

Internalized Stigma of Mental Illness among Schizophrenic Patients and Their Families (Comparative Study)

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Abstract

This study was a comparative study aiming to assess the extent of internalized stigma of mental illness among patients with schizophrenia & Identify stigma as perceived by family members caring schizophrenic patients. The study was conducted in two settings 1st clinic was outpatient clinic for psychiatric patient affiliated to Abbasia hospitals which provided care for all sectors in Egyptians community. 2nd clinic was out patients clinic for psychiatric patient affiliated to Abha psychiatric hospitals which providing care for all psychiatric patients at Asser region. 4 instruments were used for collecting the data, interviewing questionnaire, Insight scale, Internalized Stigma of Mental Illness Scale and Stigma Impact Scale: Caregiver (SIS). The main result revealed that, there were highly statistically significant differences between patients regarding level of internalizing stigma and the most of family caregivers in both group have moderate impact of internalizing stigma. The study recommended that further research to assess impact of mental illness stigma upon schizophrenic quality of life.

Keywords: stigma – mental illness - perceived discrimination –devaluation - Internalized stigma

Introduction

Schizophrenia is a chronic mental illness. It begins mainly in adolescence or young adulthood and significantly disturbs the educational, social, and professional life of the patient. Schizophrenia is reported to occur in 1% to 7.5 per 1000 in given year of the world's population (Esan2013)

The experience of schizophrenia is not limited to the symptoms of the illness. It is accompanied by what calls a "second illness"(Corrigan et al , 2009) the reactions of the social environment, the stigma associated with the disorder. Stigmatization is a dimension of suffering added to the illness experience, and has been found to lead to social isolation, limited life chances and delayed help-seeking behavior. (Loganathan., & Murthy., 2008).

Mental illness stigma refers to the view that persons with mental illness are marked, have undesirable characteristics, or deserve reproach because of their mental illness.

Stigmatizing attitudes toward people with mental illness are common (Angermeyer and Dietrich, 2006) and remain a burden for the stigmatized individuals as well as a major clinical and public health issue . Persons with schizophrenia are often exposed to public prejudice, and they may consequently come to internalize negative attitudes about their own group, frequently leading to self-stigma (Brohan et al., 2010). Self-stigma is typically associated with low quality of life (Rüsch et al., 2006), can create enormous pain for persons with mental illness and may undermine vocational functioning (Yanos et al., 2010). Stigma can pervade the lives of people with mental health problems in many different ways it diminishes self-esteem and robs people of social opportunities". This can include being denied opportunities such as Employment or accommodation because of their illness (Hinshaw, 2007)

Stigma affects not only people with mental illnesses, but also their families as well. Family members are often the primary caregivers of people with mental disorders. They provide emotional and physical support, and often have to bear the financial expenses associated with mental health treatment and care. (Link & Phelan, 2006). Families commonly report 'stigma by association' resulting in discriminatory and prejudicial behaviors towards them. Stigma associated with mental illness brought shame to the family and affect the marriage potential of other relatives, so families keep the illness private and are often reluctant to seek professional help. Family stigma contains the stereotypes of blame, shame, and contamination; public attitudes which blame family members for incompetence may conjure the onset or relapse of a family member's mental illness. (Thornicroft, Rose, & Mehta, 2010)

Significant of the study

Stigmatizing attitudes toward people with mental illness are common and remain a burden for the stigmatized individuals as well as a major clinical and public health issue. Stigma surrounding schizophrenia may result in delayed treatment, thereby increasing risks for health problems, abnormal behavior, and violence. The effects of mental illness stigma on the schizophrenic patients include psychological stress, depression and other psychiatric morbidity, fear, marital and relationship problems, restrictions from social participation. Families suffer from stigma because of the patient's illness. Family members reported as they have hard lives because of

the illness, and they reported psychological suffering, sleep and relationship disturbances, and poor quality of life. They experiences of distrust, contempt and maltreatment. Families also reported feeling neglected, especially from neighbors and relatives, and reported feeling that people were afraid of them. So that this study aim to identify to assess what forms of stigma do patients with schizophrenia experience and the magnitude of perceived stigma among family caregivers of persons with schizophrenia.

Aim of the study

The aims of this study were to:

- 1- Assess the extent of internalized stigma among patients with schizophrenia
- 2- Identify stigma as perceived by family members caring schizophrenic patients

Research Hypothesis

1. Schizophrenic's patients experience different aspect and level of stigma
2. There would be a significant impact of perceived stigma of family members on schizophrenic patients

Design

A comparative design was utilized in this study.

Study setting

The study was conducted in two outpatient clinic for psychiatric patients

1st clinic was out patient clinic for psychiatric patient affiliated to Abassia hospitals which provided care for all sectors in Egyptians community.

