Internalized Stigma, Coping and Social Support with Mental Illness in Manipal Teaching Hospital, Pokhara, Nepal

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ABSTRACT

Background: There are an increasing number of studies on the subjective experience of stigma amongst mentally ill persons but still few coming from Asian countries, and very few from Nepal. The objective of this study was to look into the experience of internalized stigma in mentally ill persons in Pokhara, Nepal and to compare this with similar studies using ISMI fromother socio-cultural contexts.

Methods: A total of 136 patients with mentally ill people attending OPD of Manipal Teaching Hospital, Nepal responded to the Internalized Stigma of Mental Illness Scale. This is a 29-item self-report questionnaire with good psychometric properties.

Results: Among the participant, majority 69.1% were 18-39 years age and majority 60.3% were female. Half of the participant 51.5% experienced high level of internalized Stigma. Regarding coping strategies, 86% of the participant response they does not avoid telling the health care professionals that they had a history of mental illness, Most 87.5% response they does not avoid going out with friends after receiving psychiatric treatment. Most 83.1% response they attempt to correct their friends if they hold negative views on people with mental illness. Most 65.44% were having High Social Support with Mental illness.

Conclusions: Study findings show half of the participants (51.5%) experienced high level of stigma and more than half of the participant (65.44%) were having high social support with mental illness.

Keywords: Coping; internalized stigma; mental illness; social support.

INTRODUCTION

"Public stigma" describes the ways in which the general public stigmatizes people with a mental illness, and "internalized stigma" or "self-stigma" represents the internalization of this public stigma.[1] For people with mental illness, internalized or self-stigma is characterized by a subjective perception of devaluation, marginalization, secrecy, shame, and withdrawal.[2,3] Internalized stigma has a variety of adverse effects, including eroding an individual's social standing and social networks, and contributing to diminished self-esteem and slower recover.[4] Internalized stigma is a risk factor for a poorer mental health prognosis.[5] Stigma is a major problem across different societies, but the particular manifestations of stigma may vary. Variation in the interaction between stigma and mental illness is evident in different settings.[6] Studies exploring self –stigmatization of persons with mental illness in Nepal is few so that present study aimed to assess internalized stigma, coping mechanism and social support among mental illness people in Nepal and to compare this with similar studies using ISMI from other socio-cultural contexts.

METHODS

The study was conducted among psychiatric patients attending Psychiatry O.P.D of Manipal Teaching Hospital, Pokhara, Nepal. Data was collected by convenience sample (n=136) recruited from outpatients of Manipal Teaching Hospital, Pokhara, Nepal. The study was conducted in July and August 2015. The patients had been diagnosed with anxiety disorder, depressive disorders, bipolar mood spectrum disorders, and schizophrenia spectrum disorders. Data were collected by the first

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author by asking open-ended question about personal experience of stigma and discrimination. The interview was conducted in private in a separate room at the Outpatient Department. Patients who were not capable of responding to the questionnaire due to more severe illness were excluded. Data entry and analysis was done using SPSS version 19.Both Descriptive and inferential Statistics was used for data analysis. Ethical approval was taken from the Institutional committee of the Manipal Teaching Hospital, Pokhara, Nepal. Participation was voluntary and the study as a whole was conducted according to the principles of the Helsinki Declaration.

Data collection was done with Demographic Performa, Internalized stigma of Mental illness, coping Strategies and Multidimensional scale of perceived social support. Internalized Stigma of Mental Illness Scale[2] which was developed in close collaboration with members of the target population, people with personal or family histories of mental illness, groups of people with major psychiatric disabilities, and consumer organizations dealing with stigma. Twenty-nine items are grouped into five subscales reflecting, alienation, stereotype endorsement, perceived discrimination, social withdrawal, and stigma resistance. The alienation subscale, with six items, measures the subjective experience of being less than a full member of society. The stereotype endorsement subscale, with seven items, measures the degree to which respondents agreed with common stereotypes about people with a mental illness. The Discrimination Experience subscale, with five items, measures respondents' perceptions of the way they tend to be treated by others. The Social Withdrawal subscale, with six items, measures aspects of social withdrawal such as; I don't talk about myself much because I don't want to burden others with my mental illness. The Stigma Resistance Subscale, with five items, measures a person's ability to resist or be unaffected by internalized stigma. All items were measured on a 4-point Likert-type agreement scale (1 = strongly disagree to 4 = strongly agree).

