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ORIGINAL RESEARCH

Effect of Internalized Stigma and Mental Wellbeing on Adherence to Medication in patients suffering from Psychiatric Illness in a Tertiary Care Centre

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ABSTRACT
Outcome of patients suffering from mental illness largely depends on their adherence to the medication which is very difficult to achieve. Amongst multiple factors, internalized stigma related to mental illness that they suffer, and their own personal wellbeing seems to play a major role in maintaining adherence to the medications. This study aims at studying the effect of these two factors on adherence to medication. Aim of the study is to study the level of medication adherence and its relationship with internalized stigmaas well as mental well-being amongst follow up patients. After taking written informed consent and Institute Ethical Committee permission datacollected from follow up patients on treatment since at least 2 months and attending the outpatientdepartment of psychiatry in C. U. Shah Medical College and Hospital through Structured Proforma: Participant's Profile, Morisky Green Levine Scale (MGVS), Internalized Stigma ofMental Illness Inventory (ISMI), Mental Health Inventory (MHI) was analyzed using SPSSversion 16.Amongst 89 follow up patients, medication adherence was medium (67.5%) and low(32.5%) level and it had strong negative association with global scores of ISMI ($\chi 2$=7.6, γ=- 0.78, P</=0.05) and personal distress score of MHI ($\chi 2$=13.72, γ=-0.63, P</=0.05). Medicationadherence level had strong positive association with personal wellbeing score of MHI($\chi 2$=8.36, γ=0.68, P</=0.05). It can be concluded that the measures that help in reducing internalized stigma levels and personal distress as well asthose helping in increasing personal wellbeing level can help in improving the adherence tomedications in patients suffering from mental illness.
Keywords: Internalized stigma, Medication adherence, Mental wellbeing

INTRODUCTION

The World Health Organization (2003) defines adherence as "the extent to which a person's behavior – taking medication, following a diet, and/or executing lifestyle changes, corresponds with agreed recommendations from a health care professional".Effectiveness of treatment can be compromised due to nonadherence and can lead to serious consequences (Marder et al., 2003, Osterberg et al., 2005).

In 2001 The World Health Organization defined stigma as "a mark of shame, disgrace or disapproval which results in an individual being rejected, discriminated against, and excluded from participating in a number of different areas of society."Stigma can be categorized from the perspective of the non-affected person into perceived and enacted stigma, and from the perspective of the affected person into internalized, perceived, and experienced stigma (Rensen et al., 2010).

One of the painful and destructive effects of stigma is translated through internalized stigma (Ritscheret al., 2003). Self-stigma is a process which involves transformation of self-belief of an individual. The held and desired identities are replaced by devalued views about self (Yanos et al., 2008).People with mental illness experience discrimination (Link 2001) and are negatively stereotyped(Wahl et al., 1999). In this social context people with mental illness are prone to develop self-stigma.

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AIMS& OBJECTIVES

Aims of the study are to observe medication adherence, to study internalized stigma and, to assess mental wellbeingamongst patients suffering from mental illness in a tertiary care center.

Objectives of the study are to study the relationship between medication adherence and internalized stigma as well as the relationship between medication adherence and mental wellbeing.

MATERIALS & METHODS

A cross-sectional study was carried out in Psychiatry Dept. of C. U. Shah Medical College and Hospital, Surendranagar, Gujarat during August 2018. Follow up patients(>6 months) attending the outpatient department of Psychiatry Department in C. U. Shah medical college, Surendranagar, who provided informed written consent were included in the study and patients with intellectual disability as well as those who refused to give informed written consent were excluded from the study.

Data were collected using surveyforms which includedStructured Proforma: Participant's Profile, Morisky Medication adherence scale (MMAS), Internalized Stigma of Mental Illness Inventory (ISMI) and Mental health Inventory (MHI)

101 patients were approached, out of which 89 gave the written consent. 89 forms were filled out.Analysis of the data was done by SPSS version 16 for Windows. Frequencies with mean were calculated for categorical data. Pearson Chi Square Test was used to know whether there is any association between medication adherence and internalized stigma towards mental illness as well as mental wellbeing.P value of <0.05 was considered statistically significant. Finally, Gamma test could establish the direction of the relationship between above mentioned variables.Anonymity and confidentiality of the participants were maintained throughout the study.The study was conducted after obtaining prior approval from Ethics Committee of the institution.

RESULTS

Table 1. Socio-demographic variables and medication adherence

Sociodemographic Variables		N = 89	%	MMAS		
				Low	Medium	High
				N = 58 (65.17%)	N = 21 (23.59%)	N=10 (11.23%)
Age	0 – 25 years	24	26.96	13	6	5
	26 – 50 years	46	51.68	30	12	4
	>50 years	19	21.34	15	3	1
Sex	Male	56	62.92	36	14	6
	Female	33	37.07	22	7	4
Diagnosis as per DSM 5	Schizophrenia	26	29.21	19	6	1
	MDD	23	25.84	12	7	4
	BMD	18	20.22	11	4	3
	Anxiety Disorders	14	15.73	9	3	2
	SUD	8	8.98	7	1	0
Domicile	Rural	70	78.65	48	16	6
	Urban	19	21.35	10	5	4
Marital Status	Single	18	20.22	12	4	2
	Married	71	79.78	46	17	8
Family Type	Nuclear	50	56.18	31	11	8
	Joint	39	43.82	27	10	2

MDD = Major Depressive Disorder, BMD = Bipolar Mood Disorder, SUD = Substance Use Disorder.

