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Internalized Stigma of Mental Illness among Jordanian Patients Resident in National Center for Mental Health

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Abstract

Health-related stigma is a common phenomenon worldwide. The stigma associated with mental illness is widespread. Stigma is an important barrier to mental health treatment and recovery**. Aim**: This study aims to determine level of internalized stigma of mentally ill patients and to identify factors associated with high level of internalized stigma of mentally illness. **Study Design:** quantitative descriptive cross sectional study was used. **Setting:** This study was carried out at National Center for Mental Health - Fhais Hospital - Jordan. **Sample:** convenient sample (All available patients with depressive disorders, bipolar mood spectrum disorders, and schizophrenia spectrum disorders. at age of 18 years and above. An estimated sample size was estimated about 105 patients which represents approximately of the total number of patient in National Center for Mental Health - Fhais Hospital). **Data collection tool:** Data was collected through a structured Interviewing questionnaire which composed from two parts. First Part: Personal Health Questions Second Part: Internalized Stigma of Mental Illness Scale. **Results:** One hundred and five participants participated in the study. The majority of them aged between 15-45 years old and only 22.9% of them were between 46-60 years old. Overall, stigma total score was also closed to the middle point. The intercorrelation between stigma domains it is evident that the first four domains (alienation, stereotype endorsement, discrimination experience, and social withdrawal) had a significant correlation with the stigma total score**. Conclusion**: Internalized stigma is a major problem among persons with mental illness at National Center for Mental Health - Fhais Hospital - Jordan. Internalized stigma has the potential to substantially affect adherence to medication and is likely to affect the recovery process.

Key words: internalized stigma, mental ill patient, schizophrenia, depression

Introduction

Mental Illness will be the definitive public health priority in the decades to come unlike many conditions, medication, psychotherapy and lifestyle behavioral programs that have demonstrated efficacy and cost effectiveness in treating mental illness. The stigma of mental illness is perhaps the greatest barrier to care. It is preventable, and doing so would radically reduce suffering, disability and global economic burden.(Michael 2014) The stigma associated with mental illness is widespread .There are an increasing number of studies on the subjective experience of stigma amongst mentally ill persons but still

few coming from low- and middle-income countries, and very few from Muslim countries (Ghanean, Nojomi et al. 2011). Consequences of stigma can be life threatening and humiliating. It can deprive an individual from basic needs, marginalize and deprive them, potentially leading to their death by self-neglect or suicide (Amresh ,Megan, et al 2012) Aspects of internalized stigma may relate to a sense of feeling alienated from society and the endorsement of stereotypes regarding mental illness (Boyd Ritsher, Otilingam et al. 2003).**;** (Corrigan and Watson 2002) suggests that an increased severity of depressive symptoms may be associated with a heightened risk that stigma will be internalized, or that internalized stigma may worsen the symptoms experienced by individuals with depression. It has been proposed that it is due to these processes that internalized mental illness stigma may be associated with reduced self-esteem. Depression is a common illness worldwide, with an estimated 350 million people affected (Kempen, Ballemans et al. 2012). Depression is highly stigmatized in the Arab world (Nasir and Al-Qutob 2005). Depression may be highly prevalent in Jordan; one study suggested a prevalence of depression of greater that 30% in 493 randomly selected female patients presenting to primary health care clinics (Hamid, Abu-Hijleh et al. 2004). Continuing medical education for providers about depression, provision of counseling services and antidepressant medications at the primary care level, and efforts to destigmatize depression may result in increased rates of recognition and treatment of depression in this population. Systematizing traditional social support behaviors may be effective in reducing the numbers of patients referred for medical care (Nasir and Al-Qutob 2005).

Patients suffering from schizophrenia have tendency to relapse and have adverse impact on multiple dimensions of functioning especially social and interpersonal relationships (Bechdolf, Klosterkötter et al. 2003). Internalized stigma is a complicating feature in the treatment of schizophrenia spectrum disorders and considerably hinders the recovery process.(Sibitz, Provaznikova et al. 2013) .

Previous research studies related to people living with schizophrenia has highlighted social support as an important determinant of symptoms' severity, adaptation, and health outcomes (Sharir, Tanasescu et al. 2006; Huang, Sousa et al. 2008) . Strategies are needed to enhance how persons with schizophrenia cope with stigma. Some individuals with mental illness have found that participating in self-help groups and advocacy organizations is beneficial in coping with stigma. These interventions may involve training in the appraisal of social situations and specific techniques of self-disclosure. Challenging private shame about mental illness may also enhance self-esteem and enable persons to be more resilient in response to stigma experiences (Dickerson, Sommerville et al. 2002).