2nd clinic was out patients for psychiatric patient affiliated to Abha psychiatric hospitals which providing care for all psychiatric patients at Asser region

Subjects:

Subject of the study included 200 schizophrenic's patients and their families during follow up visit and agree to participate in this study with the following criteria

Patients:

- Diagnosis: schizophrenia
- Duration of illness: at least 1 year
- Age : different age group
- Different social class
- Have been admitted to hospital at least one time

Family caregivers

Primary caregivers: by blood or marriage

Stay with the patients in same house hold and has been providing for at least 1 year

Technical design

Tools for data collection

1st tools

1. **Structured interviewing questionnaire** developed by researchers for collecting data related to:
 - a. Socio-demographic characteristics of patients as regards age, sex occupation, duration of illness and educational level.
 - b. Socio-demographic characteristics of family caregivers such as age, marital status, level of education and degree of relation ship

2. Insight scale (ISP)

It was developed by **Birchwood e tall (1994)** to assess insight .it is include eight items rated on 3 point Likert scale "Agree, Disagree, and Unsure. Items 1+8 refer to Ability to reliable experiences. Items 2 + 7 refer to awareness of illness. 3 + 4 + 5 + 6 refers to need for treatment.

Scoring systems

Items 1, 4, 5 and 7 rated on scale (2) points agree, (0) points disagree and (1) points unsure .

Items 2, 3, 6 and 8 rated on scale (1) points unsure, (2) points disagree(0) points agree

Maximum Score = 12 - Full insight

Minimum Score = 0 - No insight

(9 and above = good insight)

Subscales

Items		
1, 8	Awareness of symptoms	4 (3or 4 = good insight, 1 or 2 = poor insight)
2, 7	Awareness of illness	4 (3or 4 = good insight, 1 or 2 = poor insight)
3, 4, 5, 6 need to be added and divided by 2)	Need for treatment	4 (3or 4 = good insight, 1 or 2 = poor insight)

3. Internalized Stigma of Mental Illness Scale:

Which was developed by (Ritsher et al., 2003), to assess different aspect of stigma . It was consist of 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 Subscales, with five items, measures a person's ability to resist or be unaffected by internalized stigma. All items were rated on a 4-point Likert-type agreement scale (1 = strongly disagree to 4 = strongly agree).

Scoring systems for Subscales

Alienation

Items	Score
minimal	0- 6
Mild	6-12
Moderate	12-18
Severe	>18
Total	24

Stereotype endorsement

Items	Score
minimal	0-7
Mild	7-14
Moderate	14- 21
Severe	> 21
Total	28

Perceived discrimination

Items	Score
minimal	0-5
Mild	5-10
Moderate	10- 15
Severe	>15
Total	20

Social withdrawal

Items	Score
minimal	0-6
Mild	6-12
Moderate	12-18
Severe	>18
Total	24

Stigma resistance

Items	Score
minimal	0-5
Mild	5-10
Moderate	10- 15
Severe	>15
Total	20

Total score

Items	Score
minimal	0-29
Mild	29:58
Moderate	58:87
Severe	>87
Total	116

Stigma Impact Scale: Caregiver (SIS)

It was developed by Burgener, & Berger. (2008).for measuring perceived stigma .it is consisting of 24 items. It comprises four subscales: social rejection (9 items), financial insecurity (3 items), internalized shame (5 items), and social isolation (7 items).each item was rated on a 0-4-point Likert-type scale. . Scores range from 0 to 96 with higher scores indicating higher perceived stigma

Scoring system (in this study)

Items	Score
minimal impact	0-<24
mild impact	24- <48
Moderate impact	48- 72
Severe impact	+72

Operational design

Pilot study

A pilot study was carried out on 10 patients with schizophrenia and 10 family caregivers at Outpatient Clinic in both setting, in order to test the applicability of tools and clarity of the included questions as well as to estimate the average time needed to fill the sheets. Those who shared in the pilot study were excluded from the study sample. According to the result pilot study no modification have been done .

Field work

At the beginning, the researchers introduced themselves and briefly explained the study objectives to patients /caregivers. Data were collected over a period of 3 months from may-July, 2014. 3days/week from 9.00 a.m.: 11.00 a.m The questionnaires were filled from 30-45 minutes by the researchers.

Ethical and legal consideration

- Human subject approval was taken from the board the faculty of nursing, Ain shams University and college of nursing king Khalid university as will as the director of the outpatient clinic Abha and Abbasia mental hospital
- All ethical issues of the research were maintained. The purpose, specific objectives, anticipated benefits and the method of the study were carefully explained to each eligible subject.
- The researchers emphasized that, participation in the study is entirely voluntary; and their rights were secured; anonymity and confidentiality was assured through coding the data.

Statistical design

The statistical analysis of data was done by using excel program and the statistical package for social science (SPSS) program version 10. First part of data was descriptive data which were revised, coded, tabulated and statistically analyzed using the proportion and percentage, the arithmetic mean(X), standard deviation (SD). The second part was analytical statistics to test statistical significant difference between two or more groups. For qualitative data, Chi square test X and p- value were used to test associations among the variables.