As observed in table-1, majority of the patients (51.6.8%) belonged to the age interval of 26- 50 years and 62.92% of the patients were male. Majority (78.65%) of the population belonged to rural domicile and 79.78% were married. 56.18% of the respondents belonged to nuclear family.All of the patients had a total score indicating **low (65.17%) or medium (23.59%) or high(11.23%)**level of adherence to medication.

Table 2 Association between Adherence and Internalized stigma

Variables N = 89			MMAS			χ^2	d.f	p-value for χ^2	Γ	p-value for γ
			Low	Medium	High					
ISMI	Alienation μ = 12.8	<μ	25	09	03	**6.876***	1	**0.007****	**-0.572***	**0.005****
		>μ	25	24	04					
	Stereotype Endorsement	<μ	28	19	05	2.211	1	0.215	-	-
		>μ	21	13	03					

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	μ = 13.7									
	Discrimination Experience μ = 30.9	<μ	26	13	02	**7.040***	1	**0.006****	**-0.573***	**0.004****
		>μ	23	19	06					
	Social Withdrawal μ = 22.9	<μ	27	08	04	7**.148***	1	**0.007****	**-o.577***	**0.004****
		>μ	24	22	04					
	Stigma Resistance μ = 13.8	<μ	12	30	07	1.199	1	0.193	-	-
		>μ	20	19	01					

Significance level *p<.05 level, ** p< .001

As it can be seen in table-2 out of the 5 components of ISMI scale, 3 are significantly associated with the medicationadherence levels. They are Alienation ($\chi2$=6.876, P</=0.05), Discrimination Experience ($\chi2$=7.040, P</=0.05) and Social Withdrawal ($\chi2$=7.148, P</=0.05).This relationship was further substantiated using Gamma test and the direction of the relationship could be established significantly. With the increase in Alienation (γ=-0.572,P</=0.05), Discrimination Experience (γ=-0.573,P</=0.05), and Social Withdrawal (γ=-0.577,P</=0.05)components there is significant decrease in the levels of medication adherence experienced by the respondents .

Table 3 Association between Adherence and Mental wellbeing

Variables N = 89			**MMAS**			**χ^2**	**d.f**	**p-value**	**γ**	**p-value for γ**
			Low	**Medium**	**High**					
MHI	Psychological wellbeing μ = 24.4	<μ	24	13	05	11.345	1	0.121	-	-
		>μ	25	19	03					
	Personal Distress μ = 21.5	<μ	31	13	06	**3.999***	1	**0.038****	**-0.431***	**0.042****
		>μ	19	18	02					

Significance level *p<.05 level, ** p< .001

As described in table-3, one component of personal distress is significantly associated with the internalized stigma levels. This relationship was further substantiated using Gamma test and the direction of the relationship could be established significantly. With the increase in personal distress (γ=-0.431,P</=0.05), there is significant decrease in the medication adherence experienced by the respondents.

DISCUSSION

Internalized stigmaor self-stigmaoccurs when stigmatized individuals accept society's assessment and incorporate this assessment into their sense of self.Self-stigmatization can be conceptualized as a series of steps: 1.) individuals becoming aware of societal stereotypes, 2.) agreeing with the stereotypes, 3.) applying the stereotypes to themselves, and 4.) consequently suffering lower self-esteem. Individuals with serious mental illness (SMI) may be particularly susceptible to internalized stigma.

Asrat B et al., 2018 found that there was an intermediate prevalence of internalized stigma among people living with mental illness in Dilla University Referral Hospital (DURH). It revealed how much anti-stigma campaigns are so much important to tackle internalized stigma among people living with mental illness. Incorporating counseling and structured therapy played an important role in maximizing their quality of life [11]

Internalized stigma has negative psychological consequences in patients with psychiatric conditions.Even after accounting for baseline "morale," a concept that comprises self-esteem and depression, high ISMI scores predicted lower morale scores four months later [7].

According to a meta-analysis by Livingston and Boyd, internalized stigma is related to lower levels of hope, empowerment, self-esteem, self-efficacy, quality of life, and social support, and higher psychiatric symptom severity in patients with various mental health conditions [3]. Moreover, higher internalized stigma is associated with lower functionality in social and work situations[8,9].Social dysfunction related to internalized stigma results in further discrimination, perpetuating a vicious cycle of social stigma, internalized stigma, and social dysfunction [1]

CONCLUSION AND FUTURE PROSPECTS

The study results suggest that the level of self-stigma may be a very important factor associated with low adherence to treatment and discontinuation of medication in patients with mental diseases irrespective of the diagnostic category.

Adherence may be increased by applying promising strategies to reduce self-stigma and personal distress and by increasing psychological wellbeing. These

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strategies may be implemented through systematic psychoeducation of patients or during psychotherapy.

LIMITATION

Small sample size will limit the generalization of result.

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CONTRIBUTION OF AUTHOR

I (Dr. Krishna Patel) am responsible for the research concept, research design, data collection, data analysis, interpretation, literature search, writing article for the publication purpose whereas Dr. Tajgna Kadia also contributed in data collection and writing the article.

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