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Perception of Stigma among Attendees of Tertiary Care Psychiatric Clinic in Oman

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Abstract

Objectives: To examine the level of perceived stigma experienced by people with mental illnesses and its relation to patient's age, gender, marital status, employment status, psychiatric diagnosis, and education level.

Methods: This is a cross-sectional study conducted among patients attending Psychiatric Clinic at Sultan Qaboos University Hospital. Perceived stigma was assessed using the modified version of the 42 patients' stigma scale. Data were analyzed using statistical package for the social sciences (SPSS) version 19.

Results: A total of 197 patients participated in the study (49% males and 52% females). Disclosure and discrimination of mental illness subscales were highest factor of self- or perceived stigma compared to the positive aspects. The impact of demographic factors and psychiatric diagnosis on the perception of stigma was not statistically significant.

Conclusion: This study showed that attendees of the Psychiatry Clinic at Sultan Qaboos University Hospital were less likely to disclose their mental illness and experienced more discrimination of mental illness than the positive aspects.

Keywords: Perceived stigma; Survey; Psychiatry; Mental health; Oman

Introduction

According to WHO reports, the number of people with mental and neurological disorders will grow with the burden rising to 15% of disability-adjusted life years lost by the year 2020 [1]. This rise will be particularly sharp in developing countries due to the projected increase in the number of individuals entering the age of risk for the onset of these disorders. In terms of individual disorders, depression was found to be responsible for 4.3% of the global burden of disease contributing to 11% of all years endured with global disability and retarded quality of life worldwide. From a stakeholder perspective, the calculated cumulative international impact in the sense of lost economic output will rise to US $16.3 trillion between 2011 and 2030 [2].

Mental health services in Oman and other Gulf Arab countries have developed significantly over the 21st centuries to meet the needs of service users and their caregivers. However, few barriers such as stigma toward mental illness that limit people's access and engagement with these services [3].

According to Goffman [4], stigma can be defined as the "negative evaluation of a person as tainted or discredited on the basis of attributes such as mental disorder, ethnicity, drug misuse or physical disability". Self-stigma emerges when sufferers internalize others attitudes and experience numerous negative consequences [5]. Self-discrimination, especially in the form of self-isolation, has deleterious impact resulting in decreased utilization of healthcare service, poor health outcomes, and unfavorable quality of life. Low self-esteem and sense of worthlessness have been recognized factors hindering them from employment and independent living [6,7].

Stigma operates as a significant obstacle to treatment seeking behaviors for those struggling with depression [8], given the fact that in the Arab world, people focus on group members of the family mainly rather than addressing the needs of each individual [9].

International studies have shown that stigma towards people with mental illness has a negative impact on their reintegration and acceptability as active members of the society as well as their relationships, housing, and self-esteem.

Research on stigma to mental illness tends to focus on Public perception and attitudes towards mental illness with very few studies examining the experience of stigma among patients suffering from mental illness themselves. This is known as self-stigma.

A prominent study of the prevalence of internalized stigma conducted a survey of patients with mental illness in 14 European countries and concluded that 41% met criteria for the high level of self-stigma [10]. Likewise, a study from a psychiatric hospital in Israel reported that 20-33% of patients with mental illness had a significant level of internalized stigma [11]. Another study conducted at Psychiatric out patient's clinic for veterans in the US with severe mental illnesses showed that around a third of the sample reported high self-stigma [12]. Same findings were revealed in another study done in the US on 144 people (80% males, 20% females) treated for severe mental illnesses yielded that 36% of the sample had elevated internalized stigma scores [13].

Systemic review and meta-analysis on self-stigma showed that stigma is not related to the age or sex of the patient, duration of illness, diagnosis, marital status or having a family history of mental illness. However, it revealed an association between severity of the mental

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disorder, non-adherence to treatment and high level of internalized stigma [14]. In Oman, mental health services are mainly hospital based with few out-patient clinics at the local polyclinics. However, the inpatients and specialized services are provided by a mental health hospital and a small unit within the university hospital.

To date, there are no previous studies examining the perception of stigma among patients with mental illness in Oman.

Materials and Methods

Study design and period

This is a cross-sectional study conducted over 3months from May to August 2015.

