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Stigma of Mental Illness: Attitude of Caregivers towards Mental Illness

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Abstract
Objectives: *To obtain information about basic knowledge towards mental disorders and to evaluate attitude of caregivers towards mental disorders.*
Methods: *Questionnaires which collected basic demographic information, opinions about causation of mental disorders, potential stigmas and myths, role of treatment and rehabilitation of mentally ill were delivered to caregivers of patients attending Psychiatry outpatient and inpatient wards of a tertiary care hospital in Karnataka.*
Results: *Completed questionnaires were collected from 100 participants. Caregivers were better informed about treatment than to nature and etiology of the disease. The belief that mental illness is incurable and self inflicted prevailed among caregivers. Caregivers found it difficult to predict the behaviour of patients and admitted it was difficult to communicate with the patient. Caregivers had a tendency to conceal psychiatric illness in their family member. Family and social support could help people with mental illness to get rehabilitated.*
Conclusions: *Stigma regarding mental illness is still widely prevalent among caregivers. There is an increased need for educational programmes for the relatives of patients. Further education on the causation and treatment of mental disorders for the public is necessary. Apart from the delivery of mental health knowledge, strategies to increase social contact of the public with people having mental illness could be considered in the design and implementation of anti-stigma programmes.*
Keywords: *Stigma, mental illness, attitude, caregivers.*

I. Introduction

Stigma and discrimination associated with psychiatric illness have been evident for as long as such illness has existed.[1] In the times of the Greeks, stigma was the act of branding someone to illustrate their social undesirability and to humiliate and shame them. People with mental illness were seen as having less social value. These attitudes continue today and are expressed in different ways in different cultures.[2]

Stigma is defined as a sign of disgrace or discredit, which sets a person apart from others. In order for a group or an individual to be stigmatized, negative reaction or devaluation must be shared by a large group of people or a culture.[3] The stigma of mental illness, although more often related to context than to a person's appearance, remains a powerful negative attribute in all social relations.[4] Research has established that mental illness is more stigmatizing than physical illnesses and that more stigmatizing attitudes are directed toward people diagnosed with schizophrenia compared with depression and eating disorders.[5]

Persons with mental disorders must not only cope with the psychological, cognitive
and biological symptoms of their psychiatric condition but also with many negative consequences that go along with highly prevalent stigma.[5]The consequences of stigma and discrimination are so pervasive that they affect the people with mental illness in every aspect of the life, and might also become the main impediment to rehabilitation and recovery.[1] Because of the stigma and discrimination, people with mental illness encounter difficulties in obtaining housing, insurance, and employment.[1] Their relatives and significant others may drift away resulting in social isolation.[1] Social avoidance is common and various studies suggested that the general population may accept people with mental illness socially, but tend to withdraw from more personal relationships such as working or living together.[1]

At the individual level stigma prevents people from seeking the treatment they need, creates profound changes in identity and changes the way in which they are perceived by others.[6] Many individuals living with mental illnesses also experience lowered self-esteem, diminished self-efficacy, hopelessness and sometimes despair. [3] It affects people while they are ill, while they are in treatment, and healing, and even when a mental illness is a distant memory.[7] Clearly, it seems difficult to get rid of the stigmatizing labels once the stigmatizing behavior has occurred.[7] Estimates are that two-thirds of people who require treatment for a mental illness don't seek help, either because of a lack of understanding of the symptoms or because of the stigma associated with the illness and its treatments.[7]

Stigma affects not only people with mental illnesses, but their families as well.[6] The role of family in Psychiatry is of paramount importance for family is the universal, primary social unit and provides offspring with both his/her biological and cultural endowment.[6] Family and friends may endure a stigma by association, the so called "courtesy stigma".[6] In some Asian communities, stigma associated with mental illness brings shame to a family and can affect the marriage potential of other relatives, so families keep the illness private and are often reluctant to seek professional help.[7] In some communities, religious and spiritual beliefs are linked to causes of mental illness and in some cases, influence the treatment.[7]

