# Title

## Author

**Abstract**
**Background:** *the perceived or anticipated stigma is associated with patients' beliefs about the attitudes of the general public to the members of stigmatized groups. The aim of this study is to find out level of stigma and medication adherence.*
**Methods:** *Descriptive cross sectional research design was performed among mental illness patient visiting on psychiatric OPD of Chitwan Medical College Teaching Hospital. A total of 106 respondents were selected by adopting Non probability Convenience sampling technique. Data was collected by using structured interview schedule. Collected data was analyzed and interpreted through descriptive inferential statistic.*
**Results:** *The findings of this study revealed that highest 68.9% respondents was found having mild level of stigma where as 23.6% was found having moderate level of stigma & remaining 7.5% had minimal level of stigma perceived. Similarly lowest 92.5% respondent was found having low level of medication adherence where as 7.5% respondent was found medium level of medication adherence. There is a significant correlation between self-stigma and adherence to treatment.*
**Conclusion:** *The study showed a significant correlation between self-stigma and adherence to treatment. High levels of self-stigma are associated with discontinuation of medications without a psychiatrist's recommendation. This connection was present in all diagnostic groups.*
**Keywords:** *self-stigma, adherence, discontinuation of drugs, mental disorders*

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## I.     Introduction

Stigma is a negative differentiation attached to some members of society who are affected by some particular condition or state "The term stigma connotes a deep mark of shame and degradation carried by a person as a function of being a member of a devalued social group."The stigmatized individual experiences social distancing, fear, rejection and ill treatment from others in the society[1] Individuals with mental illness have the dual burden

of coping with the symptoms of mental illness, like hallucinations, depression, delusions and anxiety, as well as the societal stigmatization of their illness.[2] Stigma is a powerful social process that is characterized by labelling, stereotyping, and separation, leading to status loss and discrimination, all occurring in the context of power.[3]

Stigma is a basic component of the negative discrimination that people with mental illness experience every day. It blocks access to facilities that have been created to help people with mental illness. Furthermore, the attitudes held by people with authority (including clinical staff and officers) towards people with mental illness are likely to influence their attitude towards them and hence the experience and treatment outcome of the patients [4]

The public stigma on mental illnesses manifests itself in the way the population reacts to mental. Public stigma have negative effects on the lives of people with mental illness, by preventing them from pursuing vocational, housing, and healthcare goals, and holding them back from seeking treatment  and affecting the quality of delivered healthcare [5]

Experienced stigma is characterized by the perception of being a victim (recently or throughout life) of stereotypes, prejudice and discrimination. The anticipated stigma relates to the expectation of discrimination (Fox et al., 2017), and they are sometimes associated with internalized stigma (Bos et al., 2013). The internalized stigma can be defined as the internalization of stereotypes, prejudices and social discrimination to the Self (Corrigan et al., 2006; Fox et al., 2017). These types of MIS are related to delayed treatment seeking and adherence by people with mental illness (PWMI) (Bos et al., 2013; Corrigan et al., 2006; Fox et al., 2017).[6]

Psychiatric stigma research has been, up until recently, primarily focused on public concepts of mental illness and the negative reactions toward mentally ill persons displayed by individuals or societal groups [1–3]. Several disease and patient characteristics have been identified as factors influencing stigmatization [4,5], and anti-stigma initiatives have been established to decrease stigmatizing attitudes and discriminating actions in individuals and society as a whole. In recent years, the proposed inclusion of the attenuated psychosis syndrome

in the DSM-5 has raised concerns about the potential stigmatization of patients being labelled "at-risk" 13–16, particularly considering the high number of false positives (only approximately 30% of patients showing putative initial prodromal symptoms eventually develop psychosis within the following 2.5 years) [7]

In most societies, mental illness carries a substantial stigma. It is considered as an amalgamation of three related problems: a lack of knowledge (ignorance), negative attitudes (prejudice), and exclusion or avoidance behaviours (discrimination). The mentally ill are labelled as different from other people and are viewed negatively by others. Stigmatization can lower a person's self-esteem, contribute to disrupted family relationships, and affect employability [8]

## II.    Methods

Descriptive cross sectional research design was performed among mental illness patient visiting on psychiatric OPD of  Chitwan Medical Colege Teaching Hospital. A total of 106 respondents' were selected by adopting Non probability Convenience sampling technique. Data was collected by using structured interview schedule. Colleceted data was analyzed and interpreted through descriptive inferential statistic. The research was done for four weeks periods.

