

Internalized Stigma in Psychiatric Referrals in a Tertiary Care Hospital

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ABSTRACT

Background: Internalized stigma is a common occurrence in psychiatric settings, especially in those referred to the psychiatric department from other specialties. **Aim:** To assess the magnitude of internalized stigma in patients who are referred from other specialties in a tertiary care hospital in Telangana. **Methods:** The study design is cross-sectional study with a total of 98 patients. Results: Prevalence of internalized stigma was found to be at 24%. Maximum internalized stigma was observed in alcohol related disorders. **Conclusion:** The study reveals the moderate extent of stigma in the present setting. It highlights the importance of anti-stigma campaigns.

Keywords: Internalized Stigma, Referral Psychiatry

According to Livingston and Boyd, internalized stigma is a subjective process, embedded in the sociocultural context, characterized by negative feelings about the self and maladapted behavior on the basis of their mental illness.

Stigma experienced by people with mental illness can be classified into three categories. Firstly, perceived stigma is what individuals think of the societies' belief system about them. Secondly, experienced stigma is the discrimination that is faced by the person with mental illness. Thirdly, self-stigma is the process of internalization of both societies' belief system about them and the societies' discrimination towards them.

Psychiatric patients consider themselves as devalued participants of social life and they also believe that stereotypes about mental illnesses are genuine. They also face negative stereotyping and biases from society, family and other sources. Many studies have confirmed a negative correlation between internalized stigma and self-esteem, the quality of life, the meaning of life, hope and susceptibility to treatment. Apart from that, other negative outcomes of internalized stigma include increased depression, avoidant coping mechanism development, and social avoidance. The psychiatric symptoms of the patient also tend to worsen.

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Internalized stigma is an occult barrier to obtaining complete remission from psychiatric illnesses and to have a better quality of life. Better understanding about the extent of internalized stigma associated with various psychiatric illnesses may help in development of better strategies to tackle internalized stigma.

There is need for new strategies to decrease self-stigma and this is a new area of research much needed. Heijnders and Van Der Meif highlighted the importance of counseling, cognitive behavioral therapy, empowerment, self-help and support groups in reducing internalized stigma.

Aim: to study the prevalence of internalized stigma in patients who are referred from other specialties to the psychiatric department.

Objectives

- To study the sociodemographic profile of psychiatric referrals.
- To study the diagnostic profile of Psychiatric referrals.
- To study the severity of internalized stigma in the study subjects.
- To calculate and compare the internalized stigma between Psychiatric referrals from different specialties.

METHODOLOGY

Sample

The sample comprised of ninety-eight patients. The sampling method to choose the patients was consecutive sampling. All the patients who were referred to the psychiatry department from other departments were consecutively included in the study. The departments that were included in the study were Orthopedics, Internal Medicine, Otorhinolaryngology, Surgery, Gynecology, and Obstetrics.

Instruments

One instrument was used in this study,

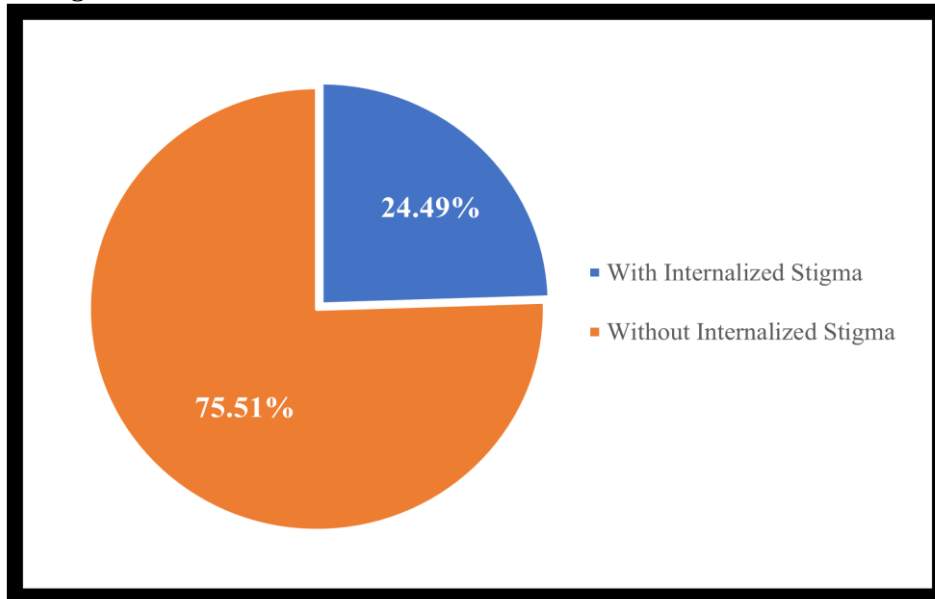
Internalized Stigma of Mental Illness Scale – 9 (ISMI-9): The scale is a self-report instrument consisting of 9 items. It was developed by Dr. Joseph H. Hammer and Dr. Michael D. Toland. It is the shorter version of the original ISMI-29. It measures the overall strength of the patients' internalized stigma of mental illness. The total score for all the items is calculated and interpreted. Higher score is considered to be indicative of higher stigma. The five themes of internalized stigma included in the scale are Alienation, Stereotype endorsement, Perceived discrimination, Social Withdrawal and Stigma resistance. The scoring used was 2 category method, where 1.00 to 2.50 was considered as “does not report high internalized stigma and 2.51 to 4.00 considered to “report high internalized stigma”.

