

Stigma Perceived by the Family Members of Psychiatric Patient

Siwani Rimal¹⁾, Yadav Poonam Kumari²⁾

ABSTRACT

Introduction: Stigma among family members of people with mental illness has a serious impact on the disease outcome and lives of people with mental illness.

Objectives: To determine the level of perceived stigma among family members of psychiatric patients.

Methods: A cross-sectional study was designed. Self-stigma of Mental Illness Scale was used. A structured interview was conducted among 50 family members of people with psychiatric problems in psychiatry outpatient and inpatient department of National Medical College Teaching Hospital, Birgunj. Data on sociodemographical characteristics, clinical profile and stigma question were collected. Descriptive statistics was calculated using SPSS 16.

Results: The mean stigma score was 42.16 ± 5.10 48% of the respondents perceived high level of stigma.

Conclusion: Nearly half of family members of the psychiatric patients perceived high level of stigma. Hence, there is a need for conducting stigma reduction program.

KEY WORDS

family members, psychiatric patients, stigma

INTRODUCTION

Stigma is a social process, practiced or expected and characterized by separation, rejection, and blame or discredit about an individual or groups¹⁾. Stigma occurs at three levels, namely, organizational, public and personal level. Mental health, stigma has been identified as more distressing and debilitating than the illness itself²⁾. Stigma and discrimination are considered universal phenomena, their manifestations may vary according to culture and contexts. Culture is known to influence many aspects of mental disorders³⁾. The global prevalence of mental disorders is approximately 1 in 5 adults (17.6%)⁴⁾. A recent meta-analysis by WHO estimated that the prevalence of mental disorders was 22.1% in emergency settings⁵⁾. Approximately 450 million people are affected by mental illness and their devastating effects at personal and national levels are quite significant⁶⁻⁸⁾. The Ministry of Health and Population of Nepal estimates that about 15-20% of population 2-3 million suffer from some form of mental disorder⁹⁾. There is a growing burden of mental disorders in Nepal. However, fewer than 10% of people with mental disorders receive any form of treatment due to lack of mental health services in primary healthcare, and lack of regular supply of medicines¹⁰⁾. Stigma is an important factor that determines health and treatment seeking behavior. Stigma related to mental disorders has been identified as a dominant barrier to mental healthcare¹¹⁾. 43-92% of the care providers of people with mental illness reported the feeling of being stigmatized¹²⁾. 43% of caregivers of people in USA, 75% in Euthopia with mental illness perceived that they were stigmatized^{13,14)}. 73% of caregivers had difficulty in continuing job and 51% of them thought that neighbors and colleagues neglected them due to their relative's illness¹⁵⁾. Globally, around 70% of people with mental illness do not receive any treatment, and evidence suggests that stigma plays a major role in treatment avoidance¹⁶⁾. Family members of people with mental illness are exposed to shame, low self-worth, and social isolation as a result of perceived stigma. Family member's expectation of devalu-

ation and discrimination from others leads them to adopt harmful coping mechanisms such as secrecy or withdrawal. As a result, family members and caregivers hide patients, and patients may not get proper treatment or will be noncompliance¹⁷⁾. Hence, this study was proposed to determine the level of perceived stigma by the family member of psychiatric patient.

MATERIALS AND METHODS

The variables under this study are operationalized as following:

Family Members: A person who belongs to family (In laws, spouse, children more than 18 years) or close relatives (uncle, aunty, maternal uncle).

