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

Tenzing Dolkar Bhutia1 Mary Madhvi Palagiri1 Flavia Sequeira1 Gini Jose1 Anil MC1
Lavina Rodrigues2

1 II PBBSc Nursing, Father Muller College of Nursing, Mangalore, Karnataka, India
2 Department of Mental Health Nursing, Father Muller College of Nursing, Mangalore, Karnataka, India

Address for correspondence Rodrigues Lavina, MSc, Assistant Professor, Department of Mental Health Nursing, Father Muller College of Nursing, Kankanady, Mangalore, Karnataka 575002, India (e-mail: lovesyril@gmail.com).

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 ± 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.\textsuperscript{3,4} In India, neuropsychiatric disorders are estimated to contribute to 11.6% of the global burden of disease.\textsuperscript{5} In addition to a person’s directly facing a mental illness, family, friends, and communities are also affected.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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%.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{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.\textsuperscript{7,9} In this context, this study was carried out to identify the level of stigmatized 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 literature\textsuperscript{12} by using statistical formula:

\[
 n = \frac{Z^2 \cdot p \cdot (1-p)}{e^2}
\]

\[
 Z\alpha = 1.96 \text{ at } 95\% \text{ of } C I,
\]

\[
 p = 83.5\% \text{ (80\%)}
\]

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 \( \alpha \) 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 (IEC) with the registration no: FMIEC/CCM/37/2019. A formal written permission was obtained from the 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 ± 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

<table>
<thead>
<tr>
<th>Variable</th>
<th>Mean ± SD</th>
<th>Mean %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level of stigmatized attitude</td>
<td>52.77 ± 9.91</td>
<td>52.77</td>
</tr>
</tbody>
</table>

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

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. 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. Similar study conducted by Mukherjee et al, which 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. Similarly, a cross-sectional study done by Mukherjee and Mukhopadhyay showed no significant association between stigma scale and demographic variables.

**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.

**Funding**

Received financial support from Rajiv Gandhi University of Health Sciences, Bangalore

**Conflict of Interest**

None declared.

**Acknowledgement**

Authors acknowledge the immense help received from the scholars whose articles are cited and included in references of this manuscript. The authors are also grateful to authors/editors/publishers of all those articles, journals, and books from where the literature for this article has been reviewed and discussed.

**References**