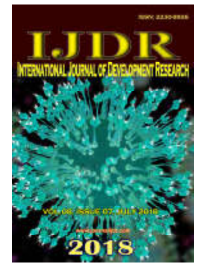
ISSN: 2230-9926

Available online at http://www.journalijdr.com

IJDR

International Journal of Development Research
Vol. 08, Issue, 07, pp. 22027-22031, July, 2018



ORIGINAL RESEARCH ARTICLE

OPEN ACCESS

ASSESSMENT OF SELF-EXPERIENCE STIGMA AND ADOPTED COPING ABILITIES AMONG CHRONIC MENTALLY ILL PATIENTS

***Mrs. Liji Jiju Chacko, Dr. Ajay Chandanwale, Mrs. Asha Shelar, Mrs. Jyoti Deshmukh, Mrs. Priya Rawool and Mr. Pratik Borase**

Asst. Professor, Course Coordinator, Nursing department, Maharashtra Institute of Mental Health, Government of Maharashtra, Sassoon hospital, Pune 411001

ARTICLE INFO

Article History:
Received 22nd April, 2018
Received in revised form
16th May, 2018
Accepted 21st June, 2018
Published online 30th July, 2018

Key Words:
Stigma, Coping, Maladaptive Coping, Mental Illness,
Self-Experienced Stigma.

ABSTRACT

Stigma and the resulting discrimination exclude people with mental illness from activities that are open to other people. Distressing or disabling chronic mental illness challenges effective coping. This study looked to assess the self-experience stigma and adopted coping abilities. The Objectives are 1.To assess the self-experience stigma of chronic mentally ill patients.2.To assess the adopted coping abilities of chronic mentally ill patients. 3. To correlate self-experience stigma with adopted coping abilities 4.To associate the findings of self-experience stigma and adopted coping abilities of chronic mentally ill patients with selected demographic variables. The study based on quantitative non experimental design. 150 chronic mentally ill patients are selected by non-probability convenient sampling technique. Standard and modified rating scale are used by researcher in three section as demographic data, self-experience stigma scale by Stuart, Milev and Koller, 2005. .Rating scale is used to assess the adopted coping abilities adapted from the Lazarus "ways of coping" questionnaire. The findings show that,60% of patients had moderate level of self-experience stigma 22% of patients had mild level of self-experience stigma, and 18% of patients had severe level of stigma. Other findings of shows that 76% of patients are having maladaptive coping abilities and 24% of patients having adaptive coping abilities. There is a significant negative Correlation between self-experience stigma and adopted coping abilities among chronic mentally ill patient. The demographic variables gender, working status, type of family, type of residence and regularity in follow up were having association with self-experience stigma whereas education and type of family associate with adaptive coping ability in chronic mentally ill patients. This study conclude that stigma is existing in the society for psychiatric illness which can be resolved by awareness in primary level in society. Coping ability can be developed by regular follow up and therapeutic ways for patients.

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Citation: Mrs. Liji Jiju Chacko, Dr. Ajay Chandanwale, Mrs. Asha Shelar, Mrs. Jyoti Deshmukh, Mrs. Priya Rawool and Mr. Pratik Borase. 2018. "Assessment of self-experience stigma and adopted coping abilities among chronic mentally ill patients", *International Journal of Development Research*, 8, (07), 22027-22031.

INTRODUCTION

"It is health that is real wealth and not pieces of gold &silver."-Mahatma Gandhi. According to World Health Organization, Mental Health includes subjective well-being, perceived self-efficacy, autonomy, competence, intergenerational dependence and self-actualization of one's intellectual and emotional potential, among others".

***Corresponding author: Mrs. Liji Jiju Chacko,**
Asst. Professor, Course Coordinator, Nursing Department, Maharashtra Institute of Mental Health, Government of Maharashtra, Sassoon hospital, Pune 411001.

