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Impact of stigma on daily life of psychiatric patients in Gaza strip

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Abstract: Stigma among psychiatric patients is dangerous because it interferes with understanding, obtaining support from friends and family, and it delays getting help. This study aimed to assess the impact of stigma on daily life of psychiatric patients in Gaza Strip-Palestine. The impact of stigma on daily life and personal data questionnaire were distributed to 150 subjects, while 106 participants completed and returned the questionnaire (RR=70.55%). Most participants reported high impact of stigma on their daily life. No significant differences in stigma impact were found due to gender, age, and marital status. It can be concluded that stigma has great effect on psychiatric patients' daily life. Stigma reduction program is suggested and community awareness is recommended.

Keywords: Impact, Stigma, Psychiatric Patient, Gaza

1. Introduction

Stigma is dangerous because it interferes with understanding, obtaining support from friends and family, and it delays getting help. It can lead to denial of signs of mental illness in self, secrecy and failure to seeking help, self-blame, substance abuse or problem gambling to control symptoms and isolation (Everett, 2006: 3).

Stigma is a negative attribute that marks an individual or group as being unacceptable, unworthy and inferior (Baun, 2009: 1). Stigma has been defined as a significant impediment to the treatment of mental disorders (Couture & Penn, 2003: 391). Corrigan & Kleinlein (2005) defined self-stigma as the consequences of people with mental illness applying stigma to themselves, and defined public stigma as the results of a native public endorsing the stereotypes of mental illness.

In Egypt, it has been found that only 37.5% of families of patients with psychoses reported having used psychiatric services for the treatment of their ill relative. Almost 60% reported visiting Sheikhs, traditional healers, or using special traditional ceremonies involving incantations and rituals to attempt to treat the mental illness (El-Defrawi et al, 2001). In United Arab Emirates, 62% of parents would not preferentially seek help from mental health specialists if their children developed psychiatric illness, stating the stigma attached to attending mental health services as one of the reasons for non-consultation (World Psychiatric Association (WPA), 2005: 130). In the USA, it has been reported that 20% of Americans don't seek help from a mental health professional because they feel there is a stigma associated with therapy (Hobson, 2008: 7).

There are a number of reasons for stigma; lack of knowledge about mental illness and cultural issues (Morgan, 2003:5), and the media (Scheffer, 2003: 4). Stigma is manifested by bias, distrust, stereotyping, fear, embarrassment, anger, and/or avoidance through avoidance of seeking treatment, decreased employment, and low self-worth (Scheffer, 2003: 3) and isolation (Everett, 2006: 13). In the extreme, it can lead to loss of career, family breakdown, and suicide (Everett, 2006: 14).

Unfortunately, effective treatment is often impeded by stigmatizing attitudes of other individuals, which have been found to lead to a number of negative consequences including reduced help-seeking behavior and increased social distance (Cook & Wang, 2010: 1).

Public stigma harms people who are mentally ill in several ways. Stereotype, prejudice, and discrimination can rob people labeled mentally ill of important life opportunities that are essential for achieving their life goals (Baldwin & Johnson, 2004). Studies have shown that public stereotypes and prejudice about mental illness have a

deleterious impact on obtaining and keeping good jobs (Zeev, 2010: 319).

Results of study conducted by Kondarat (2008) in USA indicated perceptions of devaluation and discrimination and working alliance independently affected subjective quality of life. Stigma withdrawal was unrelated to subjective quality of life. Perceptions of devaluation and discrimination seemed to be a barrier to positive appraisals of quality of life. Stigma scale scores were negatively correlated with global self-esteem.

Social exclusion, lack of respect, negative discrimination, difficulties when searching for employment or housing, loss of social status, loss of self-respect and self-esteem by people with a mental illness are all related to the stigma associated with such illness. The stigmatization not only adds to difficulties in their daily life: it also prevents them from getting access to treatment and care (WPA. 2005: 1).

The stigma of mental illness influences the daily lives of people, including individual experiences of social rejection, structural forms of discrimination, as well as important social-psychological processes that reshape the self and behavior (Wright et al, 2007).

Very few studies about stigma have been conducted in Gaza. Khamis (2008) pointed that increased risk of mental health problems was found among injured young Palestinians and children experiencing family loss and home demolition in Gaza Strip during the second intifada. Giacaman et al (2010) found women and families lacking support from relatives and community to be more vulnerable to anxiety when exposed to military violence.

The problem of stigma is a global one and it crosses geography, linguistic, cultural and religious boundaries (WPA, 2005: 59). So, it is important to pay attention to discuss the impact of stigma on daily life of psychiatric patients.

