




Stigmatized Attitude toward Mental Illness among the Caregivers of Patients with Psychiatric Illness

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Abstract

Background: Stigma is a trait, belief, or disgrace where a mentally ill person is socially defamed in certain manners. Stigma can cause great psychological distress among the caregivers of patients with psychiatric illness.

Aim: The study was aimed to assess the level of stigmatized attitude toward mental illness among the caregivers.

Materials and Methods: A cross-sectional study design was used to collect data among 210 caregivers of patients with psychiatric illness who were recruited using purposive sampling technique. Baseline proforma and stigmatizing attitude scale were used to collect the data.

Results: The findings depicted the mean age of the caregiver was 44 years. More than half number of subjects (54.3%) were females. Majority (90.44%) of the caregivers had moderate, whereas 3.33% had low stigmatizing attitude with the mean \pm standard deviation was 52.77 ± 9.91 . Chi-squared test showed no significant association between stigmatized attitude score and selected demographic variables.

Conclusion: It is vital that awareness programs and antistigma campaign can be initiated in the community settings, with the help of interdisciplinary coordination and collaboration of the health care members to eradicate the stigmatizing attitude among the caregivers.

Keywords

- ▶ caregivers
- ▶ stigma
- ▶ stigmatized attitude
- ▶ stigmatization
- ▶ mentally ill patients
- ▶ psychiatric illness.

Introduction

Mental health is described as a state of well-being in which a mentally healthy person recognizes his or her own capability, able to cope with the everyday stresses of life, can work effectively and efficiently, and to become a productive member of the society.^{1,2} A mental illness is a condition that affects a person's thinking, feeling, or mood. The illness may

influence negatively on person's overall functions of life. Every individual may have distinct characteristics, even people with the same diagnosis.²

The World Health Organization reported in 2001 that about 450 million people globally suffer from some form of mental illness as well as one in five Indians may suffer from depression in their lifetime, equivalent to 200 million people.^{3,4} In India, neuropsychiatric disorders are estimated to

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contribute to 11.6% of the global burden of disease.⁵ In addition to a person's directly facing a mental illness, family, friends, and communities are also affected.⁶

Stigma associated with mental illness refers to societal denunciation or when society shows dishonor people who live with a mental illness or seek help for having emotional distress, such as anxiety, depression, bipolar disorder, or post-trauma. Families of people with mental illness often feel stigmatized by the perception that a mental illness is genetic or hereditary. This stems from the lack of knowledge about disorders, both among caregivers and society. Stigma can cause great psychological distress in caregivers and people with mental illness.^{4,6} The insist of stigma for mental illness can occur at family, friends, fellow workers, and society on an extensive level. This can impede a person with mental illness from seeking help, fitting into society, and leading satisfying life.⁷

Numerous studies have been conducted to examine the caregiver's stigmatized attitude toward their mentally ill patients. A cross-sectional study was carried out at the Netherlands among 131 older adults on the role of stigma in the quality of life with mental illness and showed that 57% of the respondents had experienced stigmatization.⁸ This literature supports a study was conducted to assess the stigma toward mental illness in Udupi district, Karnataka, among 445 respondents and the prevalence of stigma toward mentally ill patients was 74.61%.⁹ The authors concluded that it is extremely vital for carrying out interventions that aimed at reducing the stigmatized attitude on mental illness.

People with mental health problems are stigmatized in most of the societies, the magnitude being more intense in Asia.⁸ The stigma according to unfavorable consequences for both the patient and caregivers leads to self-stigmatization and poor self-satisfaction. Person with mental disorder is being ill-treated and secluded, while caregiver averts social interaction and encounters social exclusion.⁹ People with mental illness are robbed of the prospects that describe a quality life: good jobs, safe housing, satisfactory health care, and alliance with a varied group of people.^{10,11} Attitude toward mental illness shapes the way people with mental illness are treated in a society. Negative attitude hinders social integration of these people, whereas positive attitude supports the patient in early detection, appropriate treatment, and rehabilitation.¹¹

Stigma is a global issue, and health professionals are in position to develop research programs that seek to understand and influence stigma. In addition, limited research has precisely highlighted the magnitude of stigmatized attitude in the literature. In most of the developing countries, particularly in India, financial aid for mental health research and appraisal is very minimal. Subsequently, antistigma programs have been adopted to independent review or evaluation. Identification of common misconceptions, appropriate dissemination of information to dispel the same, and building awareness in the community can go a long way in reducing stigma.^{7,9} In this context, this study was carried out to identify the level of stigma-

tized attitude among the caregivers of patients with psychiatric illness.

