

Research Paper

Prevailing Stigma on Mental Illness an Invisible Entity Affecting Mental Health Goals -A Study

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ABSTRACT

The theme for World Mental Health Day 2025 is "Mental Health in a Globalized World". This theme highlights the importance of understanding different cultural perspectives on mental health to address mental health challenges worldwide. It also focuses attention on some cultures which still stigmatize mental illness, preventing individuals from seeking help. WHO estimates that burden of mental health problems in India is 2443 disability-adjusted life years (DALYs) per 10,000 population. In India, despite the initiatives implemented to improve mental health services, a doubling of mental disorders during the year 1990 to 2017 is noted by an article published at Lancet Psychiatry, 2020. One of the contributing components to this huge difference is **Stigma** added to treatment consultations. Psychiatric services are limited in many parts of interior South Indian villages. In urban areas also, seeking treatment is **perceived** as complex process. Somatic problems commonly presented by patient along with anxiety symptoms, delays approaching psychiatrist for help. Mental health stigma can be defined as negative attitudes, beliefs or behaviours directed at people who have mental disorders. Stigma usually arises due to fear & misleading information surrounding mental illness. This study describes about the STIGMA on mental illness which is still prevailing in certain minds.

Keywords: World Mental Health Day, stigma, Village & Urban setups, Seeking psychiatry advice, Negative attitude, Goals

People with mental illness may face unfair attitude, excluded from social participation due to the prevailing Stigma on them. They may be viewed in a negative way, treated differently and made to feel ashamed. International Classification of Functioning provides a basis for developing interventions that promote social inclusion and combat inequality. It also provides information to understand the impact of stigma. Stigma is conceptualized as a factor influencing a person's ability to participate in life activities and how environmental factors contribute to overall well-being. Stigma happens when a person defines someone by their illness rather than who they are as an individual. For example, they might be labelled 'psychotic' rather than 'a person experiencing psychosis'.

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Demographic variables such as age, gender, marital status with type & severity of disorder all determines the medical or psychiatrist help. Next step is determined by Cost of treatment, literacy status, social stigma, analysing on the issue of handling problem by local medicine, **attitude** of family towards seeking medical help. Campbell & Roland (1996) describes, presence of intimate partner increases likelihood of seeking psychiatry help among males.

Researchers suggest that, stigma on mental illness **varies** with culture, educational background, area of domicile of patient. Cechnicki, Angermeyer (2011) revealed that stigma develops due to discrimination. Feeling of rejection by other people & strongest discrimination in working areas, previous experience of negative public image of mentally ill is associated with stigma. Stigma can contribute to worsening symptoms by reducing hope and lowering self-esteem, Oexle et al (2017).

Consequences of Stigma on self esteem is analysed by Link BG, Struening EL, Neese-Todd et al (2001). Married Women with Mental illness are divorced due to stigma of genetic transmission of disease, says Patel et al. Moreover, caregivers experienced significantly longer duration upper respiratory tract infections, and the poorest immune functioning. This increased negative attitude of who will accompany mentally ill patients when sick. Prolonged stress due to stigma disturbs rhythm of **cortisol**, which is normally elevated in the morning and slowly decreases over the day to result in low levels at bedtime. There is evidence that when stress becomes prolonged, the stress hormone system becomes hypofunctional and a blunted stress response results (McEwen, 2014). cortisol is associated with an increase in testosterone, the hormone associated with aggression & dominance and social challenge in humans, particularly among boys and men (Archer, 2004)

According to Goffman, (1963) there are three **types of stigma** (1) associated with physical attributes, (2) related to personality, and (3) stigma related to an undesired difference than anticipated. Employers believe that people affected by mental illness were less productive & hesitate for placements in jobs. This type of stigma in society and institutions, leading to policies and practices that discriminate against individuals with mental illness is termed as Structural stigma. The stigma can take its form of negative discriminatory behaviours exhibited during presence of mentally ill person. Some impose the attitude of mental illness as divine punishment.

Stigma & Bullying are inter related. Bullying is driven by prejudices that some individuals are less worthy of respect. It might be implementing physical aggression, or using words in local language with spreading rumors **based on** stigmatized attributes. Bullying at the sensitive period of life, that is childhood & adolescence exerts more pronounced effect on wellbeing as mentioned by Gee, Walsemann, Brondolo, (2012). The long-term consequences of bullying link with anxiety & can have adverse **effects on personality** said by Bogart and colleagues (2014). They have links to internalizing problems in adulthood, demonstrating robust long- standing effects (Gibb et al,2011). Victims may withdraw from social situations, leading to loneliness and difficulty forming healthy relationships. Nathalie Oexle, Mario Muller (2017) in “Self-stigma as a barrier to recovery: a longitudinal study” examined stigma's effect on recovery among 222 disability pensioners with mental illness over 2 years. They found Internalized stigma and belongingness interact to increase risk for suicide. Interpersonal Psychological Theory (**IPT**) suggests that thwarted belongingness, perceived burdensomeness, and acquired capability to act on suicidal thoughts interact to increase risk for suicide (Chu et al., 2017; Joiner, 2005; Van Orden et al., 2010).