Significance/Expected Outcomes of the study:

This study expected to give professional groups working with the mentally ill patients, the opportunity to understand how those with mental illnesses perceive themselves and their illness, what kind of reactions they encounter, and how they are treated. These will also increasing the awareness about the problem of stigma.

Aims of the Study

This study aims to determine level of internalized stigma among Jordanian Patients with depressive disorders, bipolar mood disorders, and schizophrenia disorders residing in National Centre for Mental Health and identify factors associated with high level of internalized stigma of mental population.

Methodology

Study Design

Descriptive cross sectional study was used to determine level of internalized stigma and identify factors associated with it among mentally ill patient .Under the including criteria schizophrenia, depression and bipolar disorders.

Setting

This study was carried out at National Centered for Mental Health –EL-Fhais Hospital - Jordan.

Sample:

Convenient sample (all available patients with depressive disorders, bipolar mood spectrum disorders, and schizophrenia spectrum disorders at age of 18 years and above.) A patient who was not capable of responding to the questionnaire due to more severe illness was excluded.

Data collection:

Data was collected through:

- First Part: Personal data

Demographic variables incorporate sex, age, marital status, educational level, medical diagnosis…...etc.

- Second Part: Internalized Stigma of Mental Illness Scale

Internalized Stigma of Mental Illness Scale was used. (Boyd Ritsher, Otilingam et al. 2003), the instrument is composed of twenty-nine items 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). To calculate an overall stigma score (higher scores suggesting more severe experiences of stigma).

The instrument was translated into Arabic and back translated it into English. Psychologists and psychiatrists with a good knowledge of English were did it . A pilot study with 20 individuals was conducted to determine the feasibility of the Arabic version of the Internalized Stigma of Mental Illness Scale.

Ethical Consideration and procedures:

- Ethical approval was obtained from IRB of Zarqa University.
- The official approval was obtained from Jordanian Ministry of Health, and hospital administrator to carry out the study by submission of official letters issued for the directors of the selected hospital.
- Verbal consent was taken for participant after explaining the aim of the study and confirming confidentially of their data. The researchers was emphasize that the participation is voluntary and they have the right to refuse participant.

- Eligible patients completed the interview questionnaire, after which the first author asked the open-ended question about personal experience of stigma and discrimination. Data was collected by the first author who guided the patients in understanding the questions and in some cases helped them respond to the questions. The interview was conducted in private separate room at the respective clinic. A patient who has not capable of responding to the questionnaire due to more severe illness was excluded.

- The completed questionnaires then collected. Each sheet took about 10- 15 minutes to be answered. Data collected in two months period.

- All data was remain confidential and be anonymous using a series of research codes.

Data analysis

A quantitative study generates appropriate results for the purpose of the current study by using Statistical Package of Social Science (SPSS) to manage their data. The commonality of using this package indicates that this software was a convenient and standard tool for quantitative analysis, with which researchers may already be familiar. The most common and appropriate tests used in SPSS data analysis included Chi-Squire comparing categorical data, t-test comparing continuous data between two groups, correlation for the relationship between individual continuous variables and Analysis of Variance (ANOVA) for more than two groups.

Results

Participants' demographics

One hundred and five participants participated in the study. The majority of them aged between 15-45 years old and only 22.9% of them were between 46-60 years old. However, the number of male and female participants was closed to each other (58.1% & 51.9%, respectively). They were also distributed equally between married and single participants and few of them were widow and divorced. The majority of participants (52.4%) were unemployed and 56.2% of them have been diagnosed with schizophrenia, 37.1% have been diagnosed with paranoid psychosis, and very few of them (6.7%) have depression. Generally, about 43% of them have been admitted to the hospitals between 2 to 4 times and the other ranged between first time and multiple admissions (more than four times). Table 1 shows the participants' demographical data.

Internalized Stigma of Mental Illness

In this section, the results gained from the ISMII scale are presented according to the five main domains of internalized stigma; Alienation, Stereotype Endorsement, Discrimination Experience, Social Withdrawal, and Stigma Resistance. Means of total sub-items for each domain appear in Table 2. According to the table, participants revealed moderated alienation based on the mean score of 13.56. In addition, stereotype endorsement also scored above the mid point showing a medium mean score at 17.00. Discrimination experience and social withdrawal domains were also moderate (10.67 and 15.97, respectively). However, participants scored higher in having stigma resistance as evidenced by their mean scores at 14.30. This means that they have higher tendency to resist stigma. Overall, stigma total score was also closed to the middle point (Table 2). Regarding the test of internal consistency, all domains showed an acceptable level of reliability test using chronbach's alpha statistics except stigma resistance scores which showed low level of internal consistency due to its reversed meaning in comparison with other domain.