Materials and Methods

A cross-sectional study design was adopted in view of accomplishing the main objective of the study. A total of 210 primary caregivers of patients with psychiatric illness, between the age group of 18 to 58 years, and willing to participate in the study were selected through purposive sampling technique. The caregivers with severe physical or mental illness were excluded from the study. The sample size was calculated based on the previous literature¹² by using statistical formula;

$$n = \frac{Z\alpha p(1-p)}{e^2}$$

$Z\alpha = 1.96$ at 95% of C I,

$p = 83.5\%$ (80%)

Allowable error (e) = 5%

$n = 212$

Final sample size = 210

Description of the tool: The investigators drafted the tool that consists of two parts.

Part I: Demographic proforma consists of nine items such as age (in years), gender, educational status, occupational status, type of family, place of residence, duration of illness of the patient, duration of care giving, and type of relationship with patient.

Part II: Stigmatized attitude scale is a five-point rating scale consisted of 20 positive and negative statements with minimum score was 20 and the maximum score was 100. The scores are arbitrarily graded as $\geq 34\%$ = low, 35 to 66% = moderate and $\geq 67\%$ = high stigmatized attitude. Reliability of the instrument was calculated using Cronbach's alpha. The "r" value was found to be 0.86, which indicated that the tool was reliable. The validated tools were translated to Kannada and Malayalam language by the language experts.

Ethical clearance was obtained from the Institutional Ethics Committee with the registration no: FMIEC/CCM/37/2019. A formal written permission was obtained from concerned authority of the hospital. Pilot study was conducted in the outpatient department of the hospital and it was found feasible and practicable. The main study was carried out in general and family psychiatry wards of selected hospital at Mangaluru. The subjects were briefed on aims and objectives of the study and the informed consent was obtained as well as confidentiality was assured. The data was collected using demographic proforma and stigmatized attitude scale.

Statistical analysis: Statistical analysis was done using IBM Statistical Package for the Social Sciences (SPSS) 23.0 version. Descriptive statistics such as frequency, percentage, mean and standard deviation were used to describe the demographic variables and total scores of the stigmatized attitude scale. Chi-squared/Fisher's exact test was used to find the association between stigmatized attitude and selected demographic variables.

Results

Section 1: Description of Demographic Characteristics

The demographic data of the study revealed that nearly one-third (27.6%) of the caregivers belonged to the age group of 29 and 38 years. More than half number of subjects (54.3%) were females. About 28.6% of the caregivers were educated up to pre-university course (PUC). Viewing occupation, majority (40.5%) of the subjects were working as private employee. More than three fourth (85.7%) of the caregivers are living in nuclear family, out of them 52.4% live in urban area. Considering the duration of illness, most of their family members (52.9%) were having the mental illness for the last 2 to 10 years; also 49% of the caregiving was done for 2 to 10 years. Relationship status showed 46.2% of the caregivers were as parent, children to the patients with mental illness; however, only 3.8% related as in-laws as caregivers.

Section 2: Assessment of Level of Stigmatized Attitude of Caregivers toward Mental Illness

The data presented in ►Fig. 1 shows that the majority (91%) of the subjects had moderate stigmatized attitude and 6% had low stigmatized attitude, whereas 3% of the caregivers had high stigmatized attitude.

►Table 1 depicts the mean \pm SD (standard deviation) of level of stigmatized attitude score of the caregivers was 52.77 ± 9.91 with the mean percentage of 52.77.

