

Level of Stigma Towards Mental Illness among the Caregivers of Clients With Mental Illness and Other Chronic Medical Illness

Padmavathi Nagarajan¹, Shivanand K², Parthibane S³

¹Assistant Professor, College of Nursing, JIPMER (Jawaharlal Institute of Post Graduate Medical Education and Research), Pudhucherry, ²Additional Professor, Department of Psychiatry, JIPMER Pudhucherry,

³Ph.D scholar, JIPMER, Pudhucherry

Abstract

Background: Mental illness is considered to be associated with high level of stigma. The stigmatizing experience is not only limited to the patients but is also experienced by their close relatives. Due to the stigma, people often avoid the use of mental health services because of the fear of being labeled as a “mentally ill patient” and thus avoid the negative consequences connected with the stigma of mental illness.

Aim: The aim of the study was to compare the level of stigma towards mental illness between the caregivers of clients with mental illness and other chronic illness.

Methods and Materials: A cross-sectional descriptive study was conducted that included 200 subjects of which 100 from group I (caregivers of clients with mental illness) and 100 from group II (caregivers of clients with other chronic illness). Convenient sampling method was used. Fear and Behavioural Intention scale was used to assess the level of stigma.

Results: Group I had positive attitude towards mental illness with the mean score of 37.21 ± 7.13 whereas Group II had less positive attitude towards mental illness with the mean score of 27.48 ± 7.98 .

Conclusion: The study results indicate that caregivers who have their family member under treatment for mental illness were more likely to have behaviourally favourable attitude towards mental illness when comparing with the caregivers who do not have a family member with mental illness. Educating the public on mental illness may reduce the stigma associated with mental illness.

Key words: Caregivers, mental illness, fear and behavioural intention scale (FABI)

Introduction

The World Health Organization (WHO) reported in 2001 that about 450 million people worldwide suffer from some form of mental disorder and in India, it is almost 60 to 70 million. Four of the ten leading causes of disability worldwide are neuropsychiatric disorders, accounting for 30.8% of total disability and 12.3% of the total burden of disease. The burden of these disorders is expected to rise to 15% by the year 2020.¹ An epidemiological review of prevalence studies of psychiatric disorders from 1960 to 2009 found that the prevalence of mental illness falls in the range of 9.5–370 persons per 1000.²

It is well known that lack of awareness regarding mental illness in general population leads to stigmatization attitudes towards people with mental illness. Stigma may be regarded as, “a cluster of negative attitudes and beliefs that motivate the general public to fear, reject, avoid and discriminate against people with mental illness. For the mentally ill, stigma acts as a barrier that separates them from society. Nearly, two third of people with mental disorders do not seek treatment due to the stigma related to mental illness.

Stigma related to mental illness not only has the negative impact on the sufferers but also has the impact on the lives of their family members or caregivers.

Research suggests that stigma negatively impacts self-esteem and also affects the variables related to recovery from mental illness, including social relationships; treatment adherence and willingness to seek help.³ Fear of stigma by patients or other family members may become a major obstacle to help seeking and treatment adherence. Patients and their family members often report that the diagnosis of a mental illness is followed by increasing isolation as family and friends withdraw. Patients feel rejected and feared by others and their families are blamed by others for having mental illness.⁴

In his theory of human attribution, Weiner (1995) argued that blaming someone for a negative life condition such as mental illness leads to anger and social avoidance (“I don’t want that weak-willed person around me!”). Hence, educating the public about the biological roots of mental illness—for example, comparing people with mental illness to those with other chronic disorders such as diabetes—may decrease the blame for psychiatric illness. Ranjithkumar et al studied the attitudes of people towards mental illness. The study compared the attitudes people between the caregivers of mental illness and the lay public. The findings highlighted that caregivers of mentally ill individuals had more positive attitude than the lay public. In addition, the authors concluded that knowledge of the prevailing attitudes of people towards mental illness helps in adopting methods to make these attitudes more positive, which helps in better outcome & recovery.⁵

Hence, the present study was aimed to compare the level of stigma towards mental illness between the caregivers of clients with mental illness (Schizophrenia, Bipolar disorders and major depression) and other chronic illnesses such as diabetes, hypertension and certain dermatological disorders.