Research approval was obtained from Nursing Research Committee of School of Nursing, Chitwan Medical College (CMC) and ethical approval was obtained from CMC, Institutional Review Committee (IRC), Bharatpur -10, Chitwan.The verbal informed consent was obtained from each respondent by clarifying the purpose of the study prior to data collection .Each respondent was allowed to have a voluntary choice for participation. Respondent's dignity was maintained by giving right to reject or discontinue from the research study at any time. Confidentiality of the information was maintained by not disclosing the information and using the information only for the research purpose.

## III.    Results

Out of 106 respondents, maximum respondents 67% belonged to age group more or equal to 43 years. Among them 52.8% were male. Similarly 80.2% belong in Hindu religion. Where as highest 36.8% had basic education. More than half 68.9% of respondents were married similarly 91.5% respondents had family support and 91.5% had sufficient income source.(Table1)

**TABLE 1**
**Respondents' Socio-demographic characteristics**
**n=106**

| Variables | Frequency | percentage |
|---|---|---|
| **Age** | | |
| <43.27 | 71 | 67 |
| ≥43.27 | 35 | 33 |
| Mean ±SD= 43.27±8.169,   Min=25,Max=60 | | |
| **Gender** | | |
| Male | 56 | 52.8 |
| Female | 50 | 47.2 |
| **Religion** | | |
| Hindu | 85 | 80.2 |
| Non Hindu | 21 | 19.8 |
| **Education** | | |
| Illiterate | 22 | 20.8 |
| Can read and write | 29 | 27.4 |
| Basic | 39 | 36.8 |
| Secondary | 8 | 7.5 |
| Bachelor and above | 8 | 7.5 |
| **Occupation** | | |
| Home maker | 51 | 48.1 |
| Government job | 9 | 8.5 |
| Self employment | 10 | 9.4 |
| Others | 36 | 34 |
| **Marital status** | | |
| Married | 73 | 68.9 |
| Unmarried | 13 | 12.3 |
| Divorce | 12 | 11.3 |
| Separate | 8 | 7.5 |

| Family type | | |
|---|---|---|
| Necular | 69 | 65.1 |
| Joint | 29 | 27.4 |
| Extended | 8 | 7.5 |
| **Family support** | | |
| Yes | 97 | 91.5 |
| No | 9 | 8.5 |
| **Monthly income** | | |
| Sufficient | 97 | 91.5 |
| Insufficient | 9 | 8.5 |

highest 35.84% respondents had diagnosis of depressive with psychotic similarly 66% respondents had less than 5 years duration of onset of disorder likewise 55.66% had need of hospitalization .Highest 66% had more than one week hospitalization and 57.54% respondents length of treatment was more than 2 years.(Table 2)

**TABLE 2**
**Respondent's disease related characteristic**
**n=106**

| Variables | Frequency | percentages |
|---|---|---|
| **Diagnosis** | | |
| Depression with psychotic | 38 | 35.84 |
| Depression without psychotic | 17 | 16% |
| Schizophrenia | 27 | 25.47% |
| BPAD | 15 | 14.15 |
| Psychosis | 9 | 8.4% |
| **Duration** | | |
| <5 years | 70 | 66% |
| >5years | 36 | 33.95% |
| **Hospitalization** | | |
| Yes | 59 | 55.66% |
| N0 | 47 | 44.33% |
| **If yes, then stay of last hospitalization (n=59)** | | |
| <1 week | 20 | 33% |
| >1 week | 39 | 66% |
| **Length of medicine use** | | |
| <2 years | 45 | 42.45% |
| >2 years | 61 | 57.54% |
| **Side effect of medicine** | | |
| Yes | 36 | 33.95% |
| No | 70 | 66% |
| **If yes, types of effect (n=36)** | | |
| Nausea | 18 | 50% |
| Vomiting | 10 | 27.77% |
| Headache | 3 | 8.33% |
| Drowsy | 5 | 13.88% |