2. Methods

The descriptive design was used in this study. The survey was conducted from December 2013 to February 2014. The population studied comprised all psychiatric patients who visit the outpatient clinics of the only psychiatric hospital in Gaza Strip. After obtaining ethical approval from the authorized administrations, the Arabic versions of questionnaire were handed to all eligible psychiatric patients (n=106) to participate as study respondents. Participants provided their consent prior the completion of the questionnaire, after reading a summary of information regarding the purpose of the survey, and their confidentiality and anonymity were assured on at the front page. The total time required to answer the questionnaire was estimated at approximately 20 minutes.

2.1. Research Questions

Two questions were raised in this study. The first question: What is the impact of stigma on daily life of psychiatric patients in Gaza Strip? The second question: Are there any differences in the impact of stigma on daily life of psychiatric patients in Gaza associated with pertinent variables such as gender, age, years of experience, and marital status?

2.2. Instrument

Two Arabic version of questionnaires were used; personal information questionnaire and impact of stigma on daily life (15 items) questionnaire. The stigma questionnaire was designed by Mohsen (2011), and was used in another two Arabic studies. The scale had acceptable reliability. It asks respondents to indicate the frequency over their perceptions about the impact of stigma on daily life. The 5-point scale ranging from 1 (strongly disagree) to 5 (strongly agree) was used. The questionnaire was provided with a covering letter explaining the purpose of the study, the way of responding, the aim of the research and the security of the information in order to encourage a high response.

2.3. Participants

The questionnaires were given to all available members of the population to ensure more reliability of data. The response rate was 70.55%; 106 out of 150 psychiatric patients returned the completed survey forms.

2.4. Data Analysis

SPSS.18 statistical system was used to analyze the data in this study. Statistical assumptions were tested prior to running the analyses, and all variables were found to satisfy the assumptions for the normal distribution, homogeneity of variance and independence of observations. In this study, reliability Coefficients (Cronbach's Alpha) of Impact of Stigma on Daily Life questionnaire was 0.78.

3. Results

A total of 106 questionnaires were returned and males represented 61.3% respondents, and half of participants are single (50.0%). The mean age of respondents was 40 years, while 53.8% respondents aged over 40 years (Table 1).

Table 1. *General characteristics of the respondents (N= 106)*

Age	Frequency	Percentages
Less than 40	49	46.2
40 and over	57	53.8
Male	65	61.3
Female	41	38.7
Married	33	31.1
Single	53	50.0
Divorced/widowed	20	18.9

The results for all items of the field show that the average mean equals (3.98) and the weight mean equals (79.61%) which is greater than (60%) and the value of t test equal (10.233) which is greater than the critical value which is equal (1.98) and p-value equals (0.000) which is less than (0.05), that means the stigma has a significant effect on the daily life of mental illness patients at significant level.

the highest item according to the mean was "I feel shy because of my psychiatric illness, and this prevents me from expressing my point of view easily" (m=4.64, p=0.004), followed by "I prefer giving pen name and change their look and clothes when they go to the psychiatrist to avoid an embarrassment" (m=4.32, p=0.007), and then "My request was rejected for several jobs because of my psychiatric illness" (m=4.23, p< 0.001).

The lowest item according to the mean was "I blame myself because I am responsible for my psychiatric illness" (m=3.45, p< 0.001), followed by "People look at them into sadness and pity, because they are psychiatric patient" (m=3.75, p< 0.001), and then "People accuse them of insanity due to their psychiatric illness" (m=3.80, p< 0.001).

Table 2. *Impact of stigma on daily life of psychiatric patients*

No	Items	Mean	Weight mean	t-value	P-value	Rank
1	My request was rejected for several jobs because of my psychiatric illness.	4.23	84.53	11.411	0.000	3
2	I prefer staying at home alone and not mixing with others because of my psychiatric illness.	3.93	78.67	8.347	0.000	8
3	People avoid me because of my psychiatric illness.	3.88	77.55	8.137	0.000	9
4	People accuse me of insanity due to my psychiatric illness.	3.80	75.96	7.115	0.000	13
5	People look at me into sadness and pity, because I am psychiatric patient.	3.75	74.90	6.361	0.000	14
6	People do not invite me to share their occasions.	4.16	83.24	2.909	0.004	4
7	People humiliate me, because of my psychiatric illness.	3.87	77.33	7.651	0.000	11
8	People do not accept the psychiatric patient as close friend.	3.87	77.35	7.616	0.000	10
9	I blame myself because I am responsible for psychiatric illness.	3.45	68.93	3.603	0.000	15
10	I feel shy because of my psychiatric illness, and this prevents me from expressing my point of view easily.	4.64	92.88	2.962	0.004	1
11	People drive me to feel shy from my psychiatric illness.	4.04	80.76	8.044	0.000	6
12	I avoid the establishment of social relationships with people, so I do not feel the discrimination between them.	3.85	76.95	7.782	0.000	12
13	I prefer giving pen name and change my look and clothes when I go to the psychiatrist to avoid an embarrassment.	4.23	84.57	2.767	0.007	2
14	I resorted to practice some popular rituals people (withes, Charlatans, …. etc.) due to my shyness from psychiatric illness.	3.98	79.62	7.357	0.000	7
15	For the married / the psychiatric illness led me fail in my marriage. For non-married / I believe that psychiatric illness was the main reason for the prevention of my marriage.	4.05	80.95	8.744	0.000	5
	Total	3.98	79.61	10.233	0.000	

Critical value of t at df "105" and significance level 0.05 equal 1.

