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Original Article

Stigma of mental illness: A study in the Indian Armed Forces

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ABSTRACT

Background: Stigma against mental illness exists across all countries. Stigma devalues the ill person and their relatives and denies them from attaining their rightful place in society. Stigma also prevents the ill person from seeking help. Stigma in the Armed Forces of UK and USA has been identified as a barrier to help seeking and a cause for concern as it could affect operational efficiency. However, studies conducted in the services of this country are lacking. Hence we decided to measure stigma perceived by patients and caregivers of the mentally ill and to assess stigma regarding the mentally ill patients and their caregivers, in the general population.

Methods: A cross sectional survey of patients (302), their caregivers (98), and members of the general population (102) who had no relatives suffering from mental illness was done. The patients were given the Stigma Scale developed by King et al. The caregivers (98) were given the devaluation of consumers scale and devaluation of consumer families scale developed by Struening et al.

Results: 90% of patients admitted to experiencing stigma. 86% of patients had experienced discrimination. Females experienced more discrimination than males. Stigma perceived was irrespective to age, mental status, rank and education of the patient. Caregivers perceived stigma and felt blamed by the community. Members of the general population gave similar responses.

Conclusions: Study has brought out the high levels of stigma faced by the patients and their caregivers. High levels of stigma observed are a barrier to care.

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Introduction

The prevalence of mental illness in our country needing intervention by a mental health professional has been estimated to be twenty percent.¹ Globally more than 70% of

people with mental illness receive no treatment from health care staff. Evidence suggests that stigma plays a major role in treatment avoidance.² In troops following deployment the prevalence of a mental disorder has been assessed as forty five percent.³ Less than half of those who return from combat with

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mental health problems seek help for their disorder.⁴ This is a cause for concern as untreated mental health problems have a substantial impact on individual wellbeing and operational effectiveness of the fighting force.⁵ Studies have suggested that stigma and lack of trust/confidence in mental health providers are leading barriers to help-seeking in Service personnel.^{6–8} Stigma affects not only people with mental illnesses, but their families as well. The process by which a person is stigmatised by virtue of association with a mentally ill person is referred to as ‘courtesy’ or ‘associative’ stigma.⁹ Caregivers thus need support to enable them to better cope with and respond to stigma as perceived stigma has been positively associated with caregiver depressive symptoms.^{10,11}

In our country, studies on the prevalence of mental illness of our troops are lacking however by extrapolating data from epidemiological studies carried out in our country, stigma may be the reason for reluctance on part of our service personnel and their families to seek help for mental health problems.¹ There is therefore the need to assess stigma regarding mental illness in service personnel and their families so that the needy are not denied help. Hence it was decided to study stigma among patients and their caregivers.

Materials and methods

A cross-sectional survey of patients, caregivers and members of the general population was carried out. Three hundred two patients suffering from psychiatric disorders, ninety-eight caregivers and one hundred two personnel who were normal and had no relative suffering from a psychiatric disorder were taken up for the survey.

Patients were given the Stigma Scale, developed by King et al.¹² The scale is widely accepted and consists of 28 items which can be divided into three factors, **Discrimination**, with focus on perceived hostility by others or lost opportunities because of prejudiced attitudes, **Disclosure** mainly concerning exposure about mental illness and **Positive Aspects** as it concerns positive aspects of mental illness, such as becoming a more understanding or accepting person. Patients were also given the **Global Assessment Functioning Scale**, to subjectively rate the social, occupational and psychological functioning of adults.

Caregivers and sample from the general population were given the **Devaluation of Consumers** scale and the **Devaluation of Consumer Families** scales.¹³ The **Devaluation of Consumers** scale bring out the discrimination and devaluation suffered by patients as perceived by the caregivers/general population. The scale has three factors namely ‘**Status Reduction**’ indicating devaluation in status, ‘**Role Restriction**’ i.e. the narrowing of opportunities for marriage or a steady job and ‘**Friendship Refusal**’ concerned with the belief that most people would not accept the mentally ill as close friends. The **Devaluation of Consumer Families** estimates the extent to which caregivers believe that most people devalue families that include one or more persons who have serious mental illness. This scale too contains three factors. Factor 1 called as ‘**Community Rejection**’ places emphasis on looking down on

Table 1 – Sociodemographic data – patients.