Consequences of Bullying Behavior

Stigma often fuels bullying, particularly in individuals based on socially devalued characteristics like appearance, (physical attributes) disability. Thornberg writes, when someone is called "not normal" or "different" during a bullying process, a stigma is attached, and this stigma is then used as a reason for further abuse. Link and Phelan (2001) noted that **stigmatization occurs** when any one of these components are present: (1) the labeling of human deviations, (2) the attachment of labels to negative stereotypes, (3) separation of labeled and stereotyped persons from the group (4) status loss and discrimination of these persons. Specific links between stress and bullying can provide insight into the enduring effects of bullying. Levels of the stress hormone cortisol have been shown to change in targets of repeated bullying, with a blunted cortisol response. Van Dam & Colleagues (2012) conducted an analysis of 14 studies to assess whether bullying in childhood is related to the development of psychotic symptoms. Results from the analyses examined the association between bullying and nonclinical symptoms with more definitive stronger associations for increased frequency, and persistent bullying. Role of hypothalamic-pituitary-adrenal (HPA) axis is to promote adaptation and survival, but the HPA axis showed heightened responsiveness during the peak stages of bullying. Kowalski & Limber (2013) examined the relation between experiences with cyberbullying or traditional bullying on academic performance, of 931 students living in rural Pennsylvania. Traditional bullying was explained as "aggressive acts that are meant to hurt another person". Authors found that girls who were traditionally bullied reported more anxiety and overall health problems than boys who were bullied. Report of the National Academies of Sciences, Engineering, and Medicine (**NASEM**) on bullying prevention examined the issue of stigma-based bullying, emphasizing the important concepts of stigma, discrimination and bias into discrimination research, as they are integral parts of mechanisms of bullying. (Nasem, 2016 p. 92) Bogart and colleagues (2014) were interested in the cumulative effects of bullying on an individual. They found that children who were bullied experienced negative physical health compared to non-involved peers. In short term effect, health consequences of bullying such as headaches, sleep disturbances occur. Baratta et al (2015) adds that Sleep disturbances disrupt memory consolidation. The popular **film Joker**, portrays the main character of a person with mental illness who becomes extremely violent. The study published by Scarf, et. al. in 2020, reported that the film "was associated with higher levels of prejudice toward those with mental illness." Also, those authors concluded "Joker may exacerbate self-stigma for those with a mental illness, leading to delays in help seeking."

National Mental Health Program aims at strengthening and upgrading existing mental hospitals to 'Centres of Excellence'. Though noticeable changes are reported in semiurban areas, rural areas are down the line. **Saraceno, van Ommeren, et al.** (2007) "Barriers to improvement of mental health services in low and middle income countries", notices that PHCs with limited staff and multiple concurrent programs with non-availability of psychotropic drugs creates this difference.

Need for the study

CMHA and SMHA, established under the Mental Healthcare Act 2017, are responsible for overseeing mental health services in India. Though they develop quality standards, and advise governments on mental health matters, the problems (stigma) prevailing at grassroot level doesn't allow the goals to be achieved.

Hence, it is important for professionals to deal with stigma of mental disorders due to the fact that it is an **invisible entity**, that disturbs the mental health goals. Moreover, showing

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compassion, understanding and offering support towards those with mental disorders is much essential for any team member working with mentally ill clients.

If stigma prevails professional intervention can be grouped into (a) psychoeducational interventions about stigma; (b) cognitive-behavioral interventions, administered to modify self- stigmatizing beliefs; (c) interventions focused on the revelation of mental illness. Usually rehabilitation back to (family) **community living for a mentally ill person** is suggested after any period of hospital stay in their treatment. Evaluation of “community living”, exploring inclusive environment should be done for preventing relapse of mental illness.