Degrees of significance of results were:

- Non significant (NS) if P- value >0.05
- Significant (S) if P- value <0.05
- Highly significant (HS) if P- value <0.001

Limitation of the study

- Many client and family members refuse to participate

Results

Table (1) the table show that the highest proportion of schizophrenic patient in both group are males it represent

56% & 64% respectively and they are in age group 35-45. Concerning to duration of illness the highest percent of group (A) have been illness duration "1-5" years it represents 46% meanwhile 72% in group (B) have been illness duration > 10 year. Regarding to level of education more than half in group (A) 66% are read and write while 62% in group (B) have school level of education. As clear from the table highest percent in both group are Unemployed, they represent 70% and 60%. About the marital status table shows that highest percent in both group are married, it represent 80% and 56%. As obvious more than half of the patients in both groups have 2 time/month visit. Finally the table show that 70 % of patients have been admitted to hospital 2 times to hospital meanwhile 46% of patients have been admitted to hospital more than 3 times.

Table (2) the table reveals that the highest percent of family caregiver in group (A) are male and they are in age group (25-35) meanwhile the greatest proportion in group (B)

Are female and in age group (35-45). regarding to the educational level it is notice that the highest percent 64% are read and write while more than half of the sample have school level of education. about the relationship to the patients more than half of family caregivers are spouse, it represents 68% and 62%. they are employed (66% and 62%)

Table (3) as indicate from the table Moderate level of stigma is prevailing level among schizophrenic patients. It represents (40%) and (54%)

Table (4-a) as observed from the table in response to Alienation sub items the half of patients at Abbasia moderate disagree that I am embarrassed or ashamed that I have a mental illness & I feel inferior to others who don't have mental illness. They represent 56% and 50%. About Stereotype endorsement highest percent (72%) strongly disagree mentally ill people shouldn't get married. As clear from the table only (36%) of patients

Strongly agree that "Others think that I can't achieve much in life because I have a mental illness". Concerning to Social withdrawal sub items. Near half of patients (48%) strongly Disagree that "I don't socialize as much as I used to because my mental illness might make me look or behave "weird". Meanwhile 14% of patients strongly agree that I stay away from social situations in order to protect my family or friends from embarrassment. Finally the table shows that more half of patents 56% strongly agree that "In general, I am able to live my life the way I want to" in response to stigma resistance sub items.

Table (4-b) as obvious from the table 76% of schizophrenic patients at Abha hospital, strongly disagree that "Having a mental illness has spoiled my life". In response to alienation sub-items. while 60% of them they are strongly agree that mentally ill people tend to be violent in as well as they are strongly agree that "mentally ill people shouldn't get married" in response to Stereotype endorsement items. Concerning to "Perceived discrimination" 52% of patient strongly disagree "Nobody would be interested in getting close to me because I have a mental illness in response to Perceived discrimination sub items. as regard to response to social withdrawal sub items highest percent (58%) strongly agree that " don't talk about myself much because I don't want to burden others with my mental illness "while 48% of them strongly disagree that "I avoid getting close to people who don't have a mental illness to avoid rejection". Regarding to stigma resistance sub items (54%) of patients strongly agree that In general, "I am able to live my life the way I want to".

Table (5) as evident from the table there was a highly is a highly statistically significant difference between group A and B regarding to Level of Internalized Stigma.

Table (6-a) as observed from the table highest percent of family caregivers 82% of family members at Abha hospital were strongly disagree that " I feel set apart from others whose family members are well, and I have a greater need than usual for reassurance that others care about me. they represent 82% 78% as well as 80% of them they were agree that " My life security has been affected by the illness in my family member".

Table (6-b) the table shows that 76 % of family members disagree that "due to my family member's illness, I have sense of being unequal in my relationship with others additionally 66% of them they were strongly agree and agree that "I feel I have been treated with less respect than usual by others" & "I feel a need to keep my family member's illness a secret"

Table (7) as evident from the table there was a highly is a highly statistically significant difference between group A and B regarding to Level of Internalized Stigma among family caregivers. p=

Discussion

The living conditions of people with schizophrenia do not only depend on the severity of the illness, but also on the level of their acceptance in the community. Despite recent treatment advances, those suffering from schizophrenia face a considerable stigma that limits access to treatment and hinders their full integration into society. The stigma is also conferred upon relatives, close friends and all those who come into close contact with the mentally ill, including mental health professionals. Stigmatization has two important

Elements: the recognition of a difference : a mark or stigma and consequent devaluation of the individual or group because of this characteristic.

Socio demo-graphic characteristic of the schizophrenic patients

The result of present denote that highest percent of schizophrenic patients in both group are male, unemployed and age group 35-<45. years This may be due to the prevalence of schizophrenia , diagnosed 1.4 times more frequently in males than females and typically appears earlier in men .as well as nature of psychotic symptoms slow down patients ability to accomplish activities of daily living. This results is similar to Ghanean, Nojomi and Jacobsson (2011) they assess experience of internalized stigma in mentally ill persons in Tehran and found .The majority of patients were male and were unemployed

This result is similar to Assefa et al (2012) they study Internalized stigma among patients with schizophrenia in Ethiopia., they found the highest percent of their sample were male ,in age group 25:45 years and were unemployed. The more half of study sample are unemployed this may be related to person's stereotype of mental illness: dangerousness and dependency, as well as nature of symptoms' and labeling mental ill in work place lead to diminish patient ability to sustain in work

Level of insight among schizophrenic patients in both groups

The result revealed that highest percent of schizophrenic patients in both group have moderate and mild level of insight this may be due to lack of insight is a manifestation of the [schizophrenia] rather than a coping strategy. Adding to the insight reflect the one's own psychological life. This result similar to Parnas & Henriksen(2013) explained that empirical studies have estimated that most of patients with schizophrenia have poor insight into illness.

