ORIGINAL RESEARCH

Impact Of Internalised Stigma On Treatment Adherence In Patients Suffering From Depression

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ABSTARCT
Background: There are many negative stereotypes and beliefs about people who have mental health issues.As a result, those who are suffering from mental illness may have internalized stigma, leading to a worseningofpsychiatricsymptoms. These unfavourable self-perceptions and inadequate coping mechanisms may make it harder to manage the condition and impede patients' attempts to recover and adhere to recommended treatment.
Aims: To study the prevalence of internalized stigma and its impact on treatment adherence in patients suffering from depression.
Methods: A cross-sectional study was conducted in a tertiary care hospital in north India in the department of psychiatry. Internalized stigma and medication adherence were measured using the ISMI-29 scale and the medication adherence rating scale, respectively. Socio-demographic and clinical details were obtained from 70 consenting patients by using a semi-structured socio-demographic proforma.
Results: Most of the patients had a moderate level of internalized stigma, i.e., 52.8%. Based on MARS, it was observed that 77.1% of patients were not adherent to medication. Inrelation to ISMI SCORE, itwas observed that all the domains showed a moderate to good inverse correlation with current medication adherence. This correlation was statistically highly significant.(p<0.05). Out of all the five subscales of ISMI, patients who had absent medication adherence had the highest score in the stereotypic domain (17.59 + 3.84). Patients whose medication adherence was absent had a higher HAM-D score, but it was not statistically significant.
Conclusion: The present study suggests that Internalized stigma may play a significant role in determining how well people take their medications, as seen by the correlation between a high level of internalized stigma and lower adherence to medication. There should be Targeted interventions that are feasible and culturally adaptable in order to reduce the burden of internalized stigma among PWMI. In combination with strategies that emphasize raising awareness, strengthening social support, and training programs to empower people with mental illness
Key words: Depression , stigma, medication adherence.

INTRODUCTION

Social reactions to mental problems, commonly known as "stigma" or "second illness," increase the misery that comes with them. (1) No matter a person's age, religion, ethnicity, or socioeconomic level, stigma against mental illness exists. (2) An estimated 3.8% of people in the population, including 5% of adults (4% of males and 6% of women) and 5.7% of individuals over 60, experience depression, according to recent research by WHO. (3) Unfortunately, there are many negative stereotypes and beliefs about people who suffer from mental illness. The degree to which a person has internalized negative beliefs about mental illness is measured by the concept of "internalized stigma." (4) A community-based study in California, USA, indicated that 36% of patients with serious mental illness experience internalized stigma. (5) Similar to this, research from the University of Maryland in the United States found that 35% of this population had internalized stigma. (6) Internalized stigma is an ongoing process of psychological assimilation of the community's labels towards mental illness that is said to occur when PWMI gradually lose their current positive belief and confidence in themselves and their future wishes. (7) As a result, those who are suffering from mental

illness may have internalized stigma, leading to a worsening of psychiatric symptoms. (8)In a brief survey of public knowledge and stigma towards depression conducted, 30.7% of respondents agreed that a weak personality caused depression. (9)Internalized stigma, which is more concealed and internal and can exist without actual stigma from the public, appears to be the worst type of stigma against people with mental illnesses and can adversely influence patients' general wellbeing. (10) These unfavorable self-perceptions and inadequate coping mechanisms may make it harder to manage the condition, as internalized stigma is strongly associated with low levels of self-esteem and self-efficacy and impedes patients' attempts to seek help and adherence to treatment and rehabilitation (11, 12). Therefore, it is crucial to detect internalized stigma in the early phases of treatment only and to address the magnitude and rooted cause of stigma in people undergoing treatment. In light of this, the purpose of our study was to evaluate the internalized stigma in patients with depression and its impact on treatment adherence in patients undergoing treatment.