Regarding differences in mean of total stigma scores in relation to the participants' demographic variables, there were no significant differences between sub-categories of the most demographic variables (age, sex, marital status, employment status, diagnosis, and number of admissions) in regard to total stigma scores. However, the level of education revealed a significant difference in stigma score between its categories thereby those with higher academic degree scored significantly higher in having stigma than those with school level ($F=3.711$, $df=3$, $p=0.028$). Further, when assessing the relationship between these variables in relation to stigma total score or stigma sub-domains, there were some positive relationship appeared between "level of education" and stigma total score ($r=.213$, $p=0.029$), "Perceived Discrimination" ($r=.193$, $p=0.048$), and "Alienation" ($r=.225$, $p=0.021$). This means that the level of education might be a factor influencing the level of internalized stigma among mentally ill patients. Table 3 shows the significant level of comparing stigma total score with demographic variables.

Finally, when assessing the intercorrelation between stigma domains it is evident that the first four domains (alienation, stereotype endorsement, discrimination experience, and social withdrawal) had a significant correlation with the stigma total score (Table 4). Although social withdrawal had some negative correlation with other domains such as alienation and stereotype endorsement, the first three domains has correlated positively with each other. On the contrary, the last domain (stigma resistance) has no significant correlation with other domains and stigma total score ($p>0.05$) (Table 4). This finding may be explained by the underlying meaning of stigma resistance which controverts the trend of all earlier domains on which higher stigma resistance score indicates higher stigma resistance (considering that all rating responses were not reversed in this domain). Generally, all ISMII domains were at sufficient impact to explain the entire state of internalized stigma among mentally ill patients.

Discussion

Within the Middle East context very little published data existed an internalized stigma among mental ill patient and our study is the first focusing specifically on study of internalized stigma among depressive disorders, bipolar mood spectrum disorders, and schizophrenia at National Center for Mental Health - Fhais Hospital-Jordan

Prevalence of internalized stigma

This study demonstrates the overall internalized stigma total score was closed to the middle point among all available patients (total number of study patients were 105) with depressive disorders, bipolar mood spectrum disorders, and schizophrenia spectrum disorders at age of 18 years and above at National Center for Mental Health - Fhais Hospital- Jordan. Studies conducted in Ethiopia, in Eastern Africa suggest that the experience of stigma by people with mental illness may be widespread with three quarters endorsed strongly at least one internalized stigma item (Assefa, Shibre et al. 2012).

Compared with other studies using ISMI scale in Iran Europe, USA and Ethiopia (Brohan, Gauci et al. 2011; Ghanean, Nojomi et al. 2011; West, Yanos et al. 2011; Assefa, Shibre et al. 2012)], a lower score of self stigma was found in this study. In contrast study was conducted by (Sarısoy, Kaçar et al. 2013) there was a significant in terms of showing that internalized stigma is also frequent in bipolar disorder patients, and not solely in schizophrenia patients. Stigma resistance is higher in bipolar disorder patients. Internalized stigma is correlated with intimate relations in both bipolar and schizophrenia patients. This could be

attributed to the difference in the severity of mental illness since all the above mentioned studies were conducted only among patients with schizophrenia while the current study was conducted among patients with depressive disorders, bipolar mood spectrum disorders, and schizophrenia spectrum

Internalized stigma in relation to the participants' demographic variables

Regarding differences in mean of total stigma scores in relation to the participants' demographic variables, there were no significant differences between sub-categories of the most demographic variables (age, sex, marital status, employment status, diagnosis, and number of admissions) in regard to total stigma scores. The study by

(West, Yanos et al. 2011) revealed that there was evidence of a curvilinear relationship between age and internalized stigma scores, with individuals in the middle of the age distribution scoring highest. Poor people with mental illness are more prone to stigma and other unfavorable consequences of mental illness than their counterparts with higher socio-economic status (Ssebunnya, Kigozi et al. 2009). In the United States, people have been stigmatized on the basis of race, culture, religion, as well as physical or mental disabilities. It is important to understand that stigma is a social construct, because it refers to a process of social rejection, devaluation, and discrimination Study results by (Conner, Copeland et al. 2010) suggest that African American older adults endorse higher internalized stigma and less positive attitudes toward seeking mental health treatment than their white counterparts. In addition, high level of internalized stigma was related to negative attitudes toward seeking treatment and partially mediated the relationship between race and attitudes toward treatment.

