Prevalence of internalized stigma in patients with psychiatric illness in Abha, Southern Region, Saudi Arabia

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Abstract:

BACKGROUND: Mental stigma occurs when patients with various mental disorders are labeled by their disorders. Little is known about the burden of mental stigma on patients with mental disorders. The aim of this study was to evaluate the incidence of mental stigma on patients with psychiatric disorder in Saudi Arabia.

MATERIALS AND METHODS: This cross-sectional study was conducted among previously diagnosed patients with any psychiatric disorder attending King Khalid Hospital, Abha, Saudi Arabia. The patients were interviewed with a sociodemographic questionnaire and a validated Arabic version of the Internalized Stigma of Mental Illness (ISMI-29) scale. Chi-square test and t-test were used to assess the association between various demographic characteristics and presence of stigma.

RESULTS: The study included 489 patients with different psychiatric disorders. The mean age of the participants was 32.8 years and 54.6% were females. About 39% participants showed no to minimal internalized stigma, 37.4% of total sample had mild stigma, 20% had moderate stigma, and 3.7% had severe stigma. A signficantly higher proportion (71.4%) of widowed patients had stigma (*P* = 0.032).

CONCLUSION: Self-stigma is prevalent among patients with psychiatric disorders in Abha, Saudi Arabia, but lower than the prevalence in developing countries. Marital status has a significant impact on the prevalence and severity of the self-stigma of patients. There is a need for awareness program to reduce self-stigma. Psychiatric institutions should also focus on promotion of patients' social life and increase patient's awareness of certain issues that could prevent stigma.

Keywords:

Mental disorder, psychiatric disorder, stigma

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Introduction

Psychiatric disorders are mental medical conditions of the brain that can lead to disturbance of the thoughts, emotions, and behaviors of the patients.[1] The prevalence of common mental disorders worldwide is high and affects people of different ages and genders.[2,3] However, although the global prevalence of psychiatric disorders is high, there is little awareness of the attitude of the patients and the general population toward

these disorders in the developing countries though in developed countries attitudes are improving.[2-6] Various studies have found that patients with mental disorders are highly stigmatized.[7,8] Public stigma occurs when patients with different mental disorders are labeled by their disorders.[9] This has a big impact on patient's attitudes and behaviors toward their mental disorder.[8,10,11]

Moreover, mental stigma has significant impacts on the patient's life in a variety of ways including the prognosis of their disorders.[12] It is known that stigmatization prevents patients with psychiatric disorders

from seeking help, which results in delayed treatment and recovery. It also leads to isolation and the lack of employment.[8,12,13] The impact of stigma does not only arise from society in general, but also from the negative attitudes of the healthcare workers. The results of this is that patients with mental disorders are given less care because of their disorders and physical symptoms leading to feelings of not being welcome to the healthcare facilities.[11] The stigma associated with mental disorders places a heavy burden on a person with mental condition and their relatives in both their private and public lives.[14] In many societies, the causes and the nature of mental disorders have been associated with supernatural forces and prayers have been the treatment of choice for many people.[15,16] The literature review revealed that most doctors and psychiatric nurses in the psychiatric hospital believe that the level of negativity towards people with mental disorders is significantly high.[15,17,18] Many factors associated with perceived stigma in patients with mental disorders are considered predictors for this condition. They include the level of the patient's education, duration of mental disorder, advancing age of the patients, nonadherence to medication, marital status, social withdrawal, residence, and low self-esteem.[15,19-23]

Locally, the number of new and recurrent cases of mental conditions in psychiatric hospital clinics in Saudi Arabia was 397,210 in 2017 which represented 1.22% of the entire population in that year, which is lower than the 462,282 patients in 2015 and 495,484 in 2012.[24] However, studies have found that with the burden of mental disorders in Saudi Arabia, the Saudi population has insufficient knowledge and inappropriate attitude toward mental illness.[12,13,25,26] Moreover, it was found that few studies had focused on the mental self-stigma of patients with psychiatric disorders. Therefore, the aim in this study was to estimate the prevalence of psychiatric self-stigma of the psychiatric patients in Saudi Arabia.

Materials and Methods

This was a cross-sectional study carried out to determine the prevalence of psychiatric stigma on both male and female patients previously diagnosed with any psychiatric disorder in the period between 28 June 2022 and 20 July 2022. This was a study of patients with psychiatric disorders in Abha, Southern Region, Saudi Arabia. Ethical approval was obtained from the Institutional Review Board at King Khalid University (HAPO-06-B-001) vide letter No 2022–2112 dated 28/06/2022 and informed written consent was taken from all participants in the study.