Table 1 Mean, standard deviation, and mean percentage of level of stigmatized attitude score

	<i>n</i> = 210	
Variable	Mean \pm SD	Mean %
Level of stigmatized attitude	52.77 ± 9.91	52.77

Abbreviation: SD, standard deviation.
Maximum score: 100.

Table 2 Association between the level of stigmatized attitude of caregivers toward mental illness and selected demographic variables

	<i>n</i> = 210			
Sl no.	Variable	χ^2 -Value	<i>p</i> -Value	Inference
1.	Age (in years)	2.00	0.57	NS
2.	Gender	0.53	0.46	NS
3.	Education	3.49	0.47	NS
4.	Occupation	4.93	0.29	NS
5.	Type of family	0.02	0.86	NS
6.	Place of residence	0.89	0.34	NS
7.	Duration of patient illness	4.02	0.25	NS
8.	Duration of care giving	2.91	0.40	NS
9.	Relationship with patient	7.35	0.11	NS

Abbreviation: NS, not significant.
p < 0.05.

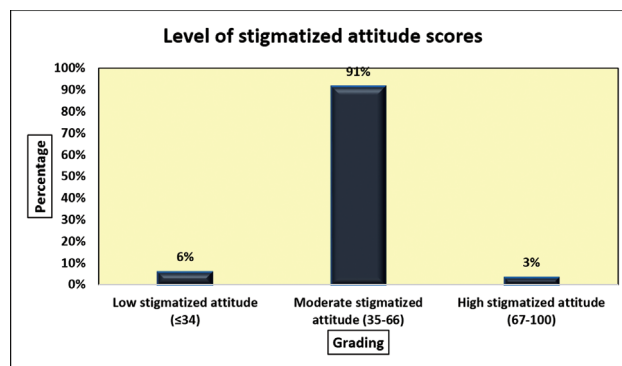


Fig. 1 Bar diagram depicting subjects based on level of stigmatized attitude score.

Section 3: Association between Stigmatized Attitude of Caregivers and selected Demographic Variables

The data presented in ►Table 2 reveals that the computed chi-squared test showed no significant association between stigmatized attitude score and selected demographic variables. Hence, the null hypothesis was accepted and the research hypothesis was rejected at 0.05 level of significance.

Discussion

This study findings depict that 27.6% of the caregivers belong to the age group of 29 to 38 years, and 54.3% were females. Almost one-third (28.6%) of the caregivers educated up to PUC, and 40.5% were working as private employee. About 85.7% were living in nuclear family, among them 52.4% lived in urban area. About 52.9% of their patients were having the mental illness for the last 2 to 10 years. About 46.2% of the caregivers were related as parent or children, respectively. These findings incongruent with the study conducted by Ebrahim et al. showed the mean age of caregivers was 45.1 ± 14.3 years, and 60.7% were females. About 86.1% subjects were rural residents. More than half of caregivers

(54.4%) were illiterates.¹³ A similar study was carried out by Loganathan and Murthy, which depicted that relationship of caregiver with the patient, as parent (46%), brother (2%), sister (3%), spouse (5%), and son (1%), respectively.¹⁴

This study results describe that highest percentage (91%) of the caregivers had moderate, 6% had low, and 3% of the caregivers had high stigmatized attitude with the mean \pm SD of stigmatized attitude score of 52.77 ± 9.91 . Similarly, a cross-sectional study was carried out by Ebrahim et al, which showed a highly stigmatized attitude toward mental illness ($\beta = -0.158, p = 0.002$).¹³ The findings are concurrent with the study conducted by Depla et al, and the results revealed that more than half (57%) of the subjects experienced high level of stigma and the other 43% had moderate level of stigma.⁸

This study results were supported by the study conducted by Venkatesh et al, in Udipi district, Karnataka, which showed that the prevalence of stigma toward mentally ill people was 74.61%.⁹

The results of this study showed no significant association between the stigmatized attitude scores toward mental illness with selected demographic variables at 0.05 level of significance. This finding is concordant with the results of a similar study conducted by Girma et al, and the results showed no significant statistical association with self-stigma.¹⁵ Similarly, a cross-sectional study done by Mukherjee and Mukhopadhyay showed no significant association between stigma scale and demographic variables.¹⁶

Conclusion

This study concludes that the majority of the caregivers of mentally ill were having moderate level of stigmatized attitude. Mental health nurses working in hospital and community play a vital role in taking care of patient and caregivers. Special emphasis to be given to promote positive attitude among the caregivers of patients with psychiatric illness. The main strategies can be implemented like public awareness programs using mass media and street play as well as antistigma campaigns that can help to reduce stigma and bring positive attitude among the caregivers.

