

Stigma of Mental Illness among Psychiatric Patients and their Relatives in Baghdad Society/Iraq

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ABSTRACT

Objectives: To highlight on the level of stigma towards mental illness among Iraqi psychiatric patients and their relatives who visit the outpatient clinic of the Psychiatric Hospital and Baghdad Medical City Hospital in Baghdad / Al – Rusafa. To provide us with basic knowledge of stigma in the family context of Iraqi communities and to assess plans to avoid feeling stigmatized towards mental illness.

Design: A descriptive analytical study starting from February to December 2016 such an assessment approach is apply to achieve the objectives of the study.

Methodology: A purposive (non-probability) sample of 155 individuals, including (87) patients with mental disorders and (68) relatives. The average age is 18 - 75 years old and the ratio of men to women is 1.4. \ 1 In addition to the demographic variables, which include age, gender, and educational level. The sample collected from the outpatient clinic of the Psychiatric Hospital and the City of Medicine Hospital in Baghdad\ Al - Rusafa. By relying on the construction of a questionnaire to achieve the goal of the study, based on the questionnaire of the World Psychiatric Association (WPS) and previous studies, and reviewing the literature related to the study. Determine the validity and reliability of the questionnaire by means of a group of experts and the pilot study. Data collected through a personal interview using a questionnaire form the period of 1/4/2016 to 4/30/2016. The data analyzed by descriptive and inferential statistics.

Results: Through the analysis of the results, it was found that more than half (51.5%) of the sample had practices of social criticism. and there is no relationship between sex and social criticism. It also found that the practice of social criticism varies with age and educational level. As the advanced ages are tolerable for patients with mental illnesses. The results also demonstrated a statistically significant relationship between the educational level of the sample with social stigma, fear, disruption of living, and the ability to maintain friendship with patients with mental illness.

Conclusion: The study notes that there is a strong relationship between social stigma and mental illness in Iraqi society through their clear attachment to religious and social beliefs and their exposure to psychological pressures because of wars. It noted that there was no relationship between gender and social stigma, but there was a relationship with the age and educational level of the patient or his relatives.

Recommendation: Establish programs to combat social stigma to reduce criticism of mentally ill patients and their families, change attitudes towards mental illness, mental health workers, and psychiatric patients and their relatives by establishing psychological educational programs that are presented to the general public through newspapers, magazines, radio and television channels. Conducting further studies with a large sample size of relatives of psychiatric patients.

Key words: Stigma, mental illness, widespread violence, Iraq

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INTRODUCTION

Stigma of having mental illness described as the hidden burden on life quality. Because it is difficult to quantify it, remains concealed and unreported⁽¹⁾. Stigma characterized by shame, blame, secrecy, isolation, social exclusion and discrimination. It forms a major barrier to acknowledgment and treatment of mental illness in certain societies⁽²⁾. It believed in the past that stigma of mental illness was less common in muslim societies⁽³⁾, but later studies had found the contrary⁽⁴⁾. Iraqi societies had exposed to repeat wars and continuous wide spread civilian violence during the four last decades⁽⁵⁻⁶⁾. Due to this disturbed circumstances people regressed in their social and religious believes, therefore, they explain mental illness by the exposure to supra natural powers, hence mentally ill patients used to visit spiritual and traditional healers to avoid feeling of stigma. Several published reports had found increase in prevalence of mental illness during the last 4 decades. The present study has carried out to through light on the level of stigma toward mental illness in Iraqi societies⁽⁶⁾.

OBJECTIVES:

1. To highlight on the level of stigma towards mental illness among Iraqi psychiatric patients and their relatives who visit the outpatient clinic of the Psychiatric Hospital and Baghdad Medical City Hospital in Baghdad / Al – Rusafa.
2. To provide us with basic knowledge of stigma in the family context of Iraqi communities and to assess plans to avoid feeling stigmatized towards mental illness.

METHODOLOGY

A purposive non probability sample was conducted from February to December 2016 A total of 155 patients and their relatives was included in this study, 87 mentally ill patients of different diagnosis and 68 accompanying relatives (parents, brother or sister, wife and others), age rang 18-75 years old, male to female ratio 1.4:1. The aim of the study explained to all participants in the study.