Materials & Method

A cross-sectional descriptive study was carried out among 200 caregivers of patients of which 100 from group I (caregivers of clients with mental illness) and 100 from group II (caregivers of clients with chronic medical illness) and those who attended Medical, Dermatological and Psychiatric Out-Patient Department of a tertiary care hospital. Participants were selected by convenience sampling according to the inclusion criteria. Subjects of both sex and who belonged to the age group of 18 to 65 years, caregivers of clients having mental illness for two years and above

were included in the study. Also, the caregivers who had cared the patients for more than two years and who was also a close relative were included in the study. The same criteria were followed for the caregivers attending Medical, and Dermatological Out-Patient Departments. Caregivers with mental illness or having any other acute illness were excluded from the study. In addition to the socio-demographic data sheet, Fear and behavioural intentions towards mentally ill (FABI) was used to collect the data. FABI is a simple, ten item self rated scale that assesses the fear and likely behavior towards mentally ill. Each item is rated on five point Likert scale.

Results

The socio-demographic profile of the study participants

Out of 200 subjects, one hundred subjects belonged to the Group I (caregivers of clients with mental illness) and Group II (caregivers of clients with chronic medical illness) also had the same number. In Group I, majority of the subjects (52%) were between the age group of 26-50 years. Similarly, group II also had the majority of subjects (68%) belonged to the age group of 26-50 years. Males outnumbered in group I (52%) where as females (62%) were outnumbered in Group II. In both the group, majority of the subjects (83% each) were married. Concerning with residential area, 46% subjects from Group I, belonged to the urban area and the remaining 54% were hailed from rural area, In group most of the subjects (63%) were hailed from rural area. In group I, 71% of caregivers reported that they gained information regarding mental illness through their personal experience and the remaining 29% gained information through media. In group II, 64% of caregivers reported that they gained information regarding mental illness through their personal experience and the remaining 36% gained information through media. The duration of psychiatric illness varied from two years to 25 years. In group I, most of the caregivers (95%) belonged to the category of first degree relatives.

The comparison of demographic variables between group I and II is shown in table 1. The results showed that variables such as age, gender and educational status were found to be statistically significant between the two groups where as other variables such as marital status, occupation and income were not found to be statistically significant.

Further, comparison of group I & II based on responses for fear and behavioral intention towards mentally ill (FABI) is shown in table 2. All the items in FABI were found to be statistically significant regarding the attitudes towards mentally ill between group I & II. For statements like “Would you object to having mentally ill people living in your neighborhood?” and “Would you avoid conversations with neighbors who had suffered from mental illness?”, higher proportion of caregivers with mental illness expressed positive attitude towards mentally ill by answering very unlikely or unlikely. Among those respondents who do not have a relative under treatment for mental illness expressed significantly more negative attitude towards the mentally ill.

For statements “Would you be willing to work with somebody with a mental illness and “Would you invite somebody into your home if you knew they suffered

from mental illness?” higher proportion of caregivers with mental illness expressed significantly favorable attitude towards mentally ill.

For statement like “Would you be worried about visiting somebody with a mental illness?” significantly higher proportion of caregivers with mental illness expressed favorable attitude.

For statements from FABI, like “If somebody had been a former psychiatric patient, would you have them as a friend?”, “If somebody who had been a former psychiatric patient came to live next door to you, would you greet them occasionally?”, “Would you have casual conversations with neighbors who had suffered from mental illness?”, Significantly higher proportion of caregivers with mental illness expressed favorable attitude towards mentally ill, while those without having mentally ill relative expressed more negative attitude towards mentally ill when these issues were posed.