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Conflict of Interest

None declared.

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References

- 10 facts on mental health [Internet]. Who.int. [cited 2021 May 13]. Accessed July 15, 2022 from: http://www.who.int/features/factfiles/mental_health/en/
- 2 Mental Health Conditions [Internet]. Nami.org. [cited 2021 May 13]. Accessed July 15, 2022 from: <http://www.nami.org/Learn-More/Mental-Health-Conditions>
- 3 Wikipedia contributors. Prevalence of mental disorders [Internet]. Wikipedia, The Free Encyclopedia. 2021. Accessed July 15, 2022 from: https://en.wikipedia.org/w/index.php?title=Prevalence_of_mental_disorders&oldid=1089456148
- 4 Expressbpd.com. [cited 2021 June 18]. Accessed July 15, 2022 from: <http://www.expressbpd.com/healthcare/happening-now/26000000-indians-suffer-from-mental-health-disorders/69815/>
- 5 Mental Health Atlas. 2011 [Internet]. Who.int. World Health Organization; 2011 [cited 2021 May 20]. Accessed July 15, 2022 from: <https://www.who.int/publications/i/item/9799241564359>
- 6 Mental Health Conditions [Internet]. Nami.org. [cited 2021 May 30]. Accessed July 15, 2022 from: <https://www.nami.org/About-Mental-Illness/Mental-Health-Conditions>.
- 7 Zoppi L. Mental health stigma: Definition, examples, effects, and tips [Internet]. Medicalnewstoday.com. 2020 [cited 2021 May 31]. Accessed July 15, 2022 from: <https://www.medicalnewstoday.com/articles/mental-health-stigma>
- 8 Depla MFIA, de Graaf R, van Weeghel J, Heeren TJ. The role of stigma in the quality of life of older adults with severe mental illness. *Int J Geriatr Psychiatry* 2005;20(02):146–153
- 9 Venkatesh BT, Andrews T, Mayya SS, Singh MM, Parsekar SS. Perception of stigma toward mental illness in South India. *J Family Med Prim Care* 2015;4(03):449–453
- 10 White Swan Foundation. Families of persons with mental illness suffer from stigma too [Internet]. White Swan Foundation. 2015 [cited 2021 May 31]. Accessed July 15, 2022 from: <https://www.whiteswanfoundation.org/caregiving/caregivers-and-stigma>
- 11 Corrigan PW, Watson AC. Understanding the impact of stigma on people with mental illness. *World Psychiatry* 2002;1(01):16–20
- 12 Bifttu BB, Dachew BA. Perceived stigma and associated factors among people with schizophrenia at Amanuel Mental Specialized Hospital, Addis Ababa, Ethiopia: a cross-sectional institution based study. *Psychiatry J* 2014;2014:694565
- 13 Ebrahim OS, Al-Attar GST, Gabra RH, Osman DMM. Stigma and burden of mental illness and their correlates among family caregivers of mentally ill patients. *J Egypt Public Health Assoc* 2020; 95(01):31
- 14 Loganathan S, Murthy SR. Experiences of stigma and discrimination endured by people suffering from schizophrenia. *Indian J Psychiatry* 2008;50(01):39–46
- 15 Girma E, Möller-Leimkühler AM, Dehning S, Mueller N, Tesfaye M, Froeschl G. Self-stigma among caregivers of people with mental illness: toward caregivers' empowerment. *J Multidiscip Healthc* 2014;7:37–43
- 16 Mukherjee S, Mukhopadhyay DK. Stigma towards mental illness: a hospital-based cross-sectional study among caregivers in West Bengal. *Indian J Public Health* 2018;62(01):15–20