Diagnosis of mental illness depended on DSM-5 criteria. A writing consent obtained from each participant. The questionnaire filled by the participant under supervision of the investigator. The questionnaire modified of WPA program used to assess the diagnosis of schizophrenia⁽³⁾. Adapted to study other spectrum of mental illness^(1, 2), and had been approved by a local panel of mental health professionals. Data collected from 1\4\2016 to 30\4\2016 using semi structure interview within 15-20 minutes under the supervision of the investigator. The study includes demographic variables (age, sex, level of education) with generalized information about mental health and social distance practice related to mental illness.

Chi square used to examine the association of views about mental health and social distance practices related to mental illness for example shame, fear, upset by living and maintaining friendship with mentally ill patients (dependent variables) with age, sex and educational level (independent variables). P value < 0.05 considered as significant.

Results

The results analyzed in a systematically driven presentation. A logical interpretation to each table provided to show the significant findings.

Table 1: Distribution of stigma manifestations in the study sample

Variable	Relatives (n=68)		Mentally ill patients (n=87)		P value
	Yes\ agree		Yes \ agree		
Views about mental health	No.	%	No.	%	

Mentally ill patient can be treated	13	19.1	26	30.0	0.0009
All mentally ill patients are nuisance to public	5	7.4	10	11.0	0.0002
Social distance practices and mental illness					
Are you a shamed as you are related to mentally ill person	35	51.5	54	62.1	0.0001
Are you afraid from mentally ill patient	35	51.5	35	40.2	0.0001
Are you upset or disturbed about living with mentally ill patient	37	54.7	41	47.1	0.0002
Are you able to maintain friendship with mentally ill patient	14	21.0	36	41.3	0.0006

This table shows that the distribution of views about mental health and social distance practices among mentally ill and their relatives. Shame, fear, upset on living with mentally ill patient and ability to maintain friendship with mentally ill patients were associated significantly with mental illness ($p= 0.0009, 0.002, \text{views. } 0.0001, 0.0001, 0.0002 \text{ and } 0.0006, \text{ social practices, respectively}$).

Table 2: Sex distribution of stigma manifestations

Variable	Males (n=90)		Females (n=65)		P value
	Yes \ agree		Yes \ agree		
Views about mental health	No.	%	No.	%	
Mentally ill patient can be treated	32	35.5	25	38.0	0.07
All mentally ill patients are nuisance to public	14	15.5	11	19.9	0.8
Social distance practices and mental illness					
Are you a shamed as you are related to mentally ill person	46	51.1	32	49.2	0.8
Are you afraid from mentally ill patient	47	52.5	34	52.3	0.9
Are you upset or disturbed about living with mentally ill patient	47	52.5	31	47.6	0.5

Are you able to maintain friendship with mentally ill patient	20	22.2	14	21.5	0.9
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This table shows that the sex was not significantly associated with shame, fear, upset on living with mentally ill patient and ability to maintain friendship with mental ill patients ($p=0.07, 0.8, 0.8, 0.9, 0.5, \text{ and } 0.9$, social practices).

Table 3: Age distribution of stigma manifestations

Variable	Age				P value
	≤40 years (n=79)		>40 years (n=76)		
	Yes \ agree		Yes \ agree		
Views about mental health	No.	%	No.	%	
Mentally ill patient can be treated	16	20.2	17	22.3	0.06
All mentally ill patients are nuisance to public	6	7.6	8	10.5	0.05
Social distance practices and mental illness					
Are you a shamed as you are related to mentally ill person and people know	40	50.6	39	51.3	0.07
Are you afraid from mentally ill person	38	48.1	40	52.6	0.06
Are you upset or disturbed about living with mentally ill patient	42	53.2	43	56.6	0.06
Are you able to maintain friendship with mentally ill patient	18	22.7	16	21.1	0.07

The result revealed that the shame, fear, upset on living with mentally ill person and ability to maintain friendship with mental ill patients were not significantly associated with age ($p= 0.06, 0.05$ views, $0.07, 0.06, 0.06$ and 0.07 , social practices).