From the perspective of positive psychology orholism, mental health may include an individual's abilities to enjoy life, and create a balance between life activities and efforts to achieve psychological resilience. Good mental health which allows one to flourish and fully enjoy life, but sometimes following factors affects mental health such as past history of mental disorders, physical ill health, drug addictions, current life stressors, self-esteem, relationships, family break up, financial loss, abuse, brain chemistry, social support etc (World Health Organization, 2006). The term mental illness refers collectively to all diagnosable mental disorders-health conditions characterized by alteration in thinking, mood, or

behaviour associated with distress or impaired functioning. The World Health Organization global burden of disease study estimates that mental and addictive disorders are among the most burdensome in the world and their burden will increase over next decades (American Psychiatric Association, 2016). Mental illness affects the physical, financial, social, occupational, psychological and family life of individuals. Individuals with mental illness are at greater risk of decreased quality of life, educational difficulties, lowered productivity and other health problems. Families and caregivers of mentally ill patients are often unable to work at full capacity due to demands of caring for mentally ill individuals, leading to significant and chronic stress. Mental ill patients face many superstitions, fear, misconceptions and mainly stigma, ignorance. Stigma refers to attitudes and beliefs that lead people to reject, avoid or fear those they perceive as being different. Stigma is a Greek word that in its origin referred to a kind of mark that was “cut or burned into the skin”. Stigma can be denoted in three ways i.e. public stigma, institutional stigma, and self-stigma (Jordi Alonso, 2013). Self-stigma occurs when an individual buys into societies misconceptions about mental illness. by internalizing negative beliefs, individual may experience feeling of shame, anger, hopelessness or despair that keep them away from seeking social support, employment or regular treatment for their mental health conditions (https:/books.goggle.co.in>books). A person affected with stigma has to overcome the stress with the positive, adaptive coping strategies. In psychology, coping is expending conscious effort to solve personal and interpersonal problems and seeking to master, minimize or tolerate stress or conflicts. The effectiveness of coping is determined by premorbid coping strategies and availability of support mechanism. Common indicators of ineffective coping include non-adherence to treatment, denial or minimization of illness, substance abuse & sometimes high use of health care (https:/books.goggle.co.in>books). There still exists a stigma surrounding individuals who need or use mental health services. Also distressing or disabling chronic mental illness challenges the effective coping.

Need of the study: Stigma can affect many aspects of people’s lives. Even a brief episode of mental illness can have far reaching effects on wellbeing, disrupting work, families, relationships and social interactions, impacting on the health and wellbeing not just of patients, but also of their families and friends. This can lead to further psychiatric problems such as anxiety and depression (Gabriel Gerlinger, 2013). A community based cross sectional study was conducted by Bhumika T Venkatesh, Teddy Andrews in year 2015, with objective to assess the perception of stigma towards mental illness in south India among 445 respondents from Udipi district on the community attitude towards the mental illness. The study concludes that out of 445 respondents the prevalence of stigma towards mentally ill people was 74.61% and high prevalence of stigma was seen among the female and people with higher income (Bhumika, 2015). Coping is about human ingenuity. The need to cope is abouthuman fragility. Distressing or disabling chronic mental illness challenges effective coping. Knowledge of the patient’s baseline coping skills and a high index suspicion for factors that threaten resilience are essential for accurate assessment and achievement of optimal patient coping. Social withdrawal orisolation, in contrast, make coping more difficult (www.isabelclarke.org>docs>coping.).A study conducted by Anju Mathew and Subha Nanoo in the year2013 at Department Of Psychiatry, Government Medical College Trivandrum Kerala with the objective to study the recent psychosocial stressors and pattern of coping associated with adolescent suicidal attempts.100 consecutive cases of adolescent attempted suicide admitted to the hospital and anequal number of controls, matched individually for age and sex, from the relatives and friends of other patients in the ward, were studied. Assessment included details regarding sociodemographic data, psychiatric and physical morbidity, their recent stressors and pattern of coping. Stressors were assessed during Presumptive Stressful Life Event Scale and coping strategies by Ways of Coping Questionnaire. A study concludes that the number of stressful life events and mean stress scores in the preceding one month and certain coping strategies such as confronting, distancing and escape avoidance were found to be significant risk factors associated with adolescent suicide attempts. Strategies such as self-control, seeking social support, accepting responsibilities, problem solving andpositive appraisal act as a protective factors. Teaching adolescent these protective coping patterns may be a promising strategy for prevention of adolescent suicide attempts (Anju Mathew, 2013). Most of the time patient use coping abilities to face the stigmatization. Those who are capable to adapt the coping abilities who are living in family, society but those are not they again faced the stress and emotional problems and relapse of disease may occur. Researchers self-experience with various psychiatric ill patients in psychiatric ward had influenced to assess the self-experience stigma and their adopted coping abilities among psychiatric patients.

Problem Statement: An exploratory study to assess the self-experience stigma and adopted coping abilities among chronic mentally ill patients attending psychiatric OPD, MIMH, Pune”.