Tool was translated into Nepali and back-translated it into English. This was done by Subject expert with a good knowledge of English. Pilot study was conducted among patients attending Psychiatric OPD of Manipal Teaching Hospital (10% of the sample size) reliability with 10% was conducted to determine the feasibility and reliability of the Nepali version of the Internalized Stigma of Mental Illness Scale of study sample and they were excluded from the main study. Interview was conducted by researcher so, there was no problem of drop out and incomplete response. The internal consistency in total the Reliability

test (Cronbach's alpha), was 0.87 .Cronbach's alpha of Subscales Alienation was 0.81, Stereotype endorsement 0.79, perceived discrimination 0.88, social withdrawal 0.81, stigma resistance 0.60, respectively for present study whereas Cronbach's alpha of subscales alienation was 0.84, stereotype endorsement 0.71, perceived discrimination 0.87, social withdrawal 0.85, stigma resistance 0.63 in original English version .

RESULTS

Table 1.Demographic Characteristics of the Participant

Variables	Subcategory	Frequency	Percent
Age	18-39	94	69.10
	40-60	42	30.90
Sex	Male	54	39.70
	Female	82	60.30
Residence	Rural	111	81.60
	Urban	25	18.40
Family Type	Nuclear	33	24.30
	Joint	103	75.70
Diagnosis	Anxiety	60	44.10
	Schizophrenia	22	16.20
	Depression	14	10.30
	Bipolar	6	4.40
	Others	32	23.50
Duration of illness	6-1 year	15	11.00
	More than 1 year	121	44.10
Socioeconomic Status: Kuppuswamy's scale	26-29	4	2.90
	16-25	44	32.40
	11-15	51	37.50
	Below 10	36	26.50
	5	1	0.70

Table 1 revealed most (69.10%) of the participant were from age group 18-39 years of age, 60.30% were female, majority 85.30% were Hindu, 67.60% were married, most 81.60% were from rural area, Most 75.70% of the participant were from joint family, majority 44.10% were diagnosed with anxiety disorder, nearly half of the participant 44.10% were having illness since 1 year, 37.50% were having socioeconomic status 11 to 15 that means they were having middle /lower middle socioeconomic status.

Table 2. Subscale means and stigma levels according to lysaker in percent.

ISMI Subscales Mean	Sweden version n=188	Serbian version n =103	Europe n=1229	Tehran n = 138	Nepali Version n=136

Alienation	2.51	2.18	2.53	2.33	1.82
Stereotype endorsement	1.60	2.06	2.19	2.30	1.64
Perceived discrimination	1.77	2.06	2.43	2.32	1.77
Social withdrawal	2.01	2.18	2.48	2.64	1.72
Stigma resistance	2.78	2.39	2.47	2.46	1.90
Level of stigma (%)					
Minimal	52%	38.8%	23%	40%	48.5%
Mild	35%	43.7%	34%	21%	-
Moderate	10%	14.6%	29.4%	27%	25.0%
Severe	3%	2.9%	12.3%	12%	26.0%

Table 2 shows regarding the level of internalized stigma[7] suggests using the midpoint of the scale (an average score equal or above 2.5 on the 1 to 4 point scale) as possible level of high internalized stigma. According to this model approximately 51.50 % of the participant experienced high level of stigma in this study.