Table - 1: Comparison of demographic profile of the subjects between Group I & II (N=200)

Variables	Categories	Group I (caregivers of clients with mental illness n=100)	Group II (caregivers of clients with chronic medical illness n=100)	χ^2 (df)	P value (two tailed)
Age in years	18-25	19%	16%	6.146 (2)	0.046*
	26-50	52%	68%		
	51-60	29%	16%		
Gender	Male	52%	38%	3.96 (1)	0.046*
	Female	48%	62%		
Marital Status	Married	83%	83%	1.025 (2)	0.599
	Unmarried	17%	17%		
Place of Residence	Urban	46%	37%	1.668 (1)	0.196
	Rural	54%	63%		
Educational status	Illiterate	27%	20%	8.877(3)	0.030*
	Primary	19%	38%		
	Secondary	32%	25%		
	Graduates	22%	17%		
Occupational status	Labour	47%	53%	3.753 (3)	0.289
	Skilled	08%	08%		
	Semi-skilled	17%	08%		
	Unemployed	28%	31%		

Cont... Table - 1: Comparison of demographic profile of the subjects between Group I & II ((N=200)

Income in rupees	Below 1000	20%	14%	5.43 (4)	0.246
	1001- 5000	38%	36%		
	5001- 10,000	04%	12%		
	10,001 and above	09%	07%		
	No income	29%	31%		

* Significant at $p < 0.05$ level for a two tailed test

Table 2: Comparison of group I & II based on responses for fear and behavioral intention towards mentally ill (FABI) questionnaire

FABI items	Categories	Group I N=100	Group II N =100	$\chi^2(df)$	P two tailed
I am afraid of people with mental illness	Strongly Agree	28	17	12.92(4)	0.011*
	Agree	21	14		
	Neutral	02	09		
	disagree	23	18		
	Strongly disagree	26	42		
“Would you object to having mentally ill people living in your neighborhood?”	Very likely	13	34	28.37(4)	0.000***
	Likely	09	09		
	Uncertain	02	11		
	Unlikely	36	32		
	Very Unlikely	40	14		
“Would you avoid conversations with neighbors who had suffered from mental illness?”	Very likely	09	30	29.31(4)	0.000***
	Likely	10	21		
	Uncertain	09	09		
	Unlikely	34	28		
	Very unlikely	38	12		
“Would you be willing to work with somebody with a mental illness?”	Very likely	36	12	43.05(4)	0.000***
	Likely	34	19		
	Uncertain	08	05		
	unlikely	12	15		
	Very unlikely	10	49		
“Would you invite somebody into your home if you knew they suffered from mental illness?”	Very likely	32	08	36.73(4)	0.000***
	Likely	32	18		
	Uncertain	10	12		
	unlikely	14	19		
	Very unlikely	12	43		
“Would you be worried about visiting somebody with a mental illness?”	Very likely	13	31	15.21(4)	0.004**
	likely	10	16		
	Uncertain	05	06		
	unlikely	31	25		
	Very Unlikely	41	22		

Cont... Table 2: Comparison of group I & II based on responses for fear and behavioral intention towards mentally ill (FABI) questionnaire

“If somebody had been a former psychiatric patient, would you have them as a friend?”	Very likely	52	28	24.65(4)	0.000***
	likely	27	21		
	Uncertain	06	06		
	unlikely	09	17		
	Very unlikely	06	28		
“If somebody who had been a former psychiatric patient came to live next door to you, would you greet them occasionally?”	Very likely	38	11	56.59(4)	0.000***
	likely	37	11		
	Uncertain	02	09		
	unlikely	11	37		
	Very unlikely	12	32		
“Would you have casual conversations with neighbors who had suffered from mental illness?”	very likely	36	14	33.69(4)	0.000***
	likely	36	19		
	Uncertain	08	10		
	unlikely	08	16		
	Very unlikely	12	41		
“If somebody who had been a former psychiatric patient came to live next door to you, would you visit them?”	Very likely	42	22	14.81(4)	0.005**
	likely	30	27		
	Uncertain	09	11		
	unlikely	09	14		
	Very unlikely	10	26		