Objectives

- To assess the self-experience stigma of chronic mentally ill patients.
- To assess the adopted coping abilities by chronic mentally ill patients.
- To associate the findings of self-experience stigma of chronic mentally ill patients with selected demographic variables.
- To associate findings of adopted coping abilities of chronic mentally ill patients with selected demographic variables.
- To correlate the self-experience stigma with adopted coping abilities of chronic mentally ill patients.

RESEARCH METHODOLOGY

Research Design: Non experimental exploratory design

Setting of the Study: Psychiatric OPD, MIMH, Pune

Sample: 150 chronic mentally ill patients

Sampling Technique: No probability convenient sampling.

SAMPLING CRITERIA

Inclusion Criteria:

- Mentally ill patients diagnosed more than one year.

- Mentally ill patients who are adults between 18-60 years of age.

Exclusion Criteria

- Those patients who are not willing to participate in the study.
- The patients who are having poor prognosis

Data collection technique and tool: The present study aimed at assessing the self-experience stigma and adopted coping abilities among chronic mentally ill patients attending psychiatric OPD, MIMH, Pune. Thus a rating scale was used to assess the self-experience stigma and adopted coping abilities among chronic mentally ill patients attending psychiatric OPD, MIMH, Pune.

DESCRIPTION OF THE TOOL

Section I: Demographic data

Demographic data was developed first to collect the baseline information which consists of age, gender, education, religion, income, type of family, marital status, duration of illness, regularity of follow up, employment status

Section II:

A structured rating scale ie Self-experience stigma scale developed by Stuart, Milev and Koller, in 2005. This rating scale have ten items with maximum score of thirty. The reliability of the rating scale to assess the self-experience stigma was done by cronbach's alpha method and r is
0.794

Section III:

A structured rating scale is used to assess the adopted coping abilities, adapted from the Lazarus "ways of coping" questionnaire. This scale is developed by Folkman and Lazarus, in1981. This scale has total three subscales primary, secondary &tertiary. In primary scale there are eight items, Out of this eight items we adopted three items. I.e. problem solving (1-9) questions, cognitive reconstructing (10-18) questions and social withdrawal (19-27) questions. The alpha coefficient for the coping strategy inventory range from 0.77 to 0.94.

Procedure For Data Collection: A formal permission was obtained from the Director of MIMH. The study was conducted from1stof June to 30of June 2016. The investigator approached the study subjects, explained to them the purpose of study and obtained the consent after assuring the subjects about the confidentiality of the data collected from the students. Daily the data was collected from 9am to 1pm. Total of 150patients were selected for the study who meet inclusion criteria5-10 samples collected per day and 35-40 minutes spend on structured interview schedule for each sample.

Ethical consideration

- Researcher has obtained approval from appropriate review boards to conduct the study.
- Researcher has taken formal permission from the Director of MIMH to conduct study.
- Researcher duly explains the purpose of the study.
- Only the samples who had signed the consent form are included in the study.
- Confidentiality of the data is maintained strictly.

Plan for data analysis: The data analysis was planned to include descriptive and inferential statistics. The data is analyzed using the frequency and percentage distribution. The association of the self-experience stigma and adopted coping ability with the demographic variables is done by chi-square test. All the findings will be documented in tabulation, graphs and figures

Organization of study findings: The findings were presented on tables and diagrams. The analysis of data was mainly classified in to 6 sections:

Section-1

It deals with percentage and frequency distribution of demographic variable of chronic mentally ill patients.

Section-2

It deals with the assessment of self-experience stigma of chronic mentally ill patients.

Section -3

It deals with the assessment of the adopted coping abilities by chronic mentally ill patients.

Section-4

It includes analysis of data to find the association between self-experience stigma of chronic mentally ill patients with selected demographic variables.

Section-5

It includes analysis of data to find the association between adopted coping abilities of chronic mentally ill patients with selected demographic variables.

Section -6

It includes analysis of data to find the correlation between self-experience stigma and adopted coping abilities of chronic mentally ill patient.

Section-1 Table 1: It deals with percentage and frequency distribution of demographic variable of chronic mentally ill patients. Findings shows that out of 150 patients attending psychiatric OPD, MIMH, Pune, majority 29% were found to be in 26-35 age group and also 36-45 age group,.63%of patients were male and 37% were female. Out of 150 patients, majority 36.66% of patients were equally distributed in primary school and secondary and higher secondary educational status. The table enlightened that out of 150 patients,81% were married. Table 1 revealed that out of 150 patients, majority ie 37% of patients were found to be unemployed. Table shows that majority 71% patient's family monthly income is less than 10,000. Among 150 patients, majority 67% of having nuclear family and 33% were belongs to joint family.