Participants and settings

The participants were patients, aged 18 and above with different psychiatric diagnosis according to DSM-5 [15]. Attending the Psychiatric outpatient clinic at Sultan Qaboos University Hospital between May and August 2015. The hospital is located in the capital Muscat and provides tertiary mental health care to the whole country. Patients who attended more than once during the study period were asked to fill the questioner once. The Questionnaire was distributed to the participants by a clinic nurse who explained to the participants the aim of the study and took the consent. Patients attending for follow-up were included. Patients attending for the first time, those who were acutely disturbed, poor insight were excluded from the study.

Ethical considerations

The ethical and research committee of the College of Medicine and Health Sciences, at Sultan Qaboos University has approved the study protocol. Written informed consent was obtained from the participants by the clinic nurse after explaining the aims and objectives of the study to them.

Measures

Socio-demographic and clinical profile questionnaire

This was developed by the authors to obtain information such as age, gender, level of education, employment, and marital status. Clinical diagnosis according to DSM5 was obtained by reviewing patient's electronic medical note and included.

Modified patient's stigma scale

This is a 42-item paper-and-pencil type of instrument used to measure self-stigma developed by King et al. [16], from London, UK and based on patients detailed accounts of their feelings and experiences of prejudice and discrimination have sub-scales on discrimination, disclosure, and positive aspects. Each item is rated on a four-point like right scale ranging from 1 (strongly disagree) to 4 (strongly agree). The original scale has test-retest reliability kappa coefficient of 0.4 or greater [16].

In our study patients were given the choice of completing the scale in English or Arabic. The Arabic version was produced by translating the English scale into Arabic, then back translation to English. This was done by two psychiatrists fluent in both Arabic and English.

Analysis

A single composite score was computed using stigma scale. SPSS version 19 was used to produce the descriptive variable frequencies and central tendency scores student T-test and ANOVA were used to study the association between demographic variables and level of internalized stigma.

Results

Socio-demographic characteristic

As illustrated in (Table 1), female patients constituted 51% while 44% were below the age of 30. About 48% were married, with 42% of the respondents attended college formal education and 48% were employed.

Clinical characteristics

With regards to psychiatric diagnosis, 44% were diagnosed with mood disorders, 30% had anxiety disorders, 19% had psychotic disorders, and 6.6% were diagnosed with other disorders.

Patient's stigma scale

Table 2 shows the mean scores and stigma categorization of the subjects on the sub-scales of the patients' stigma scale. The mean score of stigma scale of the whole group which is 55.33 (SD=16.4), while the mean scores of stigma subscales were as follows: discrimination 21 (SD=8.7), disclosure 25.1 (SD=8.7) and positive aspects 8.9 (SD=3.5). These results, therefore, indicate that disclosure and discrimination of mental illness were highest factor of self- or perceived stigma compared to the positive aspects. The cutoff points used were as following: stigma

	Gender				Total	
	Male		Female			
Variables	**N**	**%**	**N**	**%**	**N**	**%**
Age	96	48.7	101	51.3	197	100
Below 30	39	40.6	48	47.5	87	44.2
30 – 40	40	41.7	32	31.7	72	36.5
Above 40	17	17.7	21	20.8	38	19.3
Diagnosis Spectrum						
Psychotic	21	21.9	17	16.8	38	19.3
Mood	34	35.4	53	52.5	87	44.2
Anxiety	37	38.5	22	21.8	59	29.9
Others	4	4.2	9	8.9	13	6.6
Employment Status						
Employed	61	63	33	33	94	48.2
Not employed	35	37	66	67	101	51.8
Level of Education						
Illiterate	0	0	3	4.5	3	2.3
Primary	11	17.2	20	29.9	31	23.7
Secondary	25	39.1	17	25.4	42	32.1
College	28	43.8	27	40.3	55	42
Marital Status						
Married	47	49	47	46.5	94	47.7
Single	46	47.9	46	45.5	92	46.7
Divorced	3	3.1	7	6.9	10	5.1
Widowed	0	0	1	1	1	0.5

Table 1: Clinical and Demographic profile of participants.

N=197	Mean	Median	Std. Deviation
Stigma scale total	55.33	57	16.4
Discrimination	21	22	8.7
Disclosure	25.1	26	8.7
Positive Aspects	8.9	9	3.5

Table 2: Stigma scale scores obtained from the participants.

scale 62.6, discrimination sub-scale 29.1, disclosure sub-scale 24.7 and positive aspects sub-scale 8.8.