Caregivers are an integral and often the only source of unpaid help for adults with mental or emotional health issues.[8] This combination of stigma and isolation has implications on the caregiver's well-being:74% report feeling high emotional stress.[8] This emotional burden and constant feeling of being "on pins and needles" and yet, isolated, can lead to physical health impacts for the caregiver.[8] Service and support for the caregiver's own health, both physical and emotional, is important.[8]

Despite the high prevalence of mental health problems, societies continue to hold deep-rooted, culturally sensitive, and often negative beliefs about mental illnesses.[1] The belief that mental illness is incurable or self inflicted can also be damaging, leading to patients not being referred for appropriate mental health care.[6] When people understand that mental disorders are not the result of moral failings and mental will power, but are legitimate illnesses that are responsive to specific treatments, much of the negative stereotyping may dissipate.[6] We need to understand much more about its origins, we need to learn more about how to communicate the nature of any real association between mental illness and violence, and we need to identify interventions that can bring the perceived risk in line with any real risk that may exist.[7] If the symptoms of mental illness continue to be linked to fears of violence, people with mental illness will be negatively affected through rejection, through a reluctance to seek professional help for fear of stigmatization, and through fear-based exclusion.[7]

Keeping in view these aspects of public opinion about mental illness, this study is conducted to evaluate attitude of caregiver towards mental illness. This study seems meaningful so that various mental health policies could be formulated and organized and this also helps in proper rehabilitation of patients.

II. Methods

Aim: This study aims to assess the attitude of patients' caregivers about the causes, manifestation and treatment of mental illness.
Sample: The sample consists of 100 caregivers of patients attending Out Patient Departments and In Patient Psychiatry wards at a tertiary care centre in Karnataka. The study was conducted on one adult family member who provides the maximum support to the patient and accompanying the patient.

Inclusion criteria:
1. Caregivers having relationship of parent/sibling/spouse/offspring with the patient.
2. Caregivers above 18 years of age.
3. Consenting and willing caregivers.

Exclusion criteria:
1. Family members who are not willing to participate in the study.

Time of Study: 6 months
Study Design: Cross sectional study design.
Method Of Sampling: Consecutive sampling

Assessment tools:
1. Semi-structured proforma to assess socio-demographic details.
2. Self prepared questionnaire of 15 questions
3. Psychiatric diagnosis as per International Classification of Diseases, Tenth Revision (ICD-10) – Clinical descriptions and diagnostic guidelines for mental and behavioural disorders.

III. Methodology

The study aim and protocol was explained to each participant and an informed written consent was taken. The statements of the questionnaire were colloquially translated and read out in order and the participants were asked to choose one of the options- "Strongly agree", "Agree" "Neutral", "Disagree" or "Strongly disagree". Their responses were recorded and analyzed using appropriate statistical methods.

IV. Results

Females had a 53.3 percent response rate compared to 46.6 percent among males, while the response rate was highest in the 40-60 year age group and the majority had primary level of education(Table 1).

Table 1. Demographic characteristics of the participants

Gender	
Male	46.6%
Female	53.4%
Age group(in years)	
20-40	40%
40-60	54%
>60	6%
Education	
Primary	46%
Secondary	41%
Graduate or above	13%

Table 2 shows the responses of the participants to each of the 15 questions on attitudes towards mental disorders. More than half of the participants agreed that everyone had the chance to develop mental illness (53%). More than three-fourths (86.6%) agreed or strongly agreed that it was difficult to predict the behaviour and mood of people with mental illness, and more than half (73.3%) agreed or strongly agreed that it was difficult to communicate with people with mental illness. 33.3% agreed or strongly agreed that it was common for people with mental illness to have a propensity to violence. More than half (73.3%)the participants agreed or strongly agreed that he / she would not tell others that his/her relative is suffering from mental illness. More than three-fourths (80%) agreed or strongly agreed that people with mental illness were weak and should be blamed for their illness.

40% of the participants disagreed or strongly disagreed that there were no medical treatments for mental illness and people with mental illness had a very low chance of recovering, and 87% did not feel embarrassed to go out with a relative if that person had mental illness. The majority (74%) disagreed or strongly disagreed that it was a waste of money to increase expenditure on the service to care for people with mental illness.More than 80% of the participants felt that family support and social support can help people with mental illness to get rehabilitated.