High feeling of inferiority (alienation) but less agreement with common stereotypes (stereotype endorsement) was found. Female showed higher self stigma than male (Nabors, Yanos et al. 2014) .

Assessing ISMII domains:

When assessing the intercorrelation between stigma domains it is evident that the first four domains (alienation, stereotype endorsement, discrimination experience, and social withdrawal) had a significant correlation with the stigma total score. Although social withdrawal had some negative correlation with other domains. Generally, all ISMII domains were at sufficient impact to explain the entire state of internalized stigma among mentally ill patients.

Stigma resistance was significantly correlated with lower levels of acceptance of stereotypes of mental illness, negative symptoms, and higher levels of met cognitive capacity, and self-esteem. A stepwise multiple regressions revealed that acceptance of stereotypes of mental illness, met cognitive capacity, and self-esteem all uniquely contributed to greater levels of stigma resistance, accounting for 39% of the variance. (Nabors, Yanos et al. 2014)

Limitation of study

There are limitations to our study. The number of participants in this study is too low and the study was conducted in one selected hospital to permit generalization.

Recommendations:

Nurses are in a unique position to make a positive impact on the public nurses can use their position of trust to help the public recognize the role and opportunity for advocacy to end stigma. Contact and educational interventions are showing promise across disciplines as effective ways to reduce stigma. Future research should further address the nature of the association

among internalized stigma, stigma coping strategies, and mental health service utilization.

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Table 1: Participants' Demographics

Chi-square P value	Percent (%)	Number		
<0.001	37.1%	39	15-30	**Age**
	38.1%	40	31-45	
	22.9%	24	46-60	
	1.9%	2	>60	
	100%	**105**	**Total**	
0.097	58.1%	61	Male	**Sex**
	41.9%	44	Female	
	100%	**105**	**Total**	
<0.001	38.1%	40	Single	**Marital Status**
	39.0%	41	Married	
	5.7%	6	Widow	
	17.1	18	Separated	
	100%	**105**	**Total**	
<0.001	31.4%	33	Uneducated	**Level of Education**
	50.5%	53	School level	
	16.2	17	University level	
	1.9%	2	Post graduate	
	100%	**105**	**Total**	
<0.001	17.1%	18	Employed	**Employment Status**
	52.4%	55	Unemployed	
	18.1%	19	Skilled job	
	12.4%	13	Business	
	100%	**105**	**Total**	
<0.001	56.2%	59	Schizophrenia	**Diagnosis**
	37.1%	39	Paranoid psychosis	
	6.7%	7	Depression	
	100%	**105**	**Total**	
0.074	24.8%	26	First time	**Number of Hospital Admissions**
	42.9%	45	2-4 times	
	32.4%	34	More than 4 times	
	100%	**105**	**Total**	

Table 2: Item-level Statistics for the Internalized Stigma of Mental Illness

Chronbach's Alpha	SD	Mean	Scores Range	Number of Items	Domain	No.
0.62	3.78	13.56	6-24	6	Alienation	1
0.70	3.94	17.0	7-28	7	Stereotype Endorsement	2
0.72	4.01	10.67	5-20	5	Discrimination Experience	3
0.56	3.51	15.97	6-24	6	Social Withdrawal	4
0.42	3.05	14.30	5-20	5	Stigma Resistance	5
0.63	**8.65**	**71.50**	**29-116**	**29**	**Total Stigma Score**	
***Scores for each item ranged from 1 (Strongly disagree) to 4 (Strongly agree)**						

Table 3: Comparing Total Stigma Scores with Demographical Data

Sig.	F	Df	Item	Variable
0.190	1.619	3	**Age**	**1**
0.337	0.932	1	**Sex**	**2**
0.347	1.114	3	**Marital Status**	**3**
0.028	3.711	3	**Level of Education**	**4**
0.161	1.752	3	**Employment Status**	**5**
0.921	0.082	2	**Diagnosis**	**6**
0.537	0.626	2	**Number of Admissions**	**7**

*** P <0.005**

Table 4: Inter-correlation Matrix of Internalized Stigma Domains

	Alienation	Stereotype Endorsement	Discrimination Experience	Social Withdrawal	Stigma Resistance	Total Stigma Score
Alienation	1.00					
Stereotype Endorsement	.509**	1.00				
Discrimination Experience	.555**	.456**	1.00			
Social Withdrawal	-.499**	-.324**	-.399**	1.00		
Stigma Resistance	-.131	-.070	-.194	.118	1.00	
Total Stigma Score	.679**	.734**	.700**	-.104**	.242	1.00

*** P was significant at 0.05**
**** P was significant at 0.01**