Procedure

The patients above 18 years of age who were referred from other specialties were subjected to a demographic questionnaire to know the sociodemographic profile. They were then evaluated to see if they fulfilled conditions for a single diagnosis as per International Classification of Diseases. Those with multiple psychiatric diagnoses were excluded. Those included in the study have been explained about the study and a consent has been taken. Then, the patients were subjected to ISMI-9 self-report questionnaire. The scores have been totaled and interpreted.

RESULTS

Figure 1: showing the distribution of population into those with and without high internalized stigma.



Out of the total sample of 98 patients, 24 patients i.e., 24.5% reported high levels of internalized stigma. The mean of internalized stigma of the complete sample was 2.31 which was conclusively graded as mild internalized stigma on Likert scoring.

Table 1: Socio demographic characteristics of the study population.

Variable	Total Patients	With Stigma		p-value
		n	%	
Gender				
Male	59	14	23.73%	0.829
Female	39	10	25.64%	
Age (in years)				
≤ 24	4	1	25.00%	0.974
25 - 44	51	12	23.53%	
45 >=	43	11	25.58%	
Marital Status				
Married	89	24	26.97%	0.200
Widowed	5	0	0.00%	
Unmarried	4	0	0.00%	
Religion				
Hindu	79	20	25.32%	0.875
Muslim	11	2	18.18%	
Christian	8	2	25.00%	

During the study, there were found no significant differences in internalized stigma in regards to the variables of gender, age, marital status and religion.

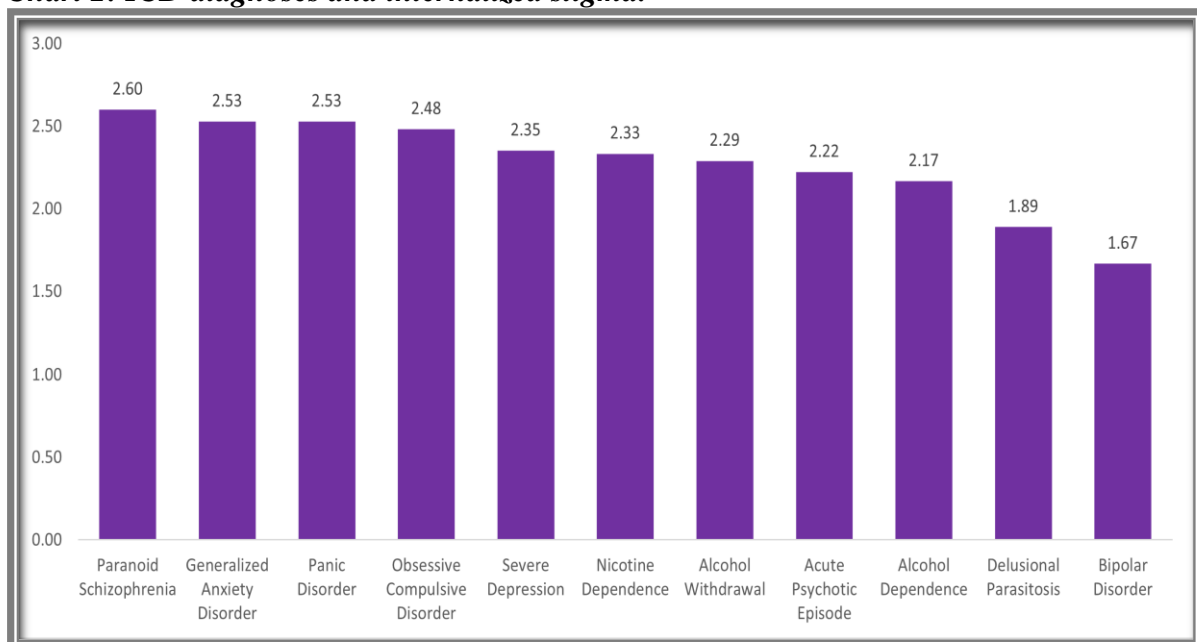
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Table 2: Education and internalized stigma.