Total number		Number 302
Rank	Junior sailors & families	169
	Senior sailors & families	133
Sex	Males	199
	Females	103
Family size	Less than four	198
	More than four	104
Duration of illness	Less than four years	178
	More than or equal to four years	124
Education	Less than tenth standard	31
	Tenth standard	87
	Twelfth standard	133
	Graduates	51
Age	Average (SD, median)	33 (9.6, 32)
Diagnosis	Depression	70
	Alcohol dependence syndrome	47
	Psychosis	101
	Neurotic disorder	84
Stigma scale	Average (SD, median)	70.95 (6.09, 71)
	Discrimination subscale	33.47 (3.49, 34)
	Disclosure subscale	13.24 (3.26, 13)
	Positive aspects subscale	24.24 (3.73, 25)
Global Assessment of Functioning Score (average (SD, median))		69.93 (5.51, 70)

families with mentally ill members—a status issue—and avoiding friendships and other forms of social contact with families that include a person with a mental illness. Factor 2, or ‘**Causal Attribution**’ examines two related issues—treating families differently because a family member is mentally ill and blaming parents for the mental illnesses of their children. Factor 3, called as ‘**Uncaring Parents**’ is the common misperception that parents of children who have a mental illness are less responsible and caring than other parents.

Informed consent was taken from all participants for the study. The data was initially entered into Microsoft Excel and later analysed on SPSS 16.

Results and discussion

Due to lack of a common scale for patients and caregivers, different scales for assessing stigma had to be used for patients and the caregivers. The stigma scale was used for patients.¹² For the caregivers and members drawn from the general population a common scale was used for comparison.¹³ The sociodemographic data of patients is given in Table 1 and that of caregivers and the sample drawn from the general population in Table 2. Both the groups in Table 2 were evenly matched. Stigma towards, and discrimination against, people with mental disorders is an important barrier to mental health service utilization in India. It contributes to delays in seeking care, impedes timely diagnosis and treatment for mental disorders, serves as an impediment to recovery and rehabilitation, and ultimately reduces the opportunity for fuller participation in life. In India there is a need to generate evidence base for context specific

Table 2 – Sociodemographic data caregivers & sample from general population.

	Caregivers number (%)	GEN population number (%)	Chi square df = 1	p value
Number studied	98	102		
Age (Average/SD)	35.47 (9.17)	32.68 (5.28)		
Sex				
Males	64 (65.31)	55 (53.92)	2.688	0.114
Females	34 (34.69)	47 (46.08)		
Status				
Service personnel	57 (58.16)	62 (60.78)	1.040	0.190
Civilians	41 (41.84)	40 (39.22)		
Education				
Tenth or less	34 (34.69)	24 (23.53)	3.777	0.151
Twelfth	46 (46.94)	61 (59.80)		
Graduates	18 (18.37)	17 (16.67)		

The table shows that there was no significant difference between the two groups i.e. caregivers and the sample drawn from the general population.

interventions that will address negative attitudes towards people with mental disorders and ensure implementation of these interventions by involving users, caregivers, community health workers and mental health service providers.¹⁴ Our study thus attempts to generate an evidence base for the service population so that effective measures could be formulated.

Ninety percent of the patients (Table 3) experienced stigma (i.e. scored above the mean score obtained by the authors of the Stigma scale). This indicates stigma is significant and pervasive in the service population. When the subscales were analysed, 86% reported facing discrimination. The discrimination sub-scale contains items that refer to the negative reactions of other people, including acts of discrimination by health professionals, employers and police. Discrimination of the mentally ill in the service, occurs in overt as well as subtle forms, overt forms such as discrimination in matters of promotion and postings and attributing all actions of the persons as due to the mental illness. A distinction between 'felt' and 'enacted' stigma has been drawn.¹² Both may occur, regardless of whether or not the person feels any sense of personal shame or inferiority. Enacted stigma can be described as episodes of discrimination against people with mental illness. It can involve loss of job opportunities, negative reactions of family or friends, and subtle, patronising attitudes and

behaviours towards people with mental illness. The high percentage of personnel who reported facing discrimination indicates the need for addressing the issue on a priority basis. In a study, stigma experiences were assessed by conducting semistructured interviews with 200 patients. Men with schizophrenia reported being unmarried, hid their illness in job applications and from others, and experienced ridicule and shame. They reported that their experience of stigma was most acute at their places of employment. Women reported experiences of stigma in relation to marriage, pregnancy, and childbirth.¹⁵

On the disclosure subscale surprisingly all patients scored above the cut off, indicating that persons affected by mental illness are aware that their condition cannot be kept a secret in the service environment and probably do not mind their condition being known to others, in spite of the discrimination being faced by them. Another unexpected finding was on the positive aspects subscale where all the patients scored above the cut off. The positive aspects subscale measures the reactions of patients to questions like that people have been more accepting of their mental illness and having had a mental illness has made them into a more understanding or a stronger person. The high scores obtained indicate that personnel do not expect any succour from others or having experienced any benefit from their illness.

Table 3 – Stigma scale scores obtained from the patients.