STUDYSETTING&DESIGN

It was a cross-sectional study conducted over a period of six months in the department of psychiatry at GGSMCH FARIDKOT, a tertiary care hospital in Punjab. 70 subjects were recruited for the study by using non-probability-convenient sampling techniques.Patients $\geq$ 18–60 years consenting to study, diagnosed with depression (according to the International Classification of Diseases 10th Revision (ICD-10), who were on treatment for depression (must have been prescribed medication by a qualified psychiatrist in the past 3 months) were included in the study . Patients with known substance abuse, severe medical co-morbidities, those having other psychiatric co-morbidities, a current or previous history of neurological illness, organic brain syndrome, or intellectual disability were excluded from the study

METHODOLOGY

a) Patients who presented for the interview were subjected to the inclusion and exclusion criteria in a psychiatric setting. 70 subjects in total were enrolled. The patient's consent was obtained.
b) The patient's socio-demographic profile, illness related variables like history of illness, pasthistory, known drug allergy were documented

in the structured performa. Severity of depression was determined using HAMD-21 (Hamilton depression rating scale).

c) Internalized stigma was assessed using the Internalized Stigma of Mental Illness(ISMI-29 Items on a 4 point Likert scale) tool. It contains five subscales (Alienation (6items), Stereotype Endorsement (7 items), discrimination experience (5 items), social withdrawal(6items), and stigma resistance(5items).

d) Medication Adherence Rating Scale (MARS)-It is a self-report measure of medication adherence in psychiatric patients, developed by Thompson have as 10 yes/no items and the sum of items yields a final score ranking from 0 to 10. A total score of ≥ 6 reflects a greater degree of adherence and scoreof≤ 5reflectsnon-adherence.

e) The data was compiled in MS excel and was SPSS version 26 was used for statistical analysis. For comparing grouped variables T-test was used while for comparing categorial variable chi square was used. For correlating the variables pearson correlation was used. If the coefficient value lies between ± 0.50 and ± 1, then it is said to be a strong correlation. If the value lies between ± 0.30 and ± 0.49, then it is said to be a medium correlation. When the value lies below $\pm. 29$, then it is said to be a small or negligible correlation. The value $<=0.05$ was taken was significant