Internalized Stigma of Mental Illness among schizophrenic patients in both group

The results of present study indicate that almost patients in both group had been experience at different form of internalized stigma. Concerning to patients response to alienation factor .,the around half of patients at Abbasia hospital Group(B) were moderate disagree that he / she embarrassed or ashamed that I have a mental illness and feel inferior to others who don't have mental illness. This may be due to the most of the patients have lacking of insight and they have psychological support from the their family members and mental health team .regarding to patients response at Abha hospital Group(A) .two third of study sample strongly disagree that having a mental illness has spoiled my life, this indicate that the most of patient have normal life "marriage, social assurance, housing, family support and other social life this result is contradicting with Ghanean, Nojomi and Jacobsson (2011)and Botha, Koen, & Niehaus, (2006)they assess stigma among patients in Tehran and South Africa they found that more half of sample strongly agree that / she embarrassed or ashamed that I have a mental illness and having a mental illness has spoiled my life.

Regarding the patient response to Stereotype endorsement highest proportion in both group strongly agree that Stereotypes about the mentally ill apply to me .this response reflect the culture value in both society. "The general populations in both societies perceive mental ill persons to be crazy, violent, dangerous, unreasonable, incompetent, little intelligent, lacking in self-control and frightening. This result similar to Corrigan, et all(2010) they conduct study on 85 persons with mental illness from outpatient mental health service centers in Chicago as part of a larger study on mental illness stigma they found that all patient suffer from Automatic stereotyping response such as Childish, dangerous, guilty, harmful, helpless, incompetent, irresponsible lazy, stupid, threatening, unpredictable, unreliable. as well as the result shows that although the greatest proportion of sample strongly agree that group strongly agree that Stereotypes about the mentally ill apply to me, they strongly disagree that Mentally ill people shouldn't get married and I can't contribute anything to society because I have a mental illness this may be due to they perceive them self normal like any person have right to marriage and work. In addition some of patients had grandeur delusion that had some contribution in the life. This result is contradicting with Lee(2012)he compare stigmatizing experiences between korean and canadian patients with depression and bipolar disorders he found that the majority of patient agree that experiences with stigma affected his /her satisfaction with or quality of life (employment , social relation with friend ,family and their marriage .

Regarding to internalized response to Perceived discrimination items, the results revealed that there was significant difference between both group " one third of patients at Abbasia hospital Group(B) strongly and moderate disagree that "People often patronize me, or treat me like a child, just because I have a mental illness and nobody would be interested in getting close to me because I have a mental illness while two third of patient in Abha hospital are strongly agree .this difference may be due to this the most of schizophrenic patient in group (B) suffer from whose criticism remains socially acceptable. Use of derogatory language concerning such individuals is everywhere; "retard," "psycho," and "crazy" are common slurs across cultures that both children and adults . While patient's in-group (a) lives within families Tribes that protect them from any bad remarks. Adding that, the patients' in group (B) have more contact with public life .this result is similar to with Ghanean, Nojomi and Jacobsson (2011) they found that Seventy-two per cent of participants agreed or strongly agreed that People discriminate against me because I have a mental illness, and 50% agreed or strongly agreed that

People often patronize me, or treat me like a child just because I have a mental illness.

This results is accordance with Shrivastava et al., (2011) assessed the perceptions of 100 Patients with schizophrenia regarding the stigma and discrimination they face in their lives in Mumbai Study, they found that many patients reported being avoided because of their illness, and overhearing offensive comments about mental illness. The attitude of the

Public in maintaining a social distance from people with a mental illness due to their perception of these individuals has been aggressive, passive and lazy.

Concerning to internalizing response to social withdrawal factor, the results shows that the highest percent in group (B) strongly agree "that I don't talk about myself much because I don't want to burden others with my mental illness "as well as near half of patients strongly disagree that "I avoid getting close to people who don't have a mental illness to avoid rejection "meanwhile the highest percent in group (A) strongly agree that

Being around people who don't have a mental illness makes me feel out of place or inadequate and don't talk about myself much because I don't want to burden others with my mental illness. These results reflect that the patients in both groups have been experience different form of public stigma and discrimination that lead to much stress in their daily life, loss of a self-esteem, diminished self-efficacy and a hesitancy to participate in society. The highest percent of patient in both groups reported that they were being avoided due to their illness, overhearing offensive comments about mental illness

This results is consistent with Barke , Nyarko, .and Klecha. (2011)they assess stigma of mental illness in Southern Ghana,they found that most of patients suffer from embarrassment, disappointment, Spoiled life and discrimination that lead to social withdrawal from social life ,low self esteem and low self efficacy .

Regarding to *Stigma resistance* factors the results show that, the more half of study sample strongly agree that. I can have a good, fulfilling life, despite my mental illness and In general, I am able to live my life the way I want to. These results reflect that the patients in both groups have lack awareness about stereotypes held by the public about mental illness and they had poor insight.