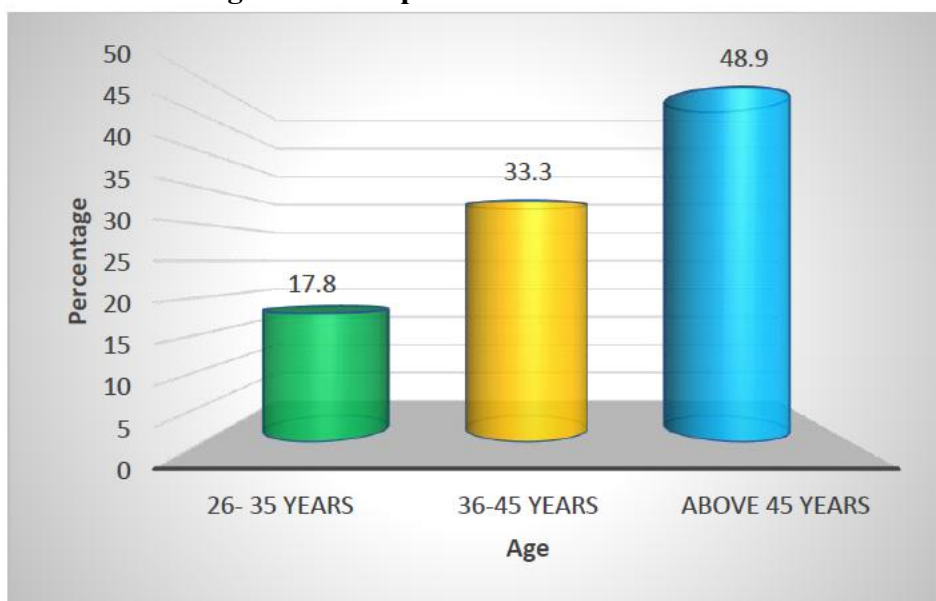
SURVEY CONDUCTED

Internalized Stigma of Mental Illness Inventory (ISMI; Ritsher, Otilingam, & Grajales, 2003) is used to analyse impact of stigma. It is 29 item questionnaire, which can be administered to individuals affected with Psychiatric disorders. It was presented to selected **three hundred individuals reported to GCMC&H, at Chidambaram during the period of August 2024 to January 2025 by the first author.** ISMI aims to find the subjective experience of self- stigma, which encompasses feelings of devaluation, marginalization, secrecy, shame, and withdrawal associated with having a mental illness. Scoring is done by 4-point Likert scale from "strongly disagree" (1) to "strongly agree" (4) for each item. The subscales of ISMI includes Alienation, Stereotype endorsement, Discrimination experience, Social withdrawal, Stigma resistance. **Higher scores** on the subscales indicate higher levels of internalized stigma. In this survey, the caretakers review were separately collected. They “comment” that “It is a contagious disease” as the first top most opinion “They are violent people & dangerous” is the second prevailing opinion. “Mentally ill people are often challenged & unpredictable individuals” is the third topmost opinion.

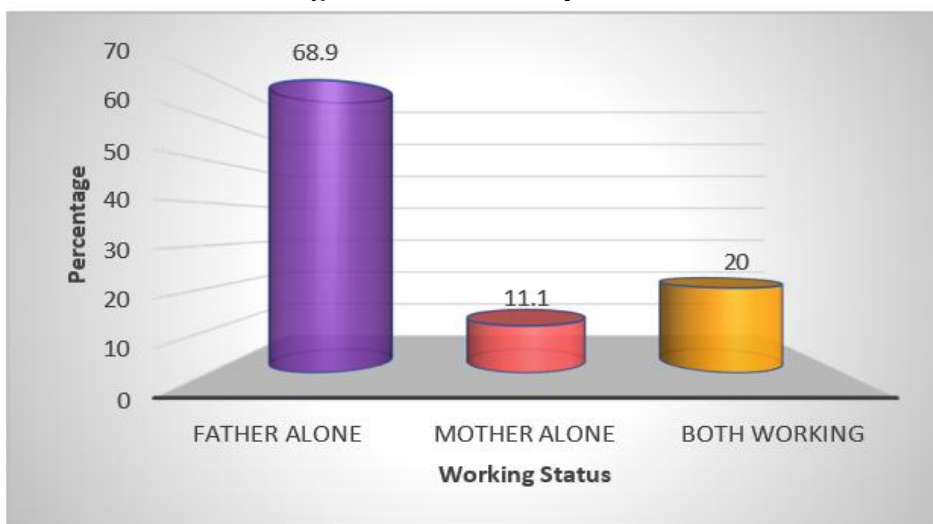
Data Analysis and Interpretation

The data collected from the respondents were analysed & graphically represented.