RESULTS

Total of 120 patients were screened out of which 70 were included in study

SOCIO-DEMOGRAPHIC CHARACTERSTICS

In our study ,it was observed that out of total 70 subjects ,55.7 % were male while 44.28% were females. On review of marital status ,50% were married and rest 50% were single. Maximum of 40% of subjects were unskilled workers ,37.14% were skilled, 14.28% were students and 0.85% were semi-skilled .60% subjects were literate and 40 % were illiterate . 50% of the subjects were Hindu,45.71% were Sikh and 4.28% were Muslim.52.8% subjects belonged to rural area while 47.14% were residents of urban region. In view of income, 20% had>70,000 , maximum of 41.4% patients had income between 30,000-70,000, 38.57% had ≤30,000 earning .(Figure 1)
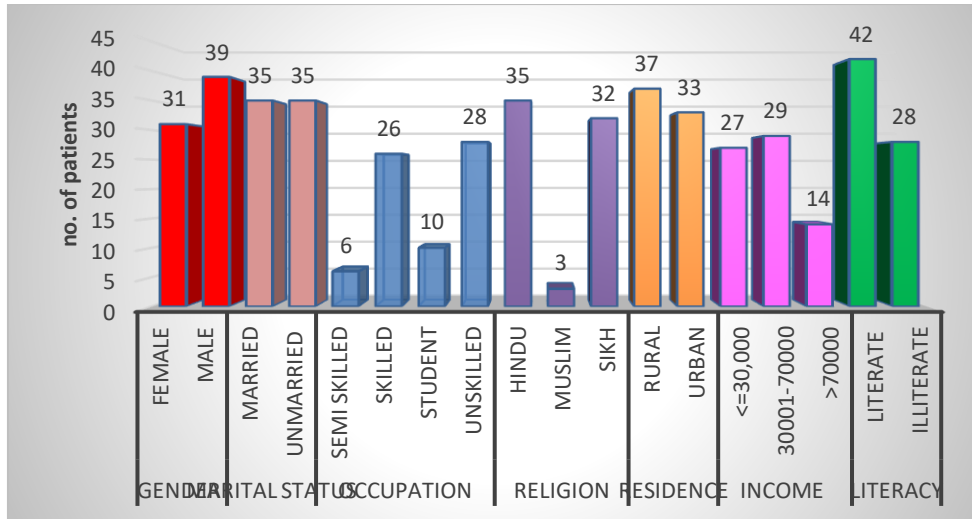
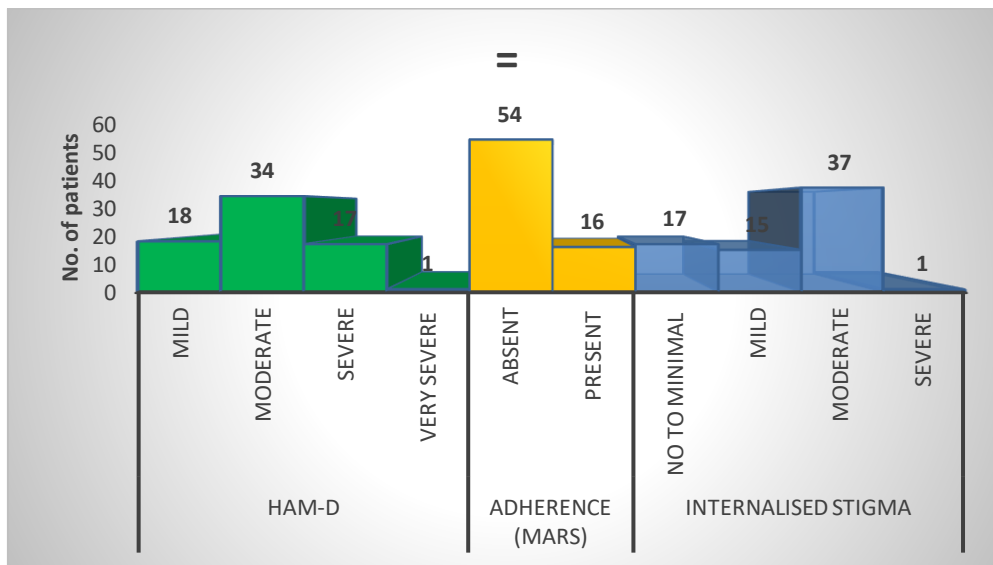**Figure 1: sociodemographic data of the study population**

Figure 2: shows the distribution of patients according to depression adherence to drugs and internalized stigma

ISMI FACTOR DOMAINS AND ITS CORELATION WITH MEDICATION ADHERENCE

In our study it was observed that out of all patients 48% were suffering with moderate, 25% with mild, 24% with severe and 1.4% with very severe depression as per HAMD score. Most of the patients had moderate level of internalized stigma i.e. of 52.8% followed by no to minimal level i.e. of 24.2% followed by mild level i.e. of 21.4 % and the least of all were with severe level i.e. of 1.4% based on ISME score .(figure 2)

Based on MARS, it was observed that 77.1% of patients were not adherent to medication, while 22.8% of patients were adherent to medication. According to our research, the HAMD score of those who were adherent to medication was greater (13.63 + 3.48) than and of those who were not adherent (11 + 2.16), but no statistically significant correlation was found.