**TABLE 3**

**Respondent Response Regarding IMCI Scale Based on different Domain**
**TABLE 3. A Alienation Related Statement**
**n=106**

| Domain 1: Alienation | Strongly disagree | Disagree | Agree | Strongly agree |
|---|---|---|---|---|
| I feel out of place in the world because I have mental illness | 8 (7.5%) | 26 (24.5) | 55 (51.9) | 17 (16%) |
| I am embarrassed or ashamed that I have a mental illness | 17 (16%) | 44 (41.5) | 45 (42.5) | 0 |
| I feel inferior to others who do not have a mental illness | 25 | 56 | 25 | 0 |

| | | | |
|---|---|---|---|
| | (23.6%) | (52.8%) | (23.6%) | |
| I am disappointed in myself for having a mental illness | 8 (7.5%) | 52 (49.1%) | 46 (43.4%) | 0 |
| Having a mental illness has spoiled my life | 25 (23.6%) | 30 (28.3%) | 51 (48.1%) | 0 |
| People without mental illness could not possibly understand me | 8 (7.5%) | 72 (67.9%) | 18 (17%) | 8 (7.5%) |

### TABLE3.B Stereotype Endorsement Related Statement
#### n=106

| Domain 2: Stereotype | Strongly disagree | Disagree | Agree | Strongly agree |
|---|---|---|---|---|
| Mentally ill people tend to be violent | 8 (7.5%) | 77 (72.6%) | 21 (19.8%) | 0 |
| Mentally ill people shouldn't get married | 25 (23.6%) | 77 (72.6%) | 4 (3.8%) | 0 |
| People with mental illness cannot live a good ,rewarding life | 16 (15.1%) | 44 (41.5%) | 46 (43.4%) | 0 |
| People can tell that i have a mental illness by the way i look | 8 (7.5%) | 38 (35.8%) | 60 (56.6%) | 0 |
| Because i have a mental illness ,i need other to make most decisions for me | 16 (15.1%) | 21 (19.8%) | 69 (65.1%) | 0 |
| I can't contribute anything to society because i have a mental illness | 33 (31.1%) | 59 (55.7%) | 14 (13.2%) | 0 |
| Stereotype about the mentally ill apply to me | 15 (14.1%) | 53 (50%) | 35 (33%) | 3 (2.8%) |

### TABLE 3.C Perceived Discrimination Related Statement

| Domain 3: Perceived Dricrimination | Strongly disagree | Disagree | Agree | Strongly Agree |
|---|---|---|---|---|
| People discriminate against me because I have a mental illness | 6 (5.6%) | 35 (33%) | 59 (55.6%) | 6 (5.6%) |
| Being around people who do not have a mental illness makes me feel out of place or inadequate | 8 (7.5%) | 64 (6o,4%) | 34 (32.1%) | 0 |
| I stay away from social situations in order to protect my family or friends from embarrassment | 15 (14.1%) | 50 (47.1%) | 39 (36.8%) | 2 (1.8%) |

### TABLE 3.D Social Withdrawal Related Statement

| Domain 4 : Social Withdrawal | Strongly disagree | Disagree | Agree | Strongly agree |
|---|---|---|---|---|
| I avoid getting close to people who don't have a mental illness to avoid rejection. | 8 (7.5%) | 80 (75.4%) | 17 (16%) | 1 (0.9%) |
| I don't socialize as much as I used to because my mental illness might make me look or behave "weird." | 25 (23.6%) | 39 (36.8%) | 42 (39.6%) | 0 |
| I don't talk about myself much because I don't want to burden others with my mental illness. | 8 (7.5%) | 48 (45.3%) | 50 (47.2%) | 0 |
| Negative stereotypes about mental illness keep me isolated from the "normal" world. | 8 (7.5%) | 48 (45.3%) | 45 (42.4%) | 5 (4.6%) |
| People often patronize me, or treat me like a child, just because I have a mental illness. | 9 (8.4%) | 52 (49%) | 45 (42.4%) | 0 |
| People ignore me or take me less seriously just because I have a mental illness. | 8 (7.5%) | 39 (36.8%) | 54 (50.9%) | 5 (4.6%) |
| Nobody would be interested in getting close to me because I have a mental illness. | 12 (11.3%) | 27 (25.5%) | 65 (61.3%) | 2 (1.8%) |
| Others think that I can't achieve much in life because I have a mental illness. | 8 (7.5%) | 12 (11.3%) | 64 (60.4%) | 22 (20.8%) |