The independent sample t-test output Table 3 shows that there is no significant difference between males and females in stigma impact. Obviously, but not significantly, male psychiatric patients had higher means of stigma impact (m=4.01). Also, it shows no significant difference in stigma impact due to age. Obviously, but not significantly, psychiatric patients who are 40 years and over had higher means of stigma impact (m=4.03).

The ANOVA output Table 4 shows no significant differences in stigma impact due to marital status (F=1.742, p=0.180).

Table 3. *Differences in stigma impact due to gender and age*

Stigma impact on daily life	N	Mean	SD	t value	P	Diff-means (95% CIs)
Male	65	4.01	0.94	-0.585	0.062	0.11 (-0.28, 0.49)
Female	41	3.90	1.04			
Less than 40	49	3.89	0.89	-0.749	0.455	-0.14 (-0.52, 0.23)
40 or over	57	4.03	1.04			

Table 4. *Differences in stigma impact due to marital status*

Stigma impact on daily life		N	F (df)	P
Marital status	Married	33	1.742 (2, 103)	0.180
	Single	53		
	Divorced/widowed	20		

4. Discussion

The results of this study showed that high percentage of the respondents experienced high perception of stigma impact on their daily life. The results of the present study may be considered as significant indicators of the prevalence of the problem among Palestinian psychiatric patients in Gaza Strip. This high level of this perception could be explained that the psychiatric patients are suffering from low

level of awareness about mental illness among Palestinian people in Gaza which is expressed by the attitudes of people toward psychiatric patients. The findings of other studies show similar results. This could be supported by the study of Zeev (2010) and El-Defrawi et al (2001).

The findings indicate that the highest item perceived by the respondents was feeling shy because they have mental illnesses which prevent them from expressing themselves. This is really a big problem which may be reflected in low self-esteem and inability to ask for help or even not to get medical and psychological help as they could be seen by other people. Also, the second high level showed how much the psychiatric patient is suffering which forces him to give all efforts not to be known either by not saying his real name or changing his dress. The same results were found in Morsi & Jalal (2012), Mohsen (2011), and El-Masri (2013).

The results show that no significant difference in the perception of impact of stigma on daily life of Palestinian psychiatric patients due to gender, age, and marital status. This could be refereed that mental illness itself has its own problem, in addition to lack of awareness towards mental illness. This means the stigma includes the man and the woman, the single and married, and the young and the old patients. So, it is clear that the problem is not located in the characteristics of the patients but mostly in the perception of the patients that results from the people themselves. This was in line with the study of Morsi & Jalal (2012) and Mohsen (2011). In contrast, El-Masri (2013) found that female and younger psychiatric patients perceive the impact of stigma on daily life higher than male and older ones.

5. Recommendations

Based on the study findings, the researcher suggests the following recommendations:

1. Provide information about the impact of stigma on daily life of psychiatric patients to different departments in mental health and social affairs. This may help to recognize the level of the problem.
2. Prepare detailed documentation on the findings of the study as baseline information for the next studies.
3. For further understanding of stigma, more studies particularly qualitative ones are needed to explore its causes and possible solutions.
4. The unique social and cultural attributes of Gaza-Palestine should be considered when planning any stigma reduction program or community awareness.
5. Provide psychiatric patients strong support facilities for daily life activities.

6. Conclusion

This study has provided useful information about the impact of stigma on psychiatric patient' daily life by using specific questionnaire. The study identified high impact of stigma in as expressed in the questionnaire. In the next future, a focus group discussion should be performed as a follow-up to explore further the actual causes of stigma. The recommendations arising from this study include the need for a supportive environment and implementing interventions to deal with stigma among psychiatric patients in Gaza.

7. Strengths and Limitations

One of the strength of the study was the inclusion of all types of psychiatric patients in Gaza. The current sample size (n= 106) resulted in sufficient power levels to allow readers to interpret findings with reasonable assurance that the outcomes have merit. One limitation of the study is that survey research relies on self-report and voluntary responses. Another limitation is that the patients who did not come to outpatient clinics could have levels of stigma higher than those patients who participated in the study. For future studies, home visits could be effective to minimize the second limitation.

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