(P > 0.05). It was observed that the ISMI score of those who were adherent to medication was 2.48 + 0.43 and that of those who were not adherent was 1.81 + 0.41, which was found to have a significant negative correlation with medicine adherence (P < 0.05). Out of all the five subscales of ISMI, patients who had absent medication adherence had the highest score in the stereotypic domain (17.59 + 3.84), followed by social withdrawal (14.63 +3.24) discrimination (12.37 + 2.34), stigma resistance (12.31 + 2.73), and lastly, alienation (10.20 + 2.37). Patients where medication adherence was absent had a higher ISMI score (for all domains), which was statistically significant. (p<0.05).(Table 1). Patients where medicine adherence was absent had more HAM-D score and ISMI score (for all domains) which was statistically significant. (p<0.05) .there was a moderate to good inverse correlation which implies that as MARS decreases other parameters increases

Table: 1 shows the association of various parameters studied with Medicine adherence

	Absent(N=54)		Present(N=16)		F-Value	P-Value
	Mean	SD	Mean	SD		
Age	33.02	7.77	28.31	8.91	4.23	0.043
Income	47.11	25.96	44.63	15.05	0.13	0.717
Duration of Onset of symptoms(Months)	26.33	11.91	19.88	10.89	3.77	0.054
Duration Treatment(months)	10.11	6.06	8	4.37	1.68	0.2
HAM-D	13.63	3.48	11	2.16	8.17	0.006
ISMI	2.48	0.43	1.81	0.41	30.44	<0.001
Alienation	10.2	2.37	8	2.07	11.24	0.001
Stereotype	17.59	3.84	12.06	2.89	28.33	<0.001
Discrimination	12.37	2.34	9.38	3.01	17.66	<0.001
Social Withdrawal	14.63	3.24	10.38	2.96	22.14	<0.001
Stigma Resistance	12.31	2.73	9.31	2.47	15.6	<0.001
Mars	4.11	0.9	6.88	0.72	125.51	<0.001

Table: 2 shows correlation of MARS with various parameters

	Mars		
	Pearson Correlation	Sig. (2-tailed)	N
Ismi	-0.668	<0.001	70
Alienation	-0.502	<0.001	70
Stereotype	-0.635	<0.001	70
Discrimination	-0.468	<0.001	70
Social withdrawal	-0.647	<0.001	70
Stigma resistance	-0.525	<0.001	70

DISCUSSION

In our study, the majority of depressed patients experienced moderate internalized stigma (52.8%), which is supported by other European research demonstrating the pervasiveness of stigma and discrimination against people who have mental diseases.(13).77.1% of the individuals were found to be non-drug adherent. According to research by Kane JM.et al., patients with mental health issues frequently report medication adherence rates of less than 50%, which is lower than that of patients with other chronic conditions. (14)Similarly, a study conducted throughout Japan revealed that the desire to handle the problem on one's own accounted for 68.8% of the delays in seeking treatment and 25.0% of the reasons for stopping it. (15)In our study, it was shown that patients who did not take their medicine consistently scored highest for internalized stigma in the stereotype endorsement category (mean: 17.59, SD: 3.84). People's perceptions of mental health concerns in society are largely negative stereotypes. People with mental illness are typically stereotyped as having peculiar features and peculiar habits. Despite their overall contribution to society, they might only be seen in the context of their health problems, which makes them appear helpless and dependent on others. Similar results were also seen in a study carried out in Ethiopia by AsresBedaso et al. (13) (16).However, a study by ShefaliSavardekar et al. (17) found that internalized stigma in discriminating experiences was more prevalent. and According to mental health

public opinion polls conducted in Scotland in 2006, 85% of participants agreed that "people with a mental health problem should have the same rights as anyone else," 46% thought that "the majority of people with mental health problems recover," and 40% thought that "people are generally caring and sympathetic to people with mental health problems. Cultural disparities and societal perceptions of people with mental illness may be the reason for the discrepancy in subscale results.All of the domains in our analysis displayed a moderate to strong inverse correlation, suggesting that the ISMI lowers as the MARS score rises. Statistics showed that this link was highly significant. Similar findings were made by Ansari E. et al. in their study, which discovered a substantial inverse relationship between internalized stigma and medication adherence.(18)

CONCLUSION

The association between a high level of internalized stigma and lower adherence to medication in the current study