Table 1. Shows distribution of demographic data of chronic mentally ill patients attending psychiatric OPD, MIMH, Pune

Sr.no	Parameters		No of patients	Percentage
1	Age	Upto 25	6	4
		26-35	43	29
		36-45	44	29
		46-55	33	22
		55 & above	24	16
2	Gender	Male	95	63
		Female	55	37
3	Education	Illiterate	18	12
		Primary school	55	36.66
		Secondary & high secondary	55	36.66
		Graduate & above	22	14.66
4	Marital status	Married	121	81
		Unmarried	24	16
		Single parent	3	2
		Divorced	2	1
5	Working status	Unemployed	55	37
		Government employed	11	7
		Private employed	41	21
		Self employed	43	29
6	Family monthly income	Less than 10,000	107	71
		10,001-15,000	26	17
		15,001-20,000	8	5
		20,001-above	9	6
7	Type of family	Nuclear	101	67
		Joint	49	33
8	Type of residence	Rural	70	47
		Urban	80	53
9	Religion	Hindu	139	93
		Muslim	10	7
		Christian	0	0
		Sikh	0	0
		Others	1	0
10	Duration of illness	Up to 5 years	57	38
		6-10 years	42	28
		11-15 years	16	11
		16-20 years	19	13
		21& above	16	11
11	Regularity of follow-up	Regular	138	92
		Irregular	12	8
12	Types of diagnosed psychiatric illness	ADS	10	6.66
		Neurotic disorder	14	9.33
		Mood disorder	57	38
		Psychosis	12	8
		Schizophrenia	57	38

Out of 150, 53% were from urban residence 47% of patients belongs to rural residence. Among 150 patients, majority is 93% were Hindu. Out of 150 patients, majority is 38% of patients having up to 5 years of duration of illness. Among 150 patients 92% were found to be on regular treatment, Majority 38%of patients found to have schizophrenia and mood disorder which includes BPAD. Depression, mania, dysthymia catatonic, paranoid, residual, undifferentiated, schizoaffective disorder, schizotypal disorder and 8% were found to have psychosis.

Section: 2 Level of self-experience stigma in chronic mentally ill patients

Table 2.

n=150

Sr.No	Level of self-experience stigma	Number of patients	Percentage
1	Mild stigma (1-10)	33	22
2	Moderate stigma(11-20)	90	60
3	Severe stigma (21-30)	27	18
	Total	150	100

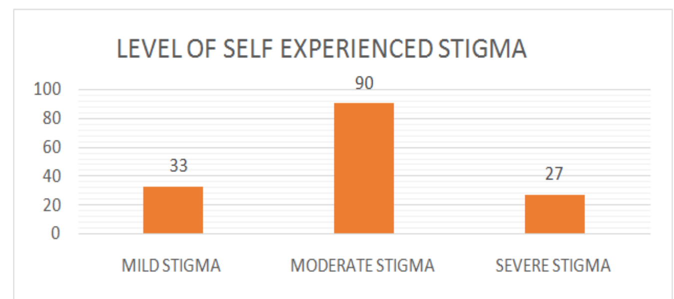

Figure 1. Level of self-experience stigma among chronic mentally ill patients

Figure 1 shows that, out of 150 patients, majority 60% of patients had moderate level of self-experience stigma, 22% of patients had mild level of self-experience stigma and 18% of patients had severe level of self-experience stigma.

Section 3. Level of Adopted Coping Abilities among chronic mentally ill patients

Table 3.

n=150

Sr.No	Adopted Coping abilities	Number of patients	Percentage
1	Adaptive coping (0-54)	36	24
2	Maladaptive coping(55-108)	114	76
	TOTAL	150	100

