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**ORIGl AL 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 levelof internalized stigma in persons with SMI

i.e. persons with schizophrenia spectrum disorder and major depressive disorder.

# DESIGN

Descriptive/Exploratory Study

# PLACE OF DU RATION OF STU DY

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 (185), and Gulshan Psychiatric Hospital(GPH), Karachi.

# SUBJECTS AND METHOD

120 participants were included. A purposive sample of 52 diagnosed personswith schizophrenia and 68 persons diagnosed with depression, age ranges18 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 MentalillnessScale(ISMI) wereused.

# RESULTS

Resultsindicated that persons with severe mental illness suffer 55% from severe level of internalized stigma. 84.6% individuals with schizophrenia fell underthe 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 servicesand group effort of health practitionersto reduce stigmain persons with severe mental illnesses side by side just treating the symptomatology.

# KEYWORDS

Adults,Internalized Stigma,Schizophrenia,Major Depression

# INTRODUCTION

Global prevalence of severe mental illnesses like schizophrenia has been estimated between range of0.5% to 1%'while theratio of major depressive disorder in the United States is 6.7% '. Personsexperiencing severe mentalillnessesare often subject to stigma from many sources, producing multifaceted negative effects3 5 Persons with SMI frequently suffer additional harm as a result of internalized stigma'.

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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'·'.In the European countriesratio 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'. 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 thisendorsement that they should not get married, and 43% had social withdrawal from society because their familieswould face embarrassment becauseof theirillness'°.

Internalized stigma has been associated with a number of negative outcomes, including increased depression, avoidant coping"·", and social avoidance", decreased hope and self­ esteem", worsening psychiatric symptoms", and decreased persistence in accessing mental health services and other supports".

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:

1. Prevalence of internalized stigma would be high in persons suffering from severe mental illnesses.
2. Persons with schizophrenia spectrum disorder will have

high prevalence of severe level of internalized stigma than personswith major depressive disorder.

**METHODOLOGY RESULTS**

### 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 18to 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 ofDSM-Vl 6and ICD-1O" 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 5thgrade. Persons who were having any history of substance abuse or general medical condition were excluded.

### Instruments

***Internalized Stigma of Mental illness Scale (ISM/)18***

The ISMI is a 29-items 4-point Likert self-report scale. It iscomprised offive 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, DEandSR 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.

Descriptive statistics were used to compute percentages through Statistical Package for Social Sciences. Tablel showed socio­ demographic characteristics of the sample; it consists of equal ratio of gender. 50 % of the participntswere 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% werethose 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

|  |  |  |  |
| --- | --- | --- | --- |
|  | **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 |

|  |  |  |  |
| --- | --- | --- | --- |
| **Variables** | **Category** | **F** | % |
| **Gender** | **Female** | 60 | 50 |
|  | Male | 60 | 50 |
| **Marital Status** | **Unmarried** | 42 | 35.0 |
| **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 |
| **Numberof hospitalization** | <5 | 109 | 90.8 |
| >5 | | II | 9.2 |

(N=\20).

**Table 2**

Summary of percentages of levels of internalized stigma in present sample

|  |  |  |  |
| --- | --- | --- | --- |
| **Ranges of Internalized Stigma**  **Minimal to no internalized stigma (1.00-2.00)** | | **Category**  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=\20). |  |  |  |

**Table 3**

**Summary of percentages of levels of internalized stigma in persons with**

severe mental illnesses.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Schizophrenia**  **Ranges of Internalized Stigma (N=S2)** | | | **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).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Schizophrenia**  **Ranges of Internalized Stigma (N=S2)** | | | **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 oflntemalized Stigma for Mental lllness (lSMI).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Items** | **SA(%)** | **A(%)** | **0(%)** | **SD(%)** |
| **Alienation** |  |  |  |  |
| **Item-I** | 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 |
| ltem-16 | 57.5 | 34.2 | 7.5 | 0.8 |
| ltem-17 | 55.0 | 34.2 | 6.7 | 4.2 |
| ltem-21 | 46.7 | 34.2 | 16.7 | 2.5 |
| **Stereotype Endorsement** |  |  |  |  |
| **ltem-2** | 44.2 | 39.2 | 16.7 | 0.0 |
| **ltem-6** | 24.2 | 37.5 | 28.3 | 10.0 |
| Item-JO | 38.3 | 44.2 | 16.7 | 0.8 |
| **Item-18** | 16.7 | 19.2 | 40.8 | 23.3 |
| ltem-19 | 35.0 | 44.2 | 16.7 | 4.2 |
| **Item-23** | 34.2 | 41.7 | 17.5 | 6.7 |
| ltem-29 | 28.3 | 32.5 | 26.7 | 12.5 |
| **Discrimination exoerience** |  |  |  |  |
| **ltem-3** | 39.2 | 28.3 | 29.2 | 3.3 |
| ltem-15 | 30.0 | 31.7 | 23.3 | 15.0 |
| **ltem-22** | 43.3 | 35.0 | 14.2 | 7.5 |
| ltem-25 | 32.5 | 35.8 | 22.5 | 9.2 |
| ltem-28 | 32.5 | 45.8 | 13.3 | 8.3 |
| **Social withdrawal** |  |  |  |  |
| **Item-4** | 40.8 | 26.7 | 26.7 | 5.8 |
| **ltem-9** | 36.7 | 39.2 | 20.0 | 4.2 |
| **llem-11** | 49.2 | 45.8 | 4.2 | 0.8 |
| **ltem-12** | 35.8 | 40.8 | 20.0 | 3.3 |
| ltem-13 | 40.0 | 40.0 | 15.8 | 4.2 |
| **ltem-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 |
| ltem-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, resultsrevealed 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

Resultsshowed that patientswith schizophreniaand depression had considerable levelsof internalized stigma.Previousliterature has also produced sameresults,.,.,. 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". 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 theirdisease'°·".

In our culture, social biases(stereotypical attitude) are prevailing that people with mental illnessesare violent and dangerousand because of lack of awareness regarding effective treatment they are taken to fake spiritual healersand 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 stereotypicalendorsement is low in traditional societies as compared with the Western culture". 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".

### Conclusion and Recommendations

There isconsiderable internalized stigmain patientsof schizophrenia and depression. Stigma and discrimination can be reduced by informing the public about mental illness,thier causes, and the possibilitiesof 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 theability of those with mental illness to cope with stigma. This could be an important tool for cliniciansworking with the mentally ill.

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**Undertaking**

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