Psychiatric Patients: A person receiving psychiatric treatment or registered to receive mental illness treatment. In this study psychiatric patients refers to the patient having diagnosis like schizophrenia, mania, depression, obsessive compulsive disorder, bipolar disorder, generalized anxiety disorder, conversion disorder)

A descriptive cross-sectional research design was used in this study. Ethical approval for the study was taken from the Birgunj Nursing Campus. Informed consent was taken from the respondent. The Respondents were explained that their participation to this study were voluntary and can withdraw from the study at any time if they wished without any compensation. Privacy of the respondent were maintained taking the interview separately. Confidentiality of the respondent was maintained throughout the study. The study population of this study was the family members of psychiatric patients of National Medical College, Teaching Hospital. Convenient sampling technique was used and the family members available at the time of data collection were taken as sample for this study. Sample size of 42.68 was adequate for the study was at 50% prevalence. Hence the final sample size of 50 was included

Received on April 5, 2023 and accepted on April 22, 2023

1) Pokhariya Hospital
Parsa, Nepal

2) Madhesh Institute of Health Sciences
Janakpurdham, Dhanusa, Nepal

Correspondence to: Poonam Kumari Yadav
(e-mail: ypoonam594@gmail.com)

ORCID ID:

Yadav Poonam Kumari: 0000-0003-3226-6244

Table 1: Socio-demographic variables of Respondents

Variables	Frequency	%
Gender		
Male	38	76
Female	12	24
Age in Years		
18-27	3	6
28-37	4	8
38-47	21	42
>48	22	44
Religion		
Hindu	41	82
Muslim	9	18
Education		
Illiterate	7	14
literate	24	48
Primary level	10	20
Higher secondary level and above	9	18
Types of Family		
Joint	34	68
Nuclear	16	32
Place of Residence		
Urban areas	27	54
Rural areas	23	46
Relationship to the patient		
Son/daughter	11	22
Father/Mother	10	20
Husband/wife	19	38
Others	10	20

Table 2: Clinical profile of Respondents

Variables	Frequency (N)	%
Duration of Patient illness		
Less than 6 months	8	16
6months to 1 year	13	26
More than 1 year	29	58
Family history of mental illness		
Yes	16	32
No	34	68
For treatment patient first taken to		
Traditional healer	11	22
Hospital /psychiatric department	39	78

Table 4: Level of stigma perceived by Respondents

Level of stigma	Frequency	Percentage
High level stigma	24	48
Low level stigma	26	52

Mean perceived stigma \pm SD = 42.16 \pm 5.10

Table 3: Respondent's response to stigma related questionnaire

Statement	Yes N(%)	Dont know N(%)	No N(%)
Do you try your best to hide the fact that your family member has mental illness? (C)	26(52)	0(0)	24(48)
Do you wait until you know a person well before you tell them about your family's mental illness? (C)	35(70)	3(6)	12(24)
Do you try to hide mental illness of your family members with health professionals? (C)	1(2)	4(8)	45(90)
Do you feel being humiliated/discriminated in society due to mental illness in the family? (NE)	24(48)	1(2)	25(50)
Have you been verbally abused by other people due to mental illness of your family members? (NE)	21(42)	1(2)	28(56)
Do you feel your family being financially burdened by mental illness in the family? (NE)	41(82)	0(0)	9(18)
Have you found neighbors and other closed relatives being less supportive due to mental illness in the family? (NE)	24(48)	2(4)	24(48)
Do you feel that media is publishing/broadcasting negative reports regarding mental illness? (NE)	12(24)	20(40)	18(36)
Do you think people with mental disorders are dangerous? (NE)	34(68)	1(2)	15(30)
Do you think people with mental disorders are violent? (NE)	32(64)	2(4)	16(32)
Do you feel that people with mental disorders should be treated as criminals? (NE)	5(10)	1(2)	44(88)
Do you experience that you are receiving adequate true information about mental illness? (NE)	12(24)	6(12)	32(64)
Do you think voluntary organizations are doing adequate work in the field of mental disorders? (NE)	10(20)	30(60)	10(20)
Do you feel health organizations are giving less priority to mental disorders as compared to other disorders? (NE)	13(26)	27(54)	10(20)
Do you think your occupation being interfered due to your family's mental illness? (WR)	46(92)	0(0)	4(8)
Have you faced problems with house tenets due to mental illness of your family members? (WR)	12(24)	0(0)	38(76)
Do you have blamed yourself for mental illness of your family members ?(WR)	1(2)	0(0)	49(98)
Do you think that there are adequate laws/rules regarding mental illness? (ER)	5(10)	33(66)	12(24)
Have you experienced any symptoms of mental disorders as a consequence of mental illness of your family members? (ER)	2(4)	6(12)	42(84)
Do you feel your relationship strained with other relatives due to mental illness in your family members? (ER)	20(40)	3(6)	27(54)