ANOVA and Student T test were utilized during the analysis to study the association between clinical and demographic factors and self-stigma subscales. However, there was no statistically significant correlation found between the clinical socio-demographic factors and self-stigma subscales.

Discussion

This study aimed to assess the experience of self-stigma, its socio-demographic and clinical correlates among patients attending out-patient psychiatry clinic in Oman. The authors used a translated version of the stigma scale developed by King et al. [16]. The discrimination sub-scale included items that describe negative reactions of other people, such as acts of discrimination by health professionals, employers, and police.

According to Jacoby [17], Stigma can still be experienced in the absence of any direct discrimination and may critically affect disclosure. Patients may not be able to conceal their mental illness, but the most important point is whom to tell. Some patients may experience shame or embarrassment that makes them reluctant to disclose their mental illness [16]. The positive aspects of mental illness subscale make up 5 items from the total 41 items of the scale and explores how people accept their mental illness, become more open and make positive changes as a result, and lifts the mainly negative tone of the scale. High scores on this subscale indicate that the respondent perceives few positive outcomes from the illness. Its lower correlation with other parts of the scale suggests that people who do believe they are more empathetic human beings because of their illness may be less affected by stigma.

In this study, the mean score for stigma was 55.33 (S.D ± 16.4), which was low compared to the original study by King et al. [16], where the mean scores for stigma scale were 62.6 (S.D ± 15.4). The mean score for the discrimination sub-scale was 21 (S.D ± 8.7) which was also lower than the 29.1 (S.D ± 9.5) reported by King et al. study [16]. Conversely, the disclosure and positive aspects sub-scales, our sample scored higher than cutoff scores proposed by king's study. This indicates that our sample is less likely to disclose or to perceive the positive aspects of their mental illnesses. This can be explained by the tendency towards secretiveness and deeply rotted sense of shame when it comes to mental illness in Arab culture [18-20].

A similar study from Israel included patients with schizophrenia using the internalized stigma of mental illness scale reported that up to 30 % of the participants had moderate self-stigma with older participants reported lower levels of self-stigma compared to younger participants [21].

While Brohan et al. [22], conducted a study among patients with bipolar disorder and major depressive disorder from 13 European countries and used The Internalized Stigma of Mental Illness Scale (ISMI). Around 20% of the participants reported a moderate or high level of self-stigma, 59.7% moderate or high stigma resistance, 63% moderate or high empowerment, and 71.6% moderate or high perceived discrimination. The study also reported that patients with a diagnosis of depression had significantly higher self-stigma scores than those with a diagnosis of bipolar disorder (mean score 2.11 vs. 1.94, t=1.56, p=0.001) [22].

Studies from the Muslim world reported that Muslim women with psychological distress tend to avoid voicing their experience and as a result avoid seeking professional help due to fear of negative outcomes like delaying in getting married [3]. However, those findings differ from what was reported in another Asian sample where military personals with mental illnesses and their families reported much higher total score of stigma and discrimination subscale [23]. In contrary, participants in our study were less likely to disclose their mental illnesses compared to those in the Indian study. This could be due to the fact that around 44% of the samples were diagnosed with a mood disorder which may have variable severity and impact in patients functioning, whereas those with psychotic disorders represent 19% of the total sample.

Limitation

The participants in this study were recruited from a university hospital based Psychiatric Clinic and may not represent people with mental health problems seen in another setting. The second limitation is the concept of social desirability often described in a study using a self-rated scale when the participants write down what they consider the idea description rather that their real feelings and experiences.

Conclusion

The findings of this study suggest high self-stigma among patients attending the Psychiatric Clinic at Sultan Qaboos University Hospital in Oman. There was no significant correlation between stigma scores, patient's diagnosis, and demographic factors. Although the sample recruited from a University Hospital where most patients have higher educational backgrounds and milder form of mental illness, they prefer to hide their mental illnesses and see no positive sides of it. These findings highlight the need to incorporate stigma prevention into the treatment plan of psychiatric patients. A Further multicenter research with a larger sample size would help in confirming the findings of this study.

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