For the study, the following inclusion criteria and simple random sampling technique were applied to collect data from all patients who attend King Khalid Hospital. All patients of any age, of both genders with psychiatric disorders who had agreed to participate in this study had completed all questions of the questionnaire were included in this study.

The patients were interviewed using a sociodemographic questionnaire and the validated Arabic version of the Internalized Stigma of Mental Illness (ISMI) scale.[4] The ISMI scale is a 29-item questionnaire used to assess the self-stigma of patients diagnosed with psychiatric disorders. The patient was asked how much he or she agreed or disagreed with each statement on a scale of 1–4 where 1 refers to strongly disagree, 2 of disagree, 3 with agree and 4 with strongly agree. The tool consists of five subscales: Stereotype endorsement, discrimination experience, alienation, social withdrawal and stigma resistance. The five stigma resistance subscale items were reverse-coded (1 strongly agree, 2 agree, 3 disagree and 4 strongly disagree) by subtracting the actual value from five. Therefore, stigma resistance displays the same direction of correlation as the other four subscales. Thus, the total score of the questionnaire ranged between 29 and 116, the higher scores reflecting higher levels of self-esteem. The participants were classified according to the results of the tool from minimal to no internalized stigma if the score was lower than 59, mild internalized stigma if it was a score of 59–72, moderately internalized stigma if the score was between 73 and 87 and severely internalized stigma if the score was higher than 87. Moreover, the questionnaire also included some demographic factors including age, gender, marital status, educational level, profession, monthly income, and residence.[4]

Microsoft Excel was used for data entry, cleaning, and coding while Statistical Package for the Social Sciences (SPSS Statistics for Windows, Version 23, IBM Corp., Armonk, NY, USA) was used for data analysis. Frequency and percent were used to describe categorical variables such as gender, marital status, nationality, educational levels and the presence of stigma while mean and standard deviation were used to describe ongoing variables such as age, and scores of subscale of ISMI. Chi-test and *t*-test were used to assess the relation between demographic factors and the presence of stigma.

Results

In this study, we were able to collect data from 489 patients with different psychiatric disorders. Of the participants, 54.6% of them were females and the mean age was 32.8 years ranging between 16 and 80-year-old. Moreover, 52.6% of the participants were married while 40.3% were single and 98.8% of them were Saudis. Regarding the level of education, 64% of the participants had university education or higher while 22.1% had secondary school education. Moreover,

43.6% of the participants were not working while 43.8% of them were governmental employees; 48.1% of the participants reported a monthly income of 15000–25000 Saudi Riyal (SR) and 30.5% had more than 25000 SR and 71% lived in urban areas [Table 1].

Moreover, it was found that 47.4% of the patients did not know the nature of their psychiatric disorders, but 29% reported having depression, which was the main condition reported, and 3.7% had social phobia. The distribution of frequency of the psychiatric disorders of the participants is shown in Figure 1.

According to ISMI, 38.9% of the participants showed minimal to no internalized stigma which indicated that the prevalence of stigma among the participants was 61.1% with 37.4% of the total sample having mild stigma, 20% with moderate stigma and 3.7% with severe stigma [Figure 2]. With regard to the subscales of the tool,

the mean scores of alienations, stereotype endorsement, discrimination experience, social withdrawal, and stigma resistance were 2.2, 2.1, 2.0, 2.2 and 2.7 respectively.

As regards factors associated with prevalence and severity of stigma among the patients, no statically significant difference between genders was found ($P = 0.939$). However, females were found to have less perceived stigma than males (40.1% vs. 37.4% having no stigma). Marital status of the participants was the only significant factors that affected the level of stigma, which was revealed as significantly higher in widowed patients (71.4% had mild internalized stigma) ($P = 0.032$). Educational level of the participants had no significant effect on the perceived stigma. However, those with the university level of education showed the lowest incidence of stigma with a prevalence of 59.1% compared with 61.3%, 64.8%, 65.2%, and 71.4% in those with intermediate education, secondary education, primary school and no education, ($P = 0.950$). Moreover, it was also found that a higher monthly income was associated with higher levels of stigma with the prevalence of stigma was 67.1% in those with a monthly income of more than 25,000 SR compared with 46.7% in those with a monthly income of lower than 5000 SR., However, this difference was not significant ($P = 0.076$) [Table 2].