in the study. Inclusion criteria were family members of the patient who visited to outpatient department and inpatient of National Medical College Teaching Hospital of Birgunj. Family members who were willing to participate in the study were included in the study. A Structured interview using standardized tool for Self Stigma of Mental Illness Scale (SSMIS) was used as a 20 item scale which is of self-completion type by care givers. It is an exploratory tool that covered stigma in areas of work, family relationship, social relationship and advocacy and medical treatment. The tool was grouped as

1. Work (designated as worked related stigma = WRS)
2. Family relationship (emotional reactions = ER)
3. Social relationship (negative experience = NE)
4. Medical treatment (concealment = C)

The questionnaire included two parts,

Part I: 10 items related to socio-demographic variables of family members such as age, sex, education, type of family, area of residence.

Part II: SSMIS of 20 items to measure stigma perceived by family members of psychiatric patient. Each item was rated on a 3-point scale, 1 = definitely yes, 2 = definitely don't know and 3 = definitely no. The range of score is 20-60 and a higher score indicated higher level of stigma perceived.

The level of stigma perceived was calculated according to mean value. High level stigma (more than 50%) and Low level stigma (less than 50%)¹⁸.

The data were collected from 2077/08/9 to 2077/08/15. The interview schedule was developed in English version then translated to Nepali version. After getting informed consent from the respondent, the researcher conducted interview which was of 15-20 minutes. After completion of data collection, data were re-checked for their completeness and accuracy. The collected data were coded, classified and tabulate. Data processing was done by using computer. SPSS-16 (statistical package for social science) was for statistical analysis. Descriptive statistics such as frequency, percentage, range, mean and standard deviation were calculated.

RESULTS

Table 1 shows that out of 50 respondents, 38 (76%) were male and 12 (24%) were female. Most of the family members were aged 48 years or above 22 (44%) and 38-47 years 21 (42%), and the least was of 18-27 years 3(6%) and. Hindu were 41 (82%) and 9(18%) were Muslim. Below fifty percent (48%) of the respondents were literate. About half of them (54%) were from urban areas. Most of the family type (68%) was from joint family. About 38% family members were husband and wife and 20% were father mother.

Table 2 shows family members 58% had 1 year and more duration of illness and least 16% has less than 6 months of duration of illness. Family members with no history of mental illness in family were 68%. Preferred treatment of illness was hospital for 78% and 22% were for traditional healers.

Table 3 revealed that half of the respondents, 26 (52%) try to hide the fact of mental illness of family, most of family members (82%) feel burdened financially and think that people with mental illness are dangerous (68%). More than fifty percent family members think that the mentally ill people are violent (64%). Most of the caregivers do not know voluntary organizations are doing adequate work in the field of mental health (60%) and 54% do not know that health organizations are giving less priority to mental illness as compared to other disorder. Most of the family members (92%) think that their occupational life has been interfered by family's member illness, and 66% do not know that there are adequate law/rules regarding mental illness.

Table 4 revealed half of the family members, 26 (52%) perceived low level stigma and 24(48%) perceived high level stigma.

DISCUSSION

The burden of mental health problems is increasing globally. Studies showed that approximately 450 million persons affected by mental illness and their devastating effects at personal and national levels are quite significant⁶⁻⁸. Due to different reasons, in low- and middle-income countries, about third quarter of people who need mental health service do not get any kind of intervention¹⁹. Stigma is one of the

barriers that can prevent patients with mental illnesses from getting appropriate treatment or care²⁰. The increment in the prevalence of perceived stigma globally needs a better understanding of the local burden and most common influencing factors.