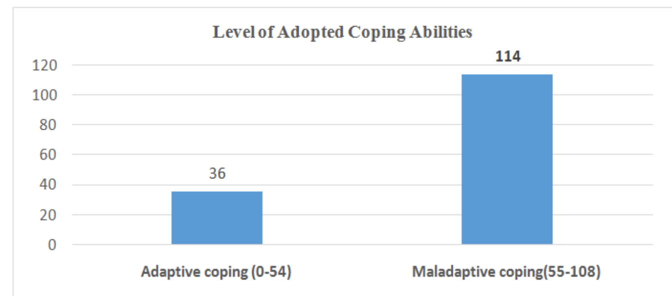

Figure 2. Level of Adopted Coping Abilities among chronic mentally ill patients

Figure shows that out of 150 chronic mentally ill, majority 76% of patients were having maladaptive coping abilities and 24% of patients were having adaptive coping abilities

Section 4:

Association of self-experience stigma with selected demographic variables: Shows that demographic variables gender, working status, type of family, type of residence and regularity of follow up showing significant relationship with self-experience stigma.

Section 5:

Association of Adopted Coping Abilities with selected demographic variables

Shows that only education and type of family showing significant relationship with coping ability but other demographic variables not showing significant relationship with coping ability. That means patients who all are educated and living in joint family are showing more coping abilities.

Section 6. Correlation between self-experience stigma and adopted coping ability among chronic mentally ill patients

Table 6.

Correlation between self-experience stigma & adopted coping ability	r-value -0.486	p value >0.05

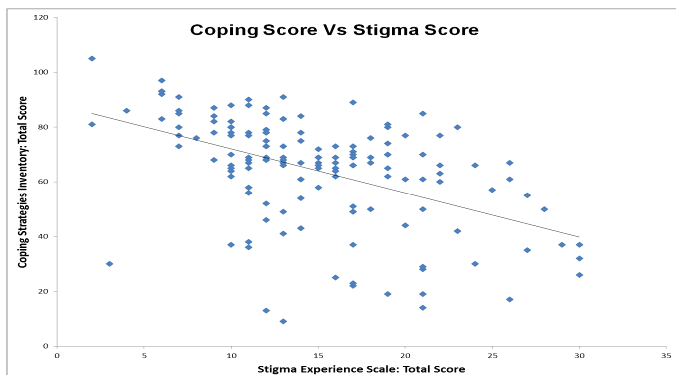

Figure 3. Correlation between self-experience stigma and adopted coping abilities among chronic mentally ill patient

Figure shows that there is a significant negative Correlation between self-experience stigma and adopted coping abilities among chronic mentally ill patient. That means the patient who all are having more self-experience stigma are showing less coping abilities and inversely the patient who are having less stigma are showing more adaptive coping ability.

DISCUSSION

The findings of the study was discussed with the objectives and assumptions stated. The present study was undertaken to assess the self-experience stigma and adapted coping abilities among chronic mentally ill patients. In present study, participants had experienced some degree of stigma, mainly mild to moderate degree. This findings supported by study done by AmalG , amal Shehata and Enas MahrousAbd El Aziz, in the year 2015,with objective to assess self-stigma impact on social functioning of patients with chronic schizophrenia. IN this study, there was significant association between participants, stigma experience and their gender, education, working status, time interval between symptoms and first treatment and regularity of clinic follow up. Also this study concludes that there was statistically significant positive correlation between self-experience stigma and severity of patient's negative symptoms and social functioning.37 In present study 76% of patient showing maladaptive coping ability and 24% of patients showing adapted coping ability also there was a significance association between participants coping ability and their education and type of family.

Implication: The findings of the study have implication for nursing practice, nursing education, nursing administration and nursing research

Nursing Education: The research shows that self-experience stigma and low coping abilities among chronic mentally ill patients is still existing in the society so it will be helpful in nursing education to learn about how to eradicate stigma associated with mental illness and to improve the mental health.

Nursing Administration: Nurse administrator should interact with consumers, health care professionals and related health care organizations and health care systems for the advancement of preventive aspects of mental illness.

Nursing Research: In the current scenario, various nursing researches have been conducted on different aspect mental illness, prevention of mental illness. These all researches are showing that how we can prevent the self-experience stigma and low coping ability

Limitations

Study is limited to the chronic mentally ill patient attending psychiatric OPD, MIMH Pune.

Recommendation

Keeping in view the findings of the study, the following recommendations are made

- It is suggested that the study may be replicated using a larger population of adults, adolescents.
- A study can be carried out to assess the effects of self-experience stigma on chronic mentally ill patients.
- A study can be done to assess the effect of social media to develop adaptive coping ability.
- Study can be done using other alternative method or techniques to assess the coping abilities.
- A study can also be done to find the effect of coping abilities on prevalence of psychological disorders

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