Discussion

In the present study, the prevalence of self-stigma among psychiatric patients was high at 61.1%; 37.4% of the total sample had mild stigma, 20% moderate stigma and 3.7% had severe stigma. This prevalence rate was higher than those reported in a previous study conducted of psychiatric patients that reported a prevalence of self-stigma at 54.4%, out of which 48% had mild self-stigma, 37.3% had moderate stigma and the rest severe self-stigma.[27] In general, the prevalence of self-stigma in psychiatric patients is high and ranges between 22.5% and 97.4% in different countries; 36% in the USA,[28] 22.5% in Nigeria,[29] 49.5% in China[30] and

Table 1: Sociodemographic characteristics of patients diagnosed with psychiatric disorders at King Khalid Hospital, Abha, Saudi Arabia, 2022 (*n*=489)

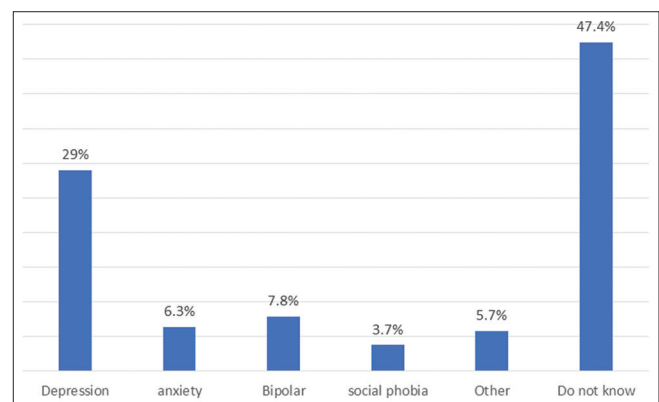| Characteristics	N (%)
Gender	
Male	222 (45.4)
Female	267 (54.6)
Age, mean (SD)	32.8 (9.6)
Marital status	
Married	257 (52.6)
Widow	7 (1.4)
Single	197 (40.3)
Divorced	28 (5.7)
Nationality	
Saudi	483 (98.8)
Non-Saudi	6 (1.2)
Educational level	
Illiterate	14 (2.9)
Primary school	23 (4.7)
Intermediate	31 (6.3)
Secondary	108 (22.1)
University	313 (64.0)
Profession	
Not working	213 (43.6)
Governmental employee	214 (43.8)
Private employee	31 (6.3)
Own work	14 (2.9)
Student	17 (3.5)
Monthly income (SR)	
<5000	30 (6.1)
5000<15,000	75 (15.3)
15,000-25,000	235 (48.1)
>25,000	149 (30.5)
Residency	
Rural	142 (29.0)
City	347 (71.0)

SR=Saudi Riyal, SD=Standard deviation

Figure 1: The frequency of different psychiatric disorders among the participants

Table 2: Relationship between demographic characteristics and perceived stigma among patients diagnosed with psychiatric disorder at King Khalid Hospital, Abha, Saudi Arabia

Characteristics	Internalized stigma of mental illness				
	No to minimal internalized stigma N (%)	Mild internalized stigma N (%)	Moderate internalized stigma N (%)	Severe internalized stigma N (%)	P-value
Gender					
Male	83 (37.4)	85 (38.3)	46 (20.7)	8 (3.6)	0.939
Female	107 (40.1)	98 (36.7)	52 (19.5)	10 (3.7)	
Marital status					
Married	102 (39.7)	106 (41.2)	40 (15.6)	9 (3.5)	0.032*
Widow	2 (28.6)	5 (71.4)	0	0	
Single	74 (37.6)	61 (31.0)	55 (27.9)	7 (3.6)	
Divorced	12 (42.9)	11 (39.3)	3 (10.7)	2 (7.1)	
Nationality					
Saudi	187 (38.7)	183 (37.9)	95 (19.7)	18 (3.7)	0.144
Non-Saudi	3 (50.0)	0	3 (50.0)	0	
Educational level					
Illiterate	4 (28.6)	5 (35.7)	4 (28.6)	1 (7.1)	0.950
Primary school	8 (34.8)	8 (34.8)	6 (26.1)	1 (4.3)	
Intermediate	12 (38.7)	11 (35.5)	7 (22.6)	1 (3.2)	
Secondary	38 (35.2)	39 (36.1)	26 (24.1)	5 (4.6)	
University	128 (40.9)	120 (38.3)	55 (17.6)	10 (3.2)	
Profession					
Not working	80 (37.6)	77 (36.2)	45 (21.1)	11 (5.2)	0.904
Governmental employee	89 (41.6)	81 (37.9)	40 (18.7)	4 (1.9)	
Private employee	10 (32.3)	12 (38.7)	8 (25.8)	1 (3.2)	
Own work	5 (35.7)	6 (42.9)	2 (14.3)	1 (7.1)	
Student	6 (35.3)	7 (41.2)	3 (17.6)	1 (5.9)	
Monthly income (SR)					
<5000	16 (53.3)	10 (33.3)	3 (10.0)	1 (3.3)	0.076
5000<15,000	34 (45.3)	25 (33.3)	16 (21.3)	0	
15,000–25,000	91 (38.7)	95 (40.4)	42 (17.9)	7 (3.0)	
>25,000	49 (32.9)	53 (35.6)	37 (24.8)	10 (6.7)	
Residency					
Rural	52 (36.6)	54 (38.0)	30 (21.1)	6 (4.2)	0.906
City	138 (39.8)	129 (37.2)	68 (19.6)	12 (3.5)	