N = 302	Mean (SD, median)	Number scoring above cut off (%)	Number scoring below cut off (%)
Stigma scale total score	70.95 (6.09, 71)	272 (90.06)	30 (9.94)
Discrimination subscale	33.47 (3.49, 34)	260 (86.09)	42 (13.91)
Disclosure subscale	13.24 (3.26, 13)	0	302
Positive aspects subscale	24.24 (3.73, 25)	302	0

The table depicts the mean, standard deviation and median of the stigma scale and its subscales of discrimination, disclosure and positive aspects. Cutoffs used were the mean scores obtained by the authors of the scale i.e. for stigma scale 62.6, discrimination sub-scale 29.1, disclosure sub-scale 24.7 and positive aspects sub-scale 8.8.

Ninety percent of the patients scored above the cut off indicating that the majority of patients who experienced stigma was a high ninety percent.

Eighty six percent of the patients perceived discrimination from their colleagues, friends and superiors.

All the patients did not expect any positive results from their illness but all of them did not mind others knowing about their illness.

[illegible]

by the society and the blame attributed to them for having had the illness. The only positive findings in our study were that a majority disagreed that people would think less of or look down upon a mentally ill person. The role restriction imposed on the mentally ill was reflected by 91% of the sample from the general population reporting that a young woman would not marry a man who has been treated for a mental illness and 73% felt that employers would not employ such a person. A person who unfortunately has the illness is also denied friendship as 79% felt that most people would not accept a mentally ill person as a close friend.

The authors have not come across any Indian study measuring stigma in service personnel. However, multinational studies conducted in militaries have reported that stigma is pervasive.¹⁸ A large study reported that active duty soldiers with a mental health problem had significantly higher stigma and significantly lower rates of service utilization than others.³ A Royal Navy study also found the presence of internal stigma to be substantial and especially for distressed personnel a significant barrier to help. This may be especially

	Caregivers N = 98		Gen population N = 102		Chi square df = 1	p value
	Agree	Disagree	Agree	Disagree		
Role restriction						
Most employers will hire a person who once had a serious mental illness if he or she is qualified for the job	19 (19.39)	79 (80.61)	29 (28.43)	73 (71.57)	0.134	0.140
Most young women would not marry a man who has been treated for a serious mental disorder	84 (85.71)	14 (14.29)	91 (89.22)	11 (10.78)	0.454	0.524
Friendship refusal						
Most people would accept a person who once had a serious mental illness as a close friend	12 (12.24)	86 (87.76)	23 (22.55)	79 (77.45)	0.0552	0.063

Caregivers and the sample from the general population had the same perceptions regarding the mentally ill that they would be unable to secure employment and/or get married.

Caregivers and the sample from the general population also had similar perceptions that most people would have difficulty in accepting a person who was once mentally ill as a close friend.

[illegible]

Our study too has brought out the isolation and stigma faced by the caregivers of the mentally ill. The study was focused only on identification of stigma and did not measure the impact of the same on the QoL. Specific programmes to address caregiver concerns are necessary as they have a direct bearing on the recovery of the patients.

	Caregivers N = 98		Gen population N = 102		Chi square df = 1	p value
	Agree	Disagree	Agree	Disagree		
Causal attribution						
Most people treat families with a member who is mentally ill in the same way they treat other families	6 (6.12)	92 (93.88)	11 (10.78)	91 (89.22)	0.237	0.312
Most people do not blame parents for the mental illness of their children	6 (6.12)	92 (93.88)	22 (21.57)	80 (78.43)	0.001	0.002 Significant
Uncaring parents						
Most people believe that parents of the children with a mental illness are just as responsible and caring as other parents	35 (35.71)	63 (64.29)	37 (36.27)	65 (63.73)	0.934	1

Caregivers and the sample from the general population had different views about causal attribution. Caregivers perceived themselves as being blamed for the illness of the patient.

Both caregivers and the sample from the general population gave similar responses i.e. that parents of the children with a mental illness are not as caring as other parents.

High-incidence of posttraumatic stress disorder (PTSD) and major depression have been reported in soldiers returning from operational deployments.²⁴ A large number of service personnel are reluctant to seek mental health treatments due to perceived stigma.²⁵ Energetic efforts are being carried out, in other nations, to reduce stigma in an effort to identify and treat mental health problems at the earliest.²⁶ It is probably time, the Armed Forces of this country also take suitable measures on a war footing, to reduce stigma among the mentally ill and their caregivers.

Conclusions

High levels of stigma are experienced by the patients and their caregivers. Stigma experienced is not related to the age or sex of the patient, rank, duration of illness, diagnosis, marital status or having had a family history of mental illness. Caregivers of the mentally ill patient too experienced stigma and were accurately aware of the attitudes of the general public. Caregivers perceived themselves as being blamed for the mental illness of their kin and sensed that psychiatric treatment as a sign of personal failure. The high levels of stigma experienced is a cause for concern and needs to be seriously addressed, as it deters a person from seeking help and may be hazardous in operational situations.

The study is a cross-sectional study carried out on mentally ill patients, caregivers and a sample drawn from the general population. A multicentric study with a larger sample would help in confirming the findings brought out by the study.

Conflicts of interest

All authors have none to declare.

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