This result is similar to Tornkvist, Ghanean and Jacobsson (2013) they compare the experience of stigma/internalized stigma in patients suffering from mental disorders in Sweden and Tehran, Iran. They found the Swedish sample. Strongly agree that "I can have a good fulfilling life despite my mental illness" and "In general, I am able to live my life the way I want to. As well as this result is contradicting with Ishaq (2014) he assesses the impact of stigma on daily life of psychiatric Patients in Gaza Strip-Palestine. He found that more half of study sample agree that they prefer staying at home alone and not mixing with others because of my psychiatric illness.

The result is also contradicting with Al-Naggar (2013) argues that the multiple consequences that result from negative perceptions of mental illnesses could prevent persons with mental illness from fully living and could serve as a barrier to proper care.

Level of Internalized Stigma among schizophrenic patients in both groups

The result of present study denote that the patients in both groups have mild to moderate level of internalize stigma as well as there was highly significant difference between both group , this could be attributed to different factors such as severity of illness ,impact of stigma on patient daily life ,basic right afforded to patients in both group ,media representation of mental illness ,quality of services for mentally ill patients, program designed to raise public awareness about schizophrenia furthermore to geography, linguistic, cultural ,religious boundaries.

This result is oppose with Brand, Burazeri and Krajewski (2013) they describe and compare the sublevels and intensity of self-stigma across six European countries they found that : Moderate-to-high levels of internalised stigma ranged from in Sweden to , Croatia. Mean of perceived discrimination and devaluation was predominantly above the midpoint, and hence showed a high level of perceived discrimination and devaluation across the countries.

Impact of mental illness stigma on family caregivers

The results of present study explain that the greatest percent of family caregivers in both groups they were strongly disagree & disagree regarding item "they feel set apart from others whose family members are well., that they have I feel I am at least partially to blame for my family member's illness and Some people act as though I am less competent than usual ,This may be due the family caregivers were trying to preserve family reputation because stigma associated with mental illness brought shame to the family and affect the marriage potential of other relatives in addition they were trying to overcome public beliefs that "family responsible for the disturbing behaviors of their relatives .

This result is consistent with Reddy(2014) explain that in some Asian communities, stigma associated with mental illness brought shame to the family and affect the marriage potential of other relatives, so families keep the illness private and are often reluctant to seek professional help. Family stigma contains the stereotypes

of blame, shame, and contamination; public attitudes which blame family members for incompetence may invoke the onset or relapse of a family member's mental illness.

Also greatest percent of family caregivers in group (a) reported that they have a greater need than usual for reassurance that others care about me., that internalize response may be due to they have been live in extend family, have a large numbers of family members sharing in caring in addition they have social reassurance for mental ill person that lessen financial burden. As well as the most of them living in Countryside, in which the most of patients have small work.

The result revealed that two third of family caregivers in group (b) they we were disagree regarding item "due to my family member's illness, I have sense of being unequal in my relationship with others" this may be due to the family members have been play important role in patients care, they were act as liaison between patients and mental health staff, administering medication, and they are protect patients from outside harm from other. This result was contradicting with KJELLIN and OSTMAN (2008) they explained that when the relative lived with the patient, a greater proportion reported that the patient's mental illness had affected their possibilities of having company of their own.

Concerning to internalizing approving response among family members in both groups. The majority of family caregivers in group (a) agree that my life security has been affected by the illness in my family member this may be related to negative patient symptoms; disruption of the caregiver's domestic routine social activities and ,leisure that leadto social isolation.as wellas family caregivers explained that their friends and relatives

Gradually stayed away, did not come to see them at the or that they shied away from speaking with them.

The result show that more than half of family caregivers in group(b) agree that they encounter embarrassing situations as a result of my family member's illness, they feel a need to keep my family member's illness a secret and they feel I have been treated with less respect than usual by others .this may be due to the family members unable to interacting with the patient during active phase of illness ,they obtained support in carrying the burden of caring their patient , mostly from other family members or their network of close friends, and more seldom from employees of the psychiatric services. Additionally in Egypt community family caring mental ill patients have lack of support from institution, legsatiation, and from community .some family members mentioned that feelings of inferiority to staff in conversation.

This result is similar to Chien., & Lee . (2010). Explain that family burden in Asian community may positively associate with the extent of withdrawal behavior, negative consequence to their self concept "diminish self worth and enhanced feeling of sham and guilt Moreover, the amount of unmet service needs and the decrement of self-efficacy can predict the withdrawal/secretcy behaviors in patients with psychotic and their families

Level of internalize stigma among family caregivers in both group

The results denote that highest proration of family caregivers in both group have moderate level of internalizing stigma, this may be due to the family caregivers have been burdened by characteristic of patients illness that need long term care ,lack of information about interacting with the patients during acute phase of illness, managing side effect of medication .as well as they are burden in form of feeling such as shame ,anger ,powerlessness worried about patient future because they believe that patients condition may worsen and that they can't live like normal people.

This results is contradicting with Reddy (2014) he assess stigma among Caregivers/Family members with Persons of mental Illness Prakasham district at India he found that The and majority of the family caregivers had high stigma score above the mean (54.7%) .