### TABLE 3.E Stigma Resistance

| Domain5: Stigma resistance | Strongly disagree | Disagree | Agree | Strongly agree |
|---|---|---|---|---|
| People with mental illness make important contributions to | 30 | 50 | 16 | 6 |

| | | | | |
|---|---|---|---|---|
| society | (28.3%) | (47.1%) | (15%) | (5.6%) |
| I feel comfortable being seen in public with an obviously mentally ill person | 60 (56.6%) | 35 (33%) | 8 (7.5%) | 3 (2.8%) |
| Living with mental illness has made me a tough survivor | 8 (7.5%) | 61 (57.5%) | 29 (27.4%) | 8 (7.5%) |
| In general, I am able to live my life the way I want to | 8 (7.5%) | 55 (51.9%) | 27 (25.5%) | 16 (15%) |
| I can have a good, fulfilling life, despite my mental illness | 33 (31.1%) | 44 (41.5%) | 27 (25.5%) | 2 (1.8%) |

**TABLE 4**
**Mean Score of Perceived Stigma Among Mental Illness Patient**
**n=106**

| Domain | No items | Maximum Possible Score | Obtained Score range | Mean ±SD | Mean % |
|---|---|---|---|---|---|
| Alienation | 6 | 24 | 8-19 | 13.88±2.79 | 56.83 |
| Stereotype endorsement | 7 | 28 | 7-19 | 15.27±3.17 | 54.31 |
| Perceived discrimination | 3 | 12 | 3-9 | 6.95±1.49 | 56.19 |
| Social withdrawal | 8 | 32 | 8-24 | 19.37±3.94 | 6o.53 |
| Stigma resistance | 5 | 20 | 10-19 | 12.96±2.43 | 64.85 |
| **Total** | **29** | **116** | **36-90** | **68.43±13.82** | **58.54** |

**Table 4** shows Mean Score of perceived stigma among mentally ill patient on five different domains. Out of 106 respondents, highest number 64.85% respondents had stigma resistance and 54.31% respondents had stereotype endorsement

**TABLE 5**
**Level of Stigma Perceived By Respondents'**
**n=106**

| Level of stigma | Frequency | Percentage (%) |
|---|---|---|
| Minimal | 8 | 7.5 |
| Mild | 73 | 68.9 |
| Moderate | 25 | 23.6 |

*Minimal (1.00-2.00), Mild (2.01-2.50), Moderate (2.51-3.00)*

**Table 5** shows highest 68.9% respondents was found having mild level of stigma where as 23.6% was found having moderate level of stigma & remaining 7.5% had minimal level of stigma perceived.

**TABLE 6**
**Level of medication adherence**

| Level of medication adherence | Frequency | Percentage (%) |
|---|---|---|
| Low | 98 | 92.5 |
| Medium | 8 | 7.5 |

**Table 6** shows lowest 92.5% respondent was found having low level of medication adherence where as 7.5% respondent was found medium level of medication adherence.

## IV. Discussion

Descriptive cross sectional research design was used to find out perceived stigma and medication adherence among mental illness patient. The study population consisted of 106 attended at psychiatric OPD at Chitwan Medical College. Highest 68.9% respondents was found having mild level of stigma where as 23.6% was found having moderate level of stigma & remaining 7.5% had minimal level of stigma perceived. In this study lowest 92.5% respondent was found having low level of medication adherence where as 7.5% respondent was found medium level of medication adherence. The study showed a significant correlation between self-stigma and adherence to treatment. Medication adherence was associated with lower perceived stigma.

This study supported on the topic of Perceived Self-Stigma, Adherence to Treatment and Discontinuation of Medication among Schizophrenic Patients on Cairo, Egypt. Cairo, Egypt results revealed that there is a positive association between stigma and discontinuation of medications.The conclude the level of

internalized stigma of patients with schizophrenia was determined to be high and the internalized stigma had a negative impact on the adherence and attitude toward the treatment.[9]

This study supported by the study conducted on outpatients attending the Department of Psychiatry, University Hospital Olomouc, Czech Republic on 332 patients The level of self-stigma was measured with the Internalized Stigma of Mental Illness and adherence with the Drug Attitude Inventory. Showed a significant correlation between self-stigma and adherence to treatment. High levels of self-stigma are associated with discontinuation of medications without a psychiatrist's recommendation. This connection was present in all diagnostic groups.[10]

The study revealed that there was high self-stigma among patients with mental illness and a significant association between overall ISMI score and level of medication adherence. These require mental health professionals. number of relapses (std. $\beta = 0.183$, $p < 0.01$) and medication nonadherence (std. $\beta = 0.084$, $p = 0.021$) were positively associated with self-stigma[11]

# V.    Conclusion

It is concluded that more than half of respondent have minimal level of stigma and Similarly maximum respondent was found having low level of medication adherence. There is a significant correlation between self-stigma and adherence

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