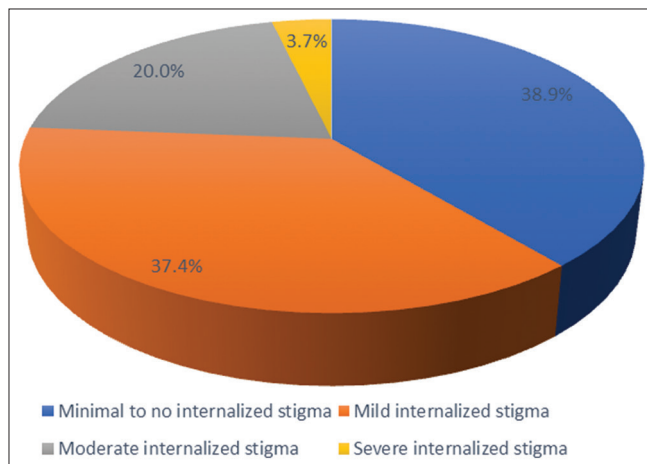*Significant at $P \leq 0.05$. SR=Saudi Riyal

Figure 2: The prevalence and severity of stigma among the participants according to ISMI. ISMI: Internalized stigma of mental illness

97.4% in Ethiopia.[22] However, another study conducted in Korea on bipolar patients showed a low prevalence rate of stigma at 8.1%.[31] The difference in the prevalence of stigma in the reported studies could be the result of the difference in the diagnostic tools used to assess self– stigma in the patients.[31]

Moreover, this study's aim was to assess the possible association of demographic factors with the prevalence and severity of self-stigma. This study showed that the marital status of the patients only was statistically significantly associated with self-stigma whereas other sociodemographic factors including age of the patients, gender, educational level, income, residence, and employment status had no statistically significant relation with prevalence of self-stigma of the patients. These results are in agreement with those of a previous study in Nepal[27] and another systemic review[32] which indicated that none of the demographic factors including the age, gender, marital status, employment status, living arrangement, and ethnicity of the patients were

significantly associated with self-sigma.[4,32] On the other hand, one previous study showed that the gender of the patients was a significant factor that affected the prevalence of stigma. In that study, female patients had a higher incidence of self-stigma than male patients.[33] Some studies have shown that female patients were twice at a higher risk for high perceived stigma than male patients.[20,33-35] This is not in accord with our result which showed that males showed slightly higher prevalence of self-stigma. However, the difference was not statistically significant. Another study showed that the level of the education and employment of the patients in China were positively associated with self-stigma, which was higher among educated and employed patients.[36] In another previous study of 100 patients diagnosed with mental illness, those living with their families were shown to have higher levels of stigma than those who lived alone.[37] In our study, we found that patients who were divorced showed the highest level of stigma. A previous study found that unmarried patients had high levels of self-stigma.[22] The high self-stigma of divorced patients could be associated with their feelings of rejection, which is on the increases in our society, which views the divorced woman as being rejected by society, making the pressure on the patient and the feelings of rejection greater.[37] The difference shown in studies as regards the factors associated with self-stigma could confirm the need for larger scale studies in different populations in Saudi Arabia with a focus on a homogenous sample of psychiatric patients.[23]

The high prevalence rate of self-stigma reported in this study should be of concern. The self-stigma of patients with psychiatric illness is related with poor quality of life,[9] decreased self-esteem,[38] low level of self-efficacy and poor recovery,[38] low adherence to treatment[39] and increasing the severity of symptoms[38] and in extreme condition, associated with higher rate of suicidal tendency.[39]

This study had some limitations including the dependence on self-reported questionnaire with the possibility of some personal bias. Most patients did not know the nature of their psychiatric disorders although they were sure that they had some psychiatric disorders, so they could participate in the study. Moreover, the study was focused on the self-stigma in patients with different type of psychiatric disorders.

Conclusion

Although self-stigma is prevalent among patients with psychiatric disorders in Abha, Saudi Arabia, its prevalence is lower than what obtains in other developing countries. Only marital status had statistically significant association with the prevalence and severity

of self-stigma in patients. There is an urgent need for an awareness program to help to reduce self-stigma.

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Conflicts of interest
There are no conflicts of interest.

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