Conclusion

The present study concluded that

Both schizophrenic's patients and their family care givers in both groups have high level of internalizing stigma of mental illness and further research is needed to assess impact of mental illness stigma on daily life of schizophrenic patients

Recommendation

Based on the current study finding it was recommended that

Further researches are needed to

1. assess impact of mental illness stigma on daily life of schizophrenic patients
2. assess perceived stigma on expressed emotions of family caregivers of patients with schizophrenia

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Tables

Table (1) Socio demo-graphic characteristic of the schizophrenic patients

Items	Abha hospital Group(A)		Abbasia hospital Group(B)	
	No.(100)	%	No.(100)	%
Sex				
Male	56	56	64	64
Female	44	44	36	36
Age				
<25	12	12	16	16
25 -<35	36	36	22	22
35-<45	40	40	44	44
+45	12	12	18	18
Duration of illness				
<1 year	10	10	0	0
1-<5 years	44	44	10	10
5-<10 years	30	30	18	18
> 10 year	16	16	72	72
Educational level				
Illiterate	4	4	8	8
Read and write	66	66	16	16
School level	24	24	62	62
University level	6	6	14	14
Occupation				
Employed	30	30	40	40
Unemployed	70	70	60	60
Marital status				
Single	20	20	44	44
Married	80	80	56	56
Frequency of follow up visit				
Weekly	12	12	4	4
2 times/ month	80	80	60	60
4 times / month	8	8	16	16
Monthly	0	0	20	20
Patient hospitalization				
1 time	12	12	24	24
2 times	70	70	30	30
More than3 times	18	18	46	46

Table (2) Socio demo-graphic characteristic of the family caregiver

Items	Abha hospital Group(A)		Abbasia hospital Group(B)	
	No.(100)	%	No.(100)	%
Sex				
Male	68	68	26	26
Female	32	32	74	74
Age				
<25	44	44	48	48
25 -<35	28	28	14	14
35-<45	18	18	34	34
+45	10	10	4	4
Educational level				
Illiterate	6	6	20	20
Read and write	64	64	12	12
School level	20	20	56	56
University level	10	10	16	16
Occupation				
Employed	66	66	58	58
Unemployed	34	34	42	42
Relationship to the patient				
Spouse	68	68	62	62
Mather	20	20	18	18
Son/daughter	12	12	16	16
Sibling	0	0	4	4
Other	0	0	0	0

Table (3) Level of insight among schizophrenic patients in both group

	ABHA HOSPITAL Group(A)		Abbasia hospital Group(B)	
	No.(100)	%	No.(100)	%
Minimal	10	10	8	8
Mild	34	34	20	20
Moderate	40	40	54	54
Severe	16	16	18	18

Table (4-a) Response to Internalized Stigma of Mental Illness Scale among patients at Abbasia hospital

Alienation	Abbasia hospital							
	strongly agree		Moderate agree		Moderate Disagree		strongly disagree	
	no	%	no	%	no	%	no	%
I feel out of place in the world because I have mental illness	22	22	24	24	8	8	46	46
Having a mental illness has spoiled my life	24	24	32	32	20	20	24	24
People without mental illness could not possibly understand me	18	18	28	28	38	38	16	16
I am embarrassed or ashamed that I have a mental illness	18	18	16	16	56	56	10	10
I am disappointed in myself for having a mental illness	30	30	16	16	38	38	16	16
I feel inferior to others who don't have mental illness	10	10	20	20	50	50	20	20
Stereotype endorsement								
Stereotypes about the mentally ill apply to me	60	60	28	28	12	12	0	0
People can tell that I have a mental illness by the way I look	6	6	14	14	20	20	60	60
Mentally ill people tend to be violent	10	10	22	22	42	42	26	26
Because I have a mental illness, I need others to make most decisions for me	20	20	24	24	10	10	46	46
People with mental illness cannot live a good, rewarding life	40	40	16	16	12	12	32	32
Mentally ill people shouldn't get married	4	4	0	0	24	24	72	72
I can't contribute anything to society because I have a mental illness	0	0	12	12	20	20	68	68
Perceived discrimination								
People discriminate against me because I have mental illness	32	32	18	18	20	20	30	30
Others think that I can't achieve much in life because I have a mental illness	36	36	14	14	30	30	20	20
People often patronize me, or treat me like a child, just because I have a mental illness	10	10	24	24	34	34	32	32
Nobody would be interested in getting close to me because I have a mental illness	28	28	16	16	30	30	26	26
Social withdrawal								
I don't talk about myself much because I don't want to burden others with my mental illness	42	42	28	28	16	16	14	14
I don't socialize as much as I used to because my mental illness might make me look or behave "weird"	10	10	34	34	8	8	48	48
Negative stereotypes about mental illness keep me isolated from the normal world	34	34	24	24	38	38	4	4
I stay away from social situations in order to protect my family or friends from embarrassment	40	40	20	20	36	36	14	14
Being around people who don't have a mental illness makes me feel out of place or inadequate	46	46	20	20	16	16	18	18
I avoid getting close to people who don't have a mental illness to avoid rejection	40	40	26	26	18	18	16	16
Stigma resistance								
I feel comfortable being seen in public with an obviously mentally ill person	52	52	18	18	20	20	10	10
In general, I am able to live my life the way I want to	56	56	24	24	20	20	0	0
I can have a good, fulfilling life, despite my mental illness	38	38	26	26	22	22	14	14
People with mental illness make important contributions to society	36	36	28	28	32	32	4	4
Living with mental illness has made me a tough survivor	52	52	8	8	30	30	10	10

