Marital Status	Unmarried	42	35.0
	Married	60	50.0
	Divorced/Widow	18	15.0
	Less than 14,000	19	15.8
Socioeconomic status	14,000-30,000	38	31.7
	30,000-50,000	34	28.3
	>50,000	29	24.2
Level of Education	Primary - Matric	66	55.0
	Intermediate & above	54	45.0
Family Status	Joint	70	58.3
	Nuclear	50	41.7
Family History of Psychological disturbance	No	53	44.2
	Yes	25	20.8
	Did not reported	42	35.0
Number of hospitalization	<5	109	90.8
	>5	11	9.2

(N=120).

Table 2
Summary of percentages of levels of internalized stigma in present sample

Ranges of Internalized Stigma		Category	%
Minimal to no internalized stigma	(1.00-2.00)	4	3.3
Mild internalized stigma	(2.01-2.50)	20	16.7
Moderate internalized stigma	(2.51-3.00)	30	25.0
Severe internalized stigma	(3.01-4.00)	66	55.0

(N=120).

Table 3
Summary of percentages of levels of internalized stigma in persons with severe mental illnesses.

Ranges of Internalized Stigma	Schizophrenia (N=52)		Major Depression (N=68)	
Minimal to no internalized stigma	0	0.0	4	5.9
Mild internalized stigma	3	5.8	17	25.2
Moderate internalized stigma	5	9.6	25	36.8
Severe internalized stigma	44	84.6	22	32.4

Table 4
Responses of the whole sample on items of Internalized Stigma for Mental Illness (ISMI).

Ranges of Internalized Stigma	Schizophrenia (N=52)		Major Depression (N=68)	
Minimal to no internalized stigma	0	0.0	4	5.9
Mild internalized stigma	3	5.8	17	25.2
Moderate internalized stigma	5	9.6	25	36.8
Severe internalized stigma	44	84.6	22	32.4

Table 5
Responses of the whole sample on items of Internalized Stigma for Mental Illness (ISMI).

Items	SA (%)	A (%)	D (%)	SD (%)
Alienation				
Item-1	48.3	25.0	24.2	2.5
Item-5	52.5	31.7	10.0	5.8
Item-8	44.2	40.0	12.5	3.3
Item-16	57.5	34.2	7.5	0.8
Item-17	55.0	34.2	6.7	4.2
Item-21	46.7	34.2	16.7	2.5
Stereotype Endorsement				
Item-2	44.2	39.2	16.7	0.0
Item-6	24.2	37.5	28.3	10.0
Item-10	38.3	44.2	16.7	0.8
Item-18	16.7	19.2	40.8	23.3
Item-19	35.0	44.2	16.7	4.2
Item-23	34.2	41.7	17.5	6.7
Item-29	28.3	32.5	26.7	12.5
Discrimination experience				
Item-3	39.2	28.3	29.2	3.3
Item-15	30.0	31.7	23.3	15.0
Item-22	43.3	35.0	14.2	7.5
Item-25	32.5	35.8	22.5	9.2
Item-28	32.5	45.8	13.3	8.3
Social withdrawal				
Item-4	40.8	26.7	26.7	5.8
Item-9	36.7	39.2	20.0	4.2
Item-11	49.2	45.8	4.2	0.8
Item-12	35.8	40.8	20.0	3.3
Item-13	40.0	40.0	15.8	4.2
Item-20	33.3	29.2	27.5	10.0
Stigma resistance				
Item-7	26.7	50.8	18.3	4.2
Item-14	20.8	39.2	25.0	15.0
Item-24	10.8	16.7	57.5	15.0

Table 2 and 3 showed ranges of internalized stigma in the whole sample and further in separate clinical groups of SMI and values depict that 55% of the current population was facing severe internalized stigma. Results showed that 84.6% persons with schizophrenia were facing severe internalized stigma while about 36.8% persons with major depressive disorder were having moderate level of internalized stigma. This highlights the high ratio of IS in persons with schizophrenia as compared with persons with MDD.

Ratio of alienation, stereotype endorsement, discrimination experience, social withdrawal, and stigma resistance has been also explored (see table, 5). Further, results revealed that people with SMI had more feeling of alienation by extremely disappointed with their disease and thinking that it has spoiled their lives. They had to face more stereotypical behavior of the society that they were more violent and they internalized beliefs of others to self.

DISCUSSION

Results showed that patients with schizophrenia and depression had considerable levels of internalized stigma. Previous literature has also produced same results [3-5,9]. As described in a social-cognitive model of self-stigma, first patients get aware of stereotypical behavior, secondly they agree with these, and thirdly they adapt it[19]. They assimilate this inward thinking that others ignore them and this rejection deteriorates their self-efficacy and self-esteem. Most of them showed social withdrawal because other people label them as more incompetent, inadequate figure for the society and then they become silent about disclosing their disease[10,19].

In our culture, social biases (stereotypical attitude) are prevailing that people with mental illnesses are violent and dangerous and because of lack of awareness regarding effective treatment they are taken to fake spiritual healers and their problem get worse. However, being in a collectivistic culture social support is available that prevent them from feeling of loneliness and rejection, hence, appropriate psychoeducation is needed. Some findings suggested that ratio of stereotypical endorsement is low in traditional societies as compared with the Western culture[20]. World Health Organization and the World Psychiatric Association are working to reduce stigma of mental illness to maintain the dignity of this group and enhance mental health awareness in under developing countries and old-style societies[21].

Conclusion and Recommendations

There is considerable internalized stigma in patients of schizophrenia and depression. Stigma and discrimination can be reduced by informing the public about mental illness,thier causes, and the possibilities of receiving effective treatment. Anti-stigma campaigns or awareness programs are needed to reduce stigma and improve the treatment and care of the mentally ill. Another interesting and promising way would be to improve the ability of those with mental illness to cope with stigma. This could be an important tool for clinicians working with the mentally ill.

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Undertaking

Serial No	Author Name	Affiliation of Author	Contribution	Signature
01	Ms. Umara Rauf	First Author	Plan, making of Proforma, half data collection, Write up of article	
02	Dr.Uzma Ali	Second Author	Resources & Feasibility, Half Data Collection, Statistical Analysis.	