* Significant at $p < 0.05$ level

** Significant at $p < 0.01$ level

*** Significant at $p < 0.001$ level

Discussion

The present study assessed the level of stigma towards mental illness among caregivers of clients with mental illness and compared with the caregivers of chronic medical illness. The results, as discussed earlier are consistent with the study done by Kvist et al, who assessed the attitudes towards mental illness by student nurses with previous contact with mentally disordered persons prior to education in psychiatric nursing. The result revealed that student nurses who had experienced some type of contact with mental illness prior to education in psychiatric nursing exhibited a positive attitude, than those lacking contact, towards mental illness.⁶

Another study by Vibha et al assessed the attitudes of psychiatric ward attendants towards mental illness. Results revealed that psychiatric ward attendants had more positive attitudes than general attendants towards psychiatric illness.⁷ Similarly, Crabb et al conducted a study to assess the level of stigma of the caregivers

towards mental illness. The findings suggested that those individual attending non-mental health clinics had higher level of stigma towards mental illness than those attending mental health clinics.

Barke et al conducted a study to assess the attitude of the urban population towards mental illness. The results revealed that a higher level of education was associated with more positive attitude towards mentally ill people.⁸ Bener et al reported that men had a better attitude towards mental illness than women. Women were more afraid than men to talk to the mentally ill. Authors insisted that knowledge of common mental illnesses was generally poor, and it seemed to be lower among women.⁹ A study conducted by Linden et al which assessed the attitudes of qualified versus student mental health nurses towards individuals diagnosed with schizophrenia, revealed that nurses employed in a community setting held more positive attitudes.

Conclusion

The study results indicated that those subjects having a family member under treatment for mental illness (Group I) were more likely to show behaviorally

positive intentions towards mentally ill and the mean score was 37.21 ± 7.13 . Subjects who did not have any family member taking treatment for mental illness (Group II) expressed unfavorable attitude towards mentally ill and the mean score was 27.48 ± 7.98 . This could be due to lack of awareness about mental illness among general public and there is a need to educate the people regarding the nature of mental illness. This in turn will reduce the stigma towards mentally ill and their caregivers.

Ethical Clearance for this study was obtained from Institute Ethics committee (Human studies) from JIPMER, Puducherry.

Conflicts of Interest: Nil

Sources of Funding: Nil

Acknowledgement: The authors acknowledge the contributions of Maheawari P, Malathy M, Manibharathi S, Manju M, Manojkumar A, Nandhini K, Nending Y, Nithiya K and Punithewary D, towards the conduct of this study.

References

1. World Health Organization. World health report 2001: Mental health: new understanding, new hope. Albany: World Health Organization, 2001.
2. Math SB, Srinivasaraju R. Indian psychiatric epidemiological studies: learning from the past. *Indian J Psychiatry*, 2010 52, S95–S103.
3. Corrigan PW, Druss BG, Perlick DA. The impact of mental illness stigma on seeking and participating in mental health care. *Psychol Sci Public Interest* 2014; 15: 37–70.
4. Corrigan PW, Rüsçh N. Mental illness stereotypes and clinical care: Do people avoid treatment because of stigma? *Psychiatr Rehabil Skills* 2002;6 :312–34.
5. Ranjitkumar P, Padma V, Raju NN. A comparative study on attitudes towards mental illness. *AP J Psychol Med*. 2010; 11: 23-5.
6. Ewalds-Kvist E, Högberg T, Lützn K, et al. Student nurses and the general population in Sweden: trends in attitudes towards mental illness. *Nord J Psychiatry* 2013; 67:164–70.
7. Vibha P, Saddichha S, Kumar R. Attitudes of ward attendants towards mental illness: Comparisons and predictors. *Int J Soc Psychiatry*. 2008; 54:469–78.
8. Barke A, Nyarko S, Klecha D. The stigma of mental illness in Southern Ghana: attitudes of the urban population and patients' views. *Soc Psychiatry Psychiatric epidemiol*. 2011;46: 1191–202.
9. Bener A, Ghuloum S. Gender differences in the knowledge, attitude and practice towards mental health illness in a rapidly developing Arab society. *Int J Soc Psychiatry*. 2011; 57:480–86.
10. Linden M, Kavanagh R. Attitudes of qualified vs. student mental health nurses towards an individual diagnosed with schizophrenia. *J Adv Nurs*. 2012; 68:1359–68.