The average stigma score of the respondents was 57.6 ± 16.3 . This is similar to study by Mukherjee et. al.²¹; Mishra et. al.²² and Lamichhane¹⁸ and low stigma score was found in their study by Neupane et. al.²³. The results of present study shows that nearly half 48% of the participants perceived high level of stigma. The findings of the study are similar to study by Mukherjee et. al.²¹; Mishra et. al.²²; Lamichhane¹⁸ and Struening et. al.¹³ The results of the studies by Kadri et. al.²⁴ in Morocco, Shibre et. al. in¹⁴ Ethiopia, Catthoor et. al.²⁵ in Flanders and Ergetie et. al.²⁶ showed higher prevalence of stigma. The study by Amatya et. al.²⁷ showed lower prevalence for mean stigma score. The difference might be due to variation in sample size, instruments they used, cultural, socio-demographic characteristics of participants and study population. In addition to this, perceived stigma in our study might be due to a misperception about mental illness and most of the time people believed that mental illness is happened as a result of supernatural punishment.

Stigma experienced by relatives is pervasive and everlasting. It deeply affects emotional, social and occupational aspects of care giver also which leads to concealment of their patient's illness, which have long term detrimental situations and non-compliance of medications. Caregivers of mentally ill patients are subjected to various forms of stigma. Caregivers felt rejected by community if they have family members with psychiatric disorders. Similarly, the caregivers felt stigmatized in the domain of casual attribution that is blaming families for mental illness. All these findings in similar socioeconomic conditions supports our findings of high level of stigma perceived by the caregivers and family members of the mentally ill patients and needs to be properly addressed.

CONCLUSION

Nearly half of family members of the psychiatric patients perceived high level of stigma. Hence, there is a need for conducting stigma reduction program as stigma associated with mental illness can potentially interfere the treatment of mentally ill patients.

CONFLICT OF INTEREST

None

REFERENCES

1. Gofman E. Stigma: notes on the management of spoiled identity. New York: Simon and Schuster; 2009
2. Thornicroft G (2003) Shunned. Oxford, UK: Oxford University Press.
3. Alarcón RD, Becker AE, Lewis-Fernández R, Like RC, Desai P, Foulks E, Gonzales J, Hansen H, Kopelowicz A, Lu FG, Oquendo MA and Primm A (2009) Issues for DSM-V. Journal of Nervous & Mental Disease 197, 559-660.
4. Steel Z, Marnane C, Iranpour C, Chey T, Jackson JW, Patel V, et al. The global prevalence of common mental disorders: a systematic review and metaanalysis 1980-2013. Int J Epidemiol. 2014; 43(2): 476-93.
5. Charlson F, van Ommeren M, Flaxman A, Cornett J, Whiteford H, Saxena S. New WHO prevalence estimates of mental disorders in conflict settings: a systematic review and meta-analysis. Lancet. 2019; 394(10194): 240-8.
6. Organization WH. The world health report 2001: mental health: new understanding, new hope. Geneva: World Health Organization; 2001.
7. Desjarlais R. World mental health: problems and priorities in low-income countries. Oxford: Oxford University Press; 1995. Press; 1996.
8. Rafyah I. burden on family caregivers caring for patients with schizophrenia and its related factors. Nurs Media J Nurs. 2011; 1(1): 29-41.
9. Ministry of Health and Population. Draft National Mental Health Policy. Nepal; 2017
10. Luitel NP, Jordans MJD, Kohrt BA, Rathod SD and Komproe IH (2017) Treatment gap and barriers for mental health care: a cross-sectional community survey in Nepal. PLoS ONE 12, e0183223.
11. Clement S, Schauman O, Graham T, Maggioni F, Evans-Lacko S, Bezborodovs N, Morgan C, Rüsch N, Brown JSL and Thornicroft G (2015) What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. Psychological Medicine 45, 11-27.