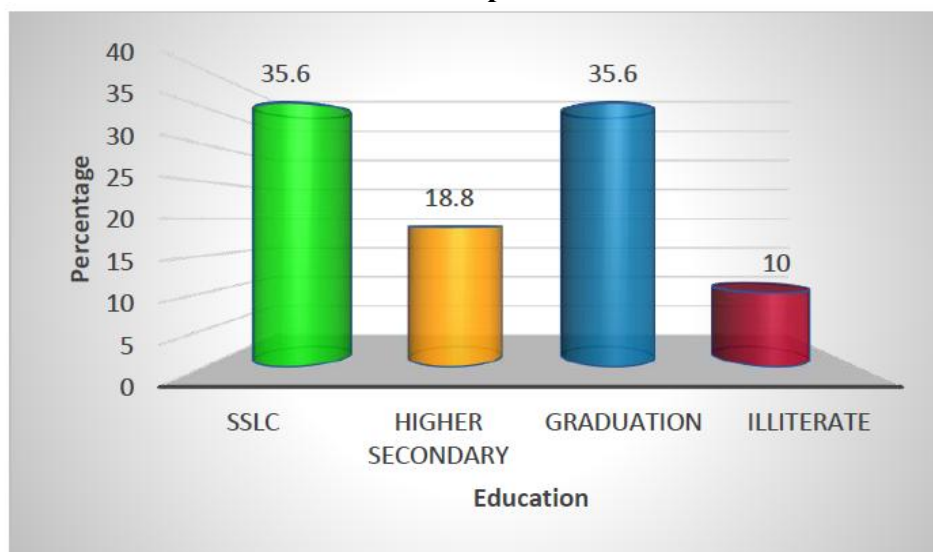
Distribution of Age of the Respondents



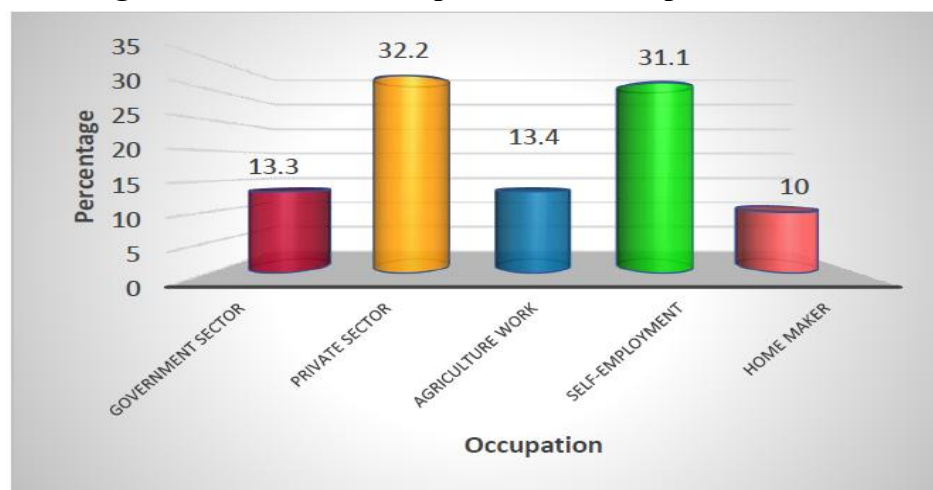
Distribution of Working Status of the Respondents



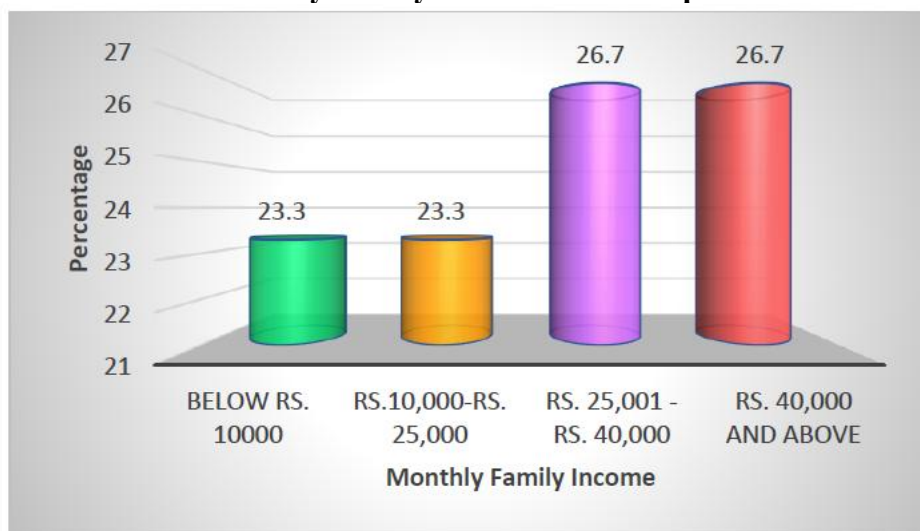
Distribution of Education of the Respondents