Education	Total Patients	With Stigma		p-value
		n	%	
Not Literate	18	4	22.22%	0.970
Below Primary	21	4	19.05%	
Primary	20	6	30.00%	
Secondary	20	5	25.00%	
Upper Secondary	9	2	22.22%	
Diploma	10	3	30.00%	

During the study, there was found no significant difference in internalized stigma in regards to the variable of education.

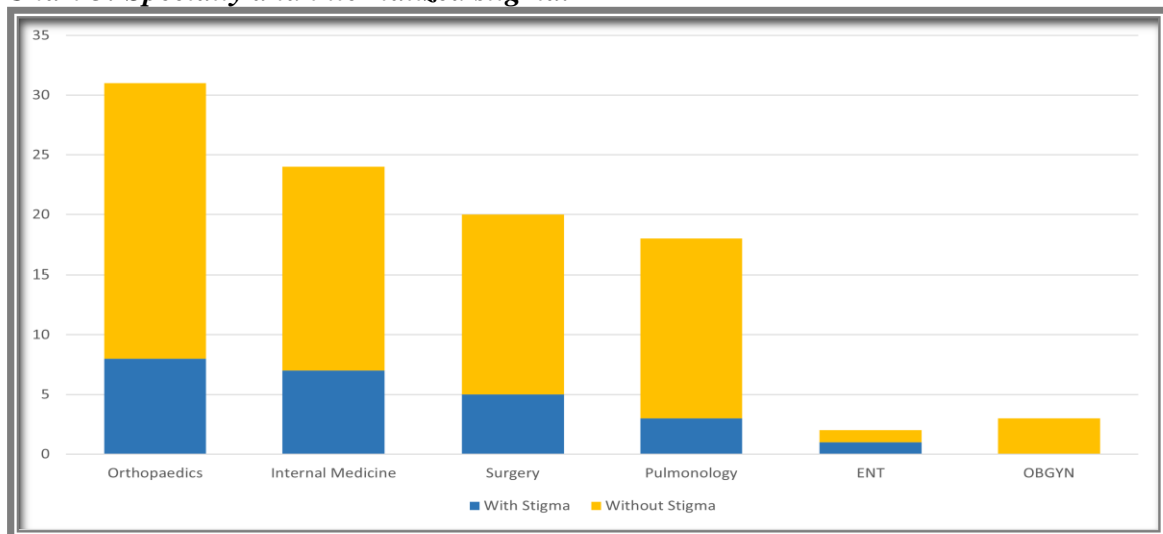
Chart 2: ICD diagnoses and internalized stigma.



In regards with ICD diagnoses, the mean of internalized stigma was found highest for Paranoid Schizophrenia, followed by anxiety spectrum of disorders and severe depression. Alcohol and nicotine related disorders as well as bipolar disorders showed the lowest means in the sample.

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Chart 3: Specialty and internalized stigma.



In regards to the specialty of referral, the highest mean of internalized stigma was found in the department of orthopedics followed by internal medicine and surgery.

DISCUSSION

The study results, that reveal a high internalized stigma in 24.5% of the population was lower than the results of other studies done in other countries as well as India.

- T. T. James and V. R. Kutty: India – 34.1%.
- M. L. West et al: USA – 36.1%.
- L. Picco et al: Singapore – 51.4%.

The discrepancy is possibly due to the variation in the sociodemographic profile. In a study done by Sahoo et al, Major Depressive Disorder for a duration lasting more than 2 years was highly likely to have internalized stigma which is contradictory with our study results where depression as a diagnosis was found to have only mild internalized stigma.

There is a high level of internalized stigma in the study sample that is considered significant. Internalized stigma encountered in consultation liaison psychiatry is an untapped potential to be researched further. Many factors contribute to the complexity of stigma in these settings and a better-informed approach will certainly help. This underlies the importance of planning future wide spread anti-stigma campaigns targeting on an individual level as well as on a societal level.

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Conflict of Interest

The author declared no conflict of interest.

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