12. Brakel WH. Measuring health-related stigma—a literature review. *Psychology Health Med.* 2006; 11(3): 307-34.
13. Struening EL, Perlick DA, Link BG, Hellman F, Herman D, Sirey JA. Stigma as a barrier to recovery: the extent to which caregivers believe most people devalue consumers and their families. *Psychiatric Serv.* 2001; 52(12): 1633-8
14. Shibre T, Negash A, Kullgren G, Kebede D, Alem A, Fekadu A, Fekadu D, Medhin G, Jacobsson L. Perception of stigma among family members of individuals with schizophrenia and major affective disorders in rural Ethiopia. *Soc Psychiatry Psychiatr Epidemiol.* 2001; 36(6): 299-303
15. Hadera E, Salelew E, Girma E, Dehning S, Adorjan K, Tesfaye M. Magnitude and associated factors of perceived stigma among adults with mental illness in Ethiopia. *Psychiatry J.* 2019 Mar; 27.
16. Henderson C, EvansLacko S, Thornicroft G. Mental illness stigma, help seeking, and public health programs. *Am J Public Health* 2013; 103: 77780.
17. Phelan JC, Bromet EJ, Link BG. Psychiatric illness and family stigma. *Schizophr Bull.* 1998; 24(1): 115-26
18. Lamichhane, R.I. Stigma perceived by family members of psychiatric patients attending outpatient department of a teaching hospital. *Journal of Patan Academy of Health Sciences.* 2019 Dec; 6(2): 64-69.
19. Andrews L. Non-specialist health worker interventions for the care of mental, neurological, and substance-abuse disorders in low-and middleincome countries. *Issues Ment Health Nurs.* 2016; 37(2): 131-2
20. Cooper AE, Corrigan PW, Watson AC. Mental illness stigma and care seeking. *J Nerv Ment Dis.* 2003; 191(5): 339-41
21. Mukherjee S, Mukhopadhyay DK. Stigma towards mental illness: a hospital-based cross-sectional study among caregivers in west Bengal. 2018; 62(1): 15-20.
22. Mishra D, Shrestha S. A cross-sectional study of stigma towards mental illness among the community people of Shankarapur Municipality, Kathmandu. Paper presented at: Fourth National Summit of Health and Population Scientists in Nepal: Advancing Evidence for Changing Health System; 2018 Apr 11-12; Kathmandu, Nepal.
23. Neupane D, Dhakal S, Thapa S, Bhandari PM, Mishra SR. Caregivers' attitude towards people with mental illness and perceived stigma: A cross-sectional study in a tertiary hospital in Nepal. *PLoS.* 2016 Jun 23; 11(6): e0158113.
24. Kadri N, Manoudi F, Berrada S, Moussaoui D. Stigma impact on Moroccan families of patients with schizophrenia. *Can J Psychiatry.* 2004; 49(9): 625-9
25. Catthoor K, Schrijvers D, Hutsebaut J, Feenstra D, Persoons P, De Hert M, Peuskens J, Sabbe B. Associative stigma in family members of psychotic patients in Flanders: an exploratory study. *World J Psychiatry.* 2015; 5(1): 118.
26. Ergetie, T., Yohanes, Z., Asrat, B. *et al.* Perceived stigma among non-professional caregivers of people with severe mental illness, Bahir Dar, northwest Ethiopia. *Ann Gen Psychiatry* 17, 42 (2018).
27. Amatya, R., Chakraborty, P., Khattri, J., Thapa, P., & Ramesh, K. (2018). Stigma Causing Delay in Help Seeking Behavior in Patients With Mental Illness. *Journal of Psychiatrists' Association of Nepal*, 7(2), 24-30.