Table 2. Caregivers responses to the 15 statements on attitudes towards mental disorders (n =100).

Statement	Proportion who strongly agreed or agreed (%)
Everyone has the chance to develop mental illness.	53.3%
People having a relative suffering from mental illness would be looked down by others	60%
Mental illness is a punishment for doing some bad things	26.6%
I suggest that those who have a mental illness do not tell anyone about their illness	73.3%
People with mental illness tend to be violent and are dangerous	33.3%
Those who have mental illness cannot fully recover	40%
The care and support of family and friends can help people with mental illness to get rehabilitated	86.6%
The best way to help those with a mental illness to recover is to let them stay in the community and live a normal life	80%
People with mental illness can hold a job after being treated	60%
There is no future for people with mental illness	13.3%
I feel embarrassed to go out with my relative if my relative has mental illness	13.3%
It is a waste of money to increase the expenditure on the service to care for people with mental illness	26.6%
People with mental illness are weak they should blame themselves for their illness	80%
It is difficult to predict the behaviours and mood of people with mental illness	86.6%
It is difficult to communicate to people with mental illness	73.3%

V. Discussion

The present study reveals that the degree of information concerning mental illness among caregivers of patients was fairly adequate. Knowledge about the causes and nature of mental illness was poor but the need for humane treatment for the mentally ill was felt. Caregivers are more concerned about the treatment and outcome rather than knowing about the causes of the disease. This is in confirmation with the findings of Agarwal.[9] Most families reported having no knowledge about the illness. Poor knowledge of causation was common.[9] In contrast to the present study, Angermeyer et al. found that relatives would usually look to the biological factors when searching for the cause of Schizophrenia.[10]

Negative attitude regarding violence in mentally ill are still widespread. There is still significant proportion of participants who agreed that it was difficult to communicate and to assess the moods and behaviours of mentally ill people. 72.2% of the sample held the opinion that people with Schizophrenia are dangerous and 91.8% believed that these patients could not take responsibility for their own lives.[11] Rural tribals believe that persons who have once been insane should never be entrusted with a responsible job.[12]

Majority of participants in our study agreed or strongly agreed that everyone had a chance of developing mental illness. The majority also disagreed that it was a waste of money to increase the expenditure on services to care for people with mental illness. This is in accordance with the study conducted by Sui et al. in China in 2012.[1]

When compared with results of a study by Chong et al. on attitudes towards people with mental illness in an Asian population, our study participants have better knowledge regarding violence and mental illnes.[13] The other aspects when compared indicates stigma of mental illness is still widely prevalent.(Table 3)

Table 3. A comparison of the attitude of participants on people with mental illness from this study and another study[13]

Attitude towards people with mental illness	Agreed or strongly agreed in this study	Agreed or strongly agreed in Chong et al's study[13]
Common to have violence	33.3%	38%
Everyone has the chance to develop mental illness	53.3%	58%
Would not tell others if oneself suffers from mental illness	73.3%	49%
Are weak and should be blamed for their own illness	80%	22%
Difficult to communicate with	73.3%	58%

More than three fourths of our study participants agreed or strongly agreed that family support and care can help people with mental illness to get rehabilitated and the best way to help those with mental illness to recover is to let them stay in the community and live a normal life. A study conducted by Vimala D et al. in 2003 showed that more than 80% allowed the mentally ill persons to attend social gatherings or visit public places.[14] Vijayalakshmi et al. assessed the attitudes of rural population towards mental illness which revealed that community was more authoritarian and had socially restrictive views.[15]

VI. Conclusions

Stigma regarding mental illness is still widely prevalent among caregivers. Further education on the causation and treatment of mental disorders for the public is necessary. Family is a target group. The results of this study underlined the need for educational programmes for the relatives of the patient. Such measures could be considered in an attempt to overcome stigmas and discrimination in the community.

VII. Limitations

We only studied patients in a public hospital. The sample was not representative of all families of mentally ill patients. The fact that caregivers were not assessed for the presence of psychopathology was another limitation of this study.

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	Pages	Figures	Tables	Words
Abstract	01	00	00	221
Text	11	00	03	2741

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