Table 4: Educational level by stigma manifestations

Variable	Education level				P value
	≤ Secondary school (n=65) Yes\ agree		> Secondary school (n=90) Yes \ agree		
Views about mental health	No.	%	No.	%	
Mentally ill patient can be treated	14	21.5	29	32.3	0.0001
All mentally ill patients are nuisance to public	20	30.7	15	16.7	0.0004
Social distance practices and mental illness					
Are you a shamed as you are related to mentally ill person	33	50.7	58	64.4	0.0001
Are you afraid from mentally ill patient	35	53.8	56	62.2	0.0002
Are you upset or disturbed about living with mentally ill patient	35	53.8	56	62.2	0.0002
Are you able to maintain friendship with mentally ill patient	14	21.5	20	22.2	0.0004

The result shows that the educational level was significantly associated with shame, fear, upset on living with mentally ill patients and ability to maintain friendship with mental ill patients (p=0.0001, 0.0004 views. 0.0001, 0.0002, 0.0002 and 0.0004 social practices).

Discussion:

Stigma / increased social distance found correlated with lack of personal contact with mental illness¹⁰⁻¹². Although the sample in this study had an experience with mental illness either personal or related to someone had, a high stigmatizing beliefs in term of social distance (51.5%) was revealed which is higher than in Malawi¹³ (8.1%). The reported low figure in Malawi explained by the long duration of illness (experience with mental illness). The high figure in this study might attributed to prolonged exposure to violence (wars, civil war and widespread violence)⁵⁻⁷. It documented in literature that emotions, judgment and behavior affected by exposure to violence^{14, 15}. Emotions, judgment and behavior are well defined or affected by stigma. The recent widespread religious conviction might contributed for the observed high figure, also. Consulting spiritual healer might explained by cause of stigma¹⁶ i.e. to avoid the notice of other people in case of consulting psychiatrists.

Gender was not a significant factor associated with stigmatizing attitude towards mental illness. This finding is consistent with previous research findings indicating no gender difference at all¹⁷. However, a German study found that woman had a higher stigmatizing attitude towards schizophrenic individuals¹⁸, while another study revealed that men held higher levels of stigma than women¹⁹. The finding of this study might be explained by the expected similar response of women and men towards the prolonged exposure to violence (wars, civil war and widespread violence) and this may be due to the same social and religious convection between the two sexes in the same culture. In fact, a similar response has reported in men and women towards prolonged exposure to violence in Iraq⁹. In the rapidly developing Arab society of (Qatar), men had better beliefs and attitude towards mental illness than women²⁰.

No age differences existed in all items of stigma (view about mental illness and social distance practices). It is consistent with that other articles^{13, 20, 21}. There is a little doubt that years of political and social regression with wars followed by postwar widespread violence characterized by interrupted and insufficient basic services affect the Iraqi people. Political correctness was enhanced which might be contributed to the findings. The attitude of political correctness and social desirability might be differing by age²³. However, not correlated with high social distance practice that is similar to that reported in Nigeria¹⁰.

Participants who had higher education level were more likely to report stigmatizing attitude /increased social distance towards mentally ill patients. This finding is inconsistent with that reported in Australia²⁴, Nigeria²¹ and Canada²². This finding might be explained by the fact that education level does not necessarily reflect mental health literacy. (Jorm, et. al)²⁵ stated that improved mental health literacy is an important to improve help seeking and treatment adherence among people who have mental health problems.

Although, developing countries are diverse group in term of culture and social norms, the findings of this study are showing agreement with observations in other developing countries regarding stigma (India and Ethiopia)^{26,27}.

Conclusion:

The study noted a strong correlation between social stigma and mental illness in Iraqi society through their attachment to clear religious and social of beliefs and subjected to psychological pressure because of wars. It noted that there is no relationship between gender and age with social stigma, but there is a correlation with educational level of the patient or his relatives.

Recommendations:

Anti-stigma programs should be adapted to existing services in community mental health programs to reduce stigmatization toward psychiatric patients and their families. Attitudes toward mental illnesses, psychiatric and mental health professionals, patient and his relatives should change by establishing Psycho-Mental Education Programs through Journals, newspaper, broadcasting and satellites television channels. Conducting further studies with large sample size of psychiatric patients' relatives.

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