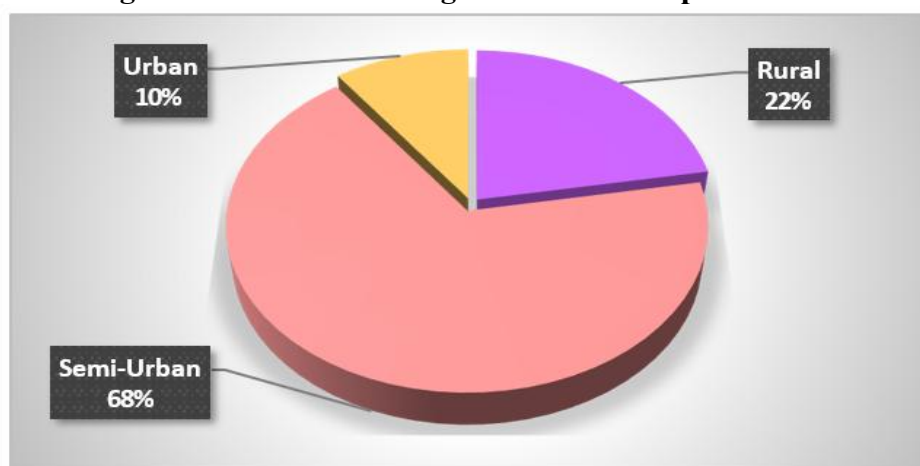
Percentage Distribution of Occupation of the Respondents



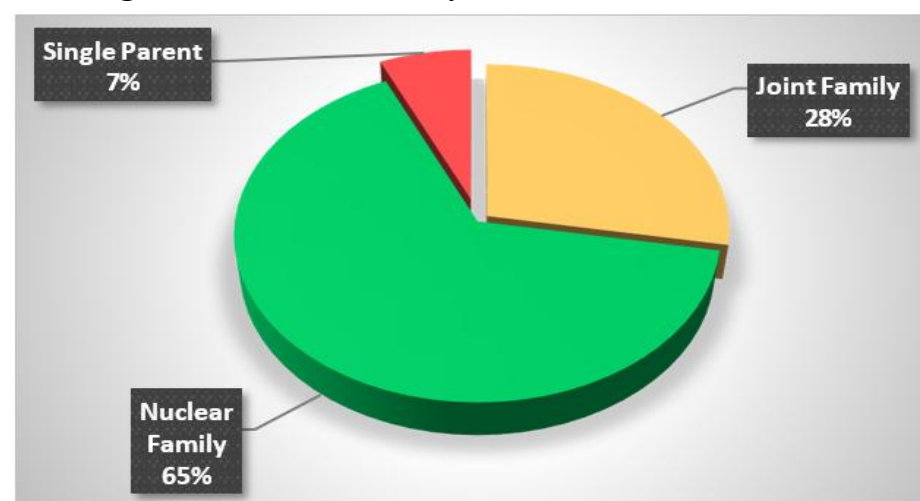
Distribution of Monthly Family Income of the Respondents



Percentage Distribution of Living Place of the Respondents



Percentage Distribution of Family Structure



DISCUSSION

The participants response in the study were graphically represented as above. Among the participants responded to the survey, 17.8 % were belonging to age group of below 35 years. 33.3 % were belonging to 36 to 45 years. 48.9 % belong to above 45 years. In the survey participants, 68.9 percent families, Father (male) alone was working person. In majority of families, SSLC was the highest education. But in some families at least one individual has done graduation. Most of the people were working in private sectors (32.2%). They were earning 25,000 & above as their monthly family income. The respondents mostly come from semi urban areas and 68% respondents were from nuclear family.

Though most of individuals belong to more than 45 years of chronological age. They have done graduation (35.6%) work in private sectors (32.2%) family income is 40 K (26.7%) live in semi urban areas (68%) Stigma prevails on mental illness.

CONCLUSION

From the study conducted with willing three hundred participants, it could be understood that STILL, Stigma prevails with certain people. Mental health professionals should also consider including this also in assessment and follow up of affected individuals. Technological advancement like **Tele MANAS app** could be effectively used. It launched on world mental health day, 2022 by Ministry of Health & Family Welfare as part of the National Tele Mental Health Programme (NTMHP). It offers counselling for a wide range of mental health issues in addition to video consultations with mental health professionals. For accessibility of diverse population, service is available in multiple (20) Indian languages. **Thereby, awareness on the any MHC with eradication Stigma at their grassroot level can be achieved.**

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Conflict of Interest

The author(s) declared no conflict of interest.

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