Table (4-b) Response to Internalized Stigma of Mental Illness Scale among patients at ABHA HOSPITAL

Alienation	ABHA HOSPITAL							
	strongly agree		Moderate agree		Moderate Disagree		strongly disagree	
	no	%	no	%	no	%	no	%
I feel out of place in the world because I have mental illness	8	8	24	24	24	24	44	44
Having a mental illness has spoiled my life	0	0	4	4	20	20	76	76
People without mental illness could not possibly understand me	32	32	24	24	36	36	8	8
I am embarrassed or ashamed that I have a mental illness	20	20	20	20	44	44	16	16
I am disappointed in myself for having a mental illness	16	16	8	8	52	52	24	24
I feel inferior to others who don't have mental illness	32	32	24	24	36	36	8	8
Stereotype endorsement								
Stereotypes about the mentally ill apply to me	60	60	12	12	24	24	4	4
People can tell that I have a mental illness by the way I look	44	44	22	22	14	14	20	20
Mentally ill people tend to be violent	22	22	18	18	16	16	44	44
Because I have a mental illness, I need others to make most decisions for me	30	30	18	18	30	30	22	22
People with mental illness cannot live a good, rewarding life	24	24	30	30	28	28	18	18
Mentally ill people shouldn't get married	0	0	24	24	16	16	60	60
I can't contribute anything to society because I have a mental illness	8	8	26	26	8	8	58	58
Perceived discrimination								
People discriminate against me because I have mental illness	30	30	20	20	18	18	32	32
Others think that I can't achieve much in life because I have a mental illness	36	36	26	26	24	24	14	14
People often patronize me, or treat me like a child, just because I have a mental illness	48	48	30	30	16	16	6	6
Nobody would be interested in getting close to me because I have a mental illness	52	52	20	20	20	20	8	8
Social withdrawal								
I don't talk about myself much because I don't want to burden others with my mental illness	58	58	4	4	24	24	14	14
I don't socialize as much as I used to because my mental illness might make me look or behave "weird"	34	34	25	25	20	20	6	6
Negative stereotypes about mental illness keep me isolated from the normal" world	36	36	22	22	14	14	28	28
I stay away from social situations in order to protect my family or friends from embarrassment	24	24	36	36	8	8	32	32
Being around people who don't have a mental illness makes me feel out of place or inadequate	0	0	30	30	26	26	44	44
I avoid getting close to people who don't have a mental illness to avoid rejection	10	10	20	20	22	22	48	48
Stigma resistance								
I feel comfortable being seen in public with an obviously mentally ill person	18	18	32	32	26	26	24	24
In general, I am able to live my life the way I want to	38	38	26	26	36	36	0	0
I can have a good, fulfilling life, despite my mental illness	54	54	14	14	14	14	18	18
People with mental illness make important contributions to society	25	25	36	36	4	4	18	18
Living with mental illness has made me a tough survivor	48	48	10	10	28	28	14	14

Table (5) Level of Internalized Stigma among schizophrenic patients in both groups

Alienation	ABHA HOSPITAL Group(A)		Abbasia hospital Group(B)		X2	p value
	No.(100)	%	No.(100)	%		
Minimal	8	8	6	6	32.6	H.S
Mild	48	48	24	24		
Moderate	40	40	58	58		
Severe	4	4	12	12		
Stereotype endorsement						
Minimal	22	22	6	6	34.6	H.S
Mild	20	20	20	20		
Moderate	54	54	60	60		
Severe	4	4	14	14		
Perceived discrimination						
Minimal	8	8	12	12	34.1	H.S
Mild	52	52	60	60		
Moderate	34	34	20	20		
Severe	6	6	8	8		
Social withdrawal						
Minimal	2	2	4	4	51.4	H.S
Mild	26	26	32	32		
Moderate	66	66	58	58		
Severe	6	6	6	6		
Stigma resistance						
Minimal	18	18	10	10	12.560	H.S
Mild	36	36	36	36		
Moderate	38	38	42	42		
Severe	8	8	12	12		

Table (6-a) Impact of mental illness stigma on family caregivers at ABHA HOSPITAL