Whereas another way of determining the level of stigma suggested[8] who used the internalized stigma of mental illness scale in a sample of people with schizophrenia in a united states suggested that a score of 2 or less could be labeled "minimal stigma 'scores, scores between 2 & less than 2.50 could be labeled as mild stigma and scores between 2.5 & 3 could be labeled as "Severe Stigma". In this study, 51.5 % of the participant reported High internalized stigma.

Table 3 reveals about coping Strategy of Mentally ill Patient , Majority 84.6% response they are not hiding the fact of having a history of mental illness as well as Majority 86.0% of Nepalese Participant also revealed that they are telling they have a history of mental illness for health care professionals, under item Secrecy. Majority 87.5% participant revealed they are not avoiding going out with friends after psychiatric treatment under subheading Avoidance and withdrawal, Majority 83.1% of participant responded they used to attempt to correct their friends who used to hold negative views on people with mental illness under subheading Advocacy & confrontation.

Table 3. Coping strategies.

| Items	No	Don't know[1]	Yes
Secrecy			
Secrecy 1	84.60	3.70	11.80
Secrecy 2	75.00	8.80	16.20
Secrecy 3	75.70	11.80	12.50
Secrecy 4	41.20	13.20	45.60
Secrecy 5	49.30	41.20	9.60
Secrecy 6	86.00	10.30	3.70
Secrecy 7	54.40	11.80	33.80
Avoidance and withdrawal			
Avoidance and withdrawal 1	46.3	59	10.3
Avoidance and withdrawal 2	57	60	19
Avoidance and withdrawal 3	56.6	28.7	14.7
Avoidance and withdrawal 4	29.4	14.7	55.9
Avoidance and withdrawal 5	85.3	5.9	8.8
Avoidance and withdrawal 6	87.5	4.4	8.1
Avoidance and withdrawal 7	78.7	7.4	14.0
Advocacy and confrontation			
Advocacy and confrontation 1	5.9	11.0	83.1
Advocacy and confrontation 2	8.1	16.2	75.7
Advocacy and confrontation 3	6.6	18.4	75
Advocacy and confrontation 4	9.6	12.5	77.9
Advocacy and confrontation 5	30.9	41.2	27.9
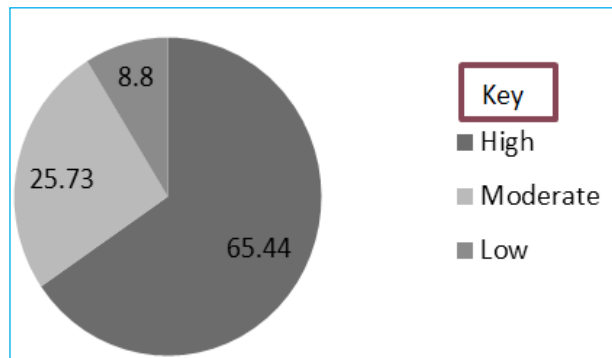
Figure1. social support with mental illness.

Fig1 revealed Majority 65.44% of Participant were having high Social support

DISCUSSION

The Study was conducted among 136 sample majority female with age group more 18-39 years in order to test a Nepali version of Internalized Stigma of Mental Illness scale ,originally developed by Ritsher& Phelan (2003)[2] among Patient recruited from Psychiatric OPD ,Manipal Teaching Hospital,Pokhara,Nepal.

Comparing present study results with[9] tehren, Iranfound

that subject experience of high stigma with same questionnaire with approximately 40% of respondents reporting moderate to severe Stigma which support present study as More than half 51.5% participants reports moderate tosevere stigma in Nepal.

Majority 82.5% were experiencing Minimal to mild level of stigma[10] which contraindicate present study as 48.5% experience Minimal level of stigma. Comparing to the present study with Chung K.F et al who used Coping Strategies among Chinese mental health patients in Hongkong.[11] Under sub heading Secrecy Majority 109 % Chinese participant response yes for hiding the fact of having a history of mental illness whereas Majority 84.6% Nepalese participant response no for same item. Majority (76.2%) of Chinese Participant reveals they are telling a history of mental illness for health care professionals whereas Majority 86.0% of Nepalese Participant also revealing that they are telling they have a history of mental illness for health care professionals. Under subheading Advocacy &confrontation Majority 61.7 % of Chinese participant responded yes for item to attempt to correct their friends who used to hold negative views on people with mental illness this item response similar to present study as most 83.1% response yes for same item. Under subheading Avoidance and withdrawal Majority 87.5 % of the Chinese participant revealed they are not avoiding going out with friends after psychiatric treatment likewise Nepalese participant 76.2% also reveals that they are also not avoiding to go out with friends after psychiatric treatment.

Comparing to the study conducted by Chronister et al, participant reported low levels of social support to mental ill people[12] whereas this study revealed there is high social support. It may be due to Majority of the family were from joint family and they are from rural area.

CONCLUSIONS

Study findings showsamong the Participant Majority 69.1% were 18-39 years age and Majority 60.3% were female. More than half 51.5% experienced Moderate to Severe internalized stigma. More than half of the Participant 65.44% was having High Social Support with Mental illness. Majority of female participant from age group 18 -39 years were having more Anxiety disorder due to they were in Reproductive age as well as more were unemployed and also due to joint family. They have to perform a various role in the family. Sometime they may not be able to play their various roles and come across anxiety disorder.TheNepali version of ISMI was found to be valid and reliable to measure internalized stigma in the sample.

REFERENCES

1. Corrigan PW, Watson AC. Understanding the impact of stigma on people with mental illness. World Psychiatry. 2002;1(1):16-20.[PubMed]

2. Ritsher JB, Otilingam PG, Grajales M. Internalized stigma of mental illness:psychometric properties of a new measure. Psychiatry Research. 2003; 121(1):31-49.[DOI] [Science Direct]

3. Corrigan, P W.The impact of stigma on severe mental illness. Cognitive and Behavioral Practice, 1998; 5(2):201–222.[DOI][Science Direct]

4. Link BG, Phelan JC. Conceptualizing stigma. Annu Rev Sociol.2001; 27:363–85.

5. Boyd JE, Adler EP, Otilingam PG, Peters T. Internalized Stigma of MentalIllness (ISMI) scale: a multinational review. Compr Psychiatry.2014; 55(1):221–31. [DOI]

6. Weiss MG, Jadhav S, Raguram R, Vounatsou P, Littlewood R.Psychiatric stigma across cultures: local validation in Bangalore and London.Anthropol Med 2001; 8:71–87. [DOI]

7. Ritsher JB, Phelan JC .Internalized stigma predicts erosion of morale among psychiatric outpatients .Psychiatry Res.2004;129:257–65 .[Link]

8. Lysaker PH, Roe D, Yanos PT. Toward understanding the insight paradox: internalized stigma moderates the association between insight and social functioning, hope, and self-esteem among people with schizophrenia spectrum disorders. Schizophr. Bull. 2007; 33(1):192–199.[DOI]

9. GhaneanH,NojomiM, JacobssonL.Internalized Stigma of Mental Illness in Tehran, Iran. Stigma Research and Action.2011;(1):11–17. [Full Text Link]

10. Vidojevic I M,Dragojevic N,Toskovic O,Popovic M.Internalized stigma among People with Mental Illness in Serbia and the Psychometric Properties of the IsmiScale.Academic Journal of Interdisciplinary studies.2014;3(3):153-161 .[Link]

11. ChungK.F, Wong MC.Experience of Stigma among Chinese mental health patients in Hongkong. Psychiatric Bulletin.2004;28:451-454. [DOI]

12. Chronister J, ChouCC, Liao H.The role of stigma coping andsocial Support in mediating the effect of societal stigma on Internalizedstigma, mental health recovery and quality of life among people with serious mental illness. Journal of community psychology.2013; 41(5):582-600.