Items	ABHA HOSPITAL Group(A)									
	Not Applicable		Strongly disagree		Disagree		Agree		Strongly Agree	
	no	%	no	%	no	%	no	%	no	%
I have experienced financial hardship that has affected how I feel about myself.	20	20	20	20	0	0	60	60	0	0
My life security has been affected by the illness in my family member	0	0	0	0	0	0	80	80	20	20
My relative \ neighbor / co-workers have discriminated against me.	64	64	0	0	22	22	0	0	14	14
I have experienced financial hard-ship that has affected my relationships with others	0	0	50	50	0	0	38	38	12	12
I feel I have been treated with less respect than usual by others	52	52	24	24	0	0	0	0	24	24
I feel set apart from others whose family members are well.	0	0	82	82	0	0	0	0	18	18
I feel others are concerned they could “catch” my family member’s illness through contact like Handshake\speech	0	0	28	28	0	0	46	46	26	26
I feel others avoid me because of my family a member's illness.	0	0	50	50	16	16	24	24	10	10
Some family members have rejected me because of my contact with my family member with mental illness	14	14	44	44	24	24	0	0	18	18
I feel others think I am to blame for my family member’s illness.	0	0	42	42	28	28	30	30	0	0
I do not feel I can be open with others about my family member’s illnesses	20	20	56	56	24	24	0	0	0	0
I fear someone telling others about my family member’s illness without my permission.	6	6	42	42	0	0	0	0	52	52
I feel a need to keep my family member’s illness a secret	0	0	58	58	6	6	22	22	14	14
I feel some friends have rejected me because of my family member’s illness	0	0	68	68	0	0	0	0	32	32
I have a greater need than usual for reassurance that others care about me	0	0	78	78	22	22	0	0	0	0
I feel lonely more often than usual.	24	24	0	0	60	60	0	0	16	16
Due to my family member’s illness, I have sense of being unequal in my relationship with others	40	40	42	42	0	0	18	18	0	0
I feel I am at least partially to blame for my family member’s illness.	0	0	64	64	26	26	0	0	10	10
I feel less competent than I did before my family member’s illness	0	0	56	56	20	20	40	40	24	24
I encounter embarrassing situations as a result of my family member’s illness.	0	0	36	36	26	26	0	0	38	38
Due to my family member’s illness others seem to feel awkward and tense when they are around me	38	38	42	42	0	0	0	0	20	20
Some people act as though I am less competent than usual	0	0	30	30	14	14	46	46	10	10
Due to the illness of my family member, I sometimes feel useless	0	0	52	52	12	12	12	24	28	28
Changes in the appearance of my family member with mental illness have affected my social relationships	20	20	48	48	6	6	12	12	20	20

Table (6-b) Impact of mental illness stigma on family caregivers at Abbasia hospital

Items	Abbasia hospital Group(B)									
	Not Applicable		Strongly disagree		disagree		Agree		Strongly Agree	
	no	%	no	%	no	%	no	%	no	%
I have experienced financial hardship that has affected how I feel about myself.	0	0	24	24	0	0	34	34	42	42
My life security has been affected by the illness in my family member	0	0	20	20	40	40	40	40	0	0
My relative \ neighbor / co-workers have discriminated against me.	0	0	30	30	16	16	54	54	0	0
I have experienced financial hardship that has affected how I feel about myself.	0	0	18	18	0	0	62	62	20	20
I feel I have been treated with less respect than usual by others	0	0	0	0	34	34	0	0	66	66
I feel set apart from others whose family members are well.	0	0	0	0	70	70	0	0	30	30
I feel others are concerned they could “catch” my family member’s illness through contact like handshake \speech	0	0	0	0	0	0	58	58	42	42
I feel others avoid me because of my family a member's illness.	0	0	0	0	26	26	46	46	28	28
Some family members have rejected me because of my contact with my family member with mental illness	0	0	34	34	42	42	24	24	0	0
I feel others think I am to blame for my family member’s illness.	0	0	0	0	30	30	44	44	26	26
I do not feel I can be open with others about my family member’s illnesses	0	0	32	32	34	34	34	34	0	0
I fear someone telling others about my family member’s illness without my permission.	0	0	38	38	44	44	18	18	0	0
I feel a need to keep my family member’s illness a secret	0	0	0	0	34	34	66	66	0	0
I feel some friends have rejected me because of my family member’s illness	0	0	28	28	0	0	52	52	20	20
I have a greater need than usual for reassurance that others care about me	0	0	0	0	0	0	48	48	52	52
I feel lonely more often than usual.	0	0	26	26	0	0	60	60	14	14
Due to my family member’s illness, I have sense of being unequal in my relationship with others	0	0	0	0	76	76	24	24	0	0
I feel I am at least partially to blame for my family member’s illness.	0	0	28	28	0	0	52	52	0	0
I feel less competent than I did before my family member’s illness			32	32	10	10	34	34	24	24
I encounter embarrassing situations as a result of my family member’s illness.	0	0	0	0	32	32	68	68	0	0
Due to my family member’s illness others seem to feel awkward and tense when they are around me	0	0	16	16	58	58	0	0	26	26
Some people act as though I am less competent than usual	0	0	52	52	30	30	0	0	18	18
Due to the illness of my family member, I sometimes feel useless	0	0	26	26	40	40	0	0	34	34
Changes in the appearance of my family member with mental illness have affected my social relationships	0	0	28	28	0	0	30	30	42	42

Table (7) Level of internalize stigma among family caregivers in both group

Level of stigma	ABHA HOSPITAL Group(A)		Abbasia hospital Group(B)		X2	p value
	No.(100)	%	No.(100)	%		
Minimal impact	10	10	14	14	35.9	H.S
Mild impact	24	24	22	22		
Moderate impact	40	40	44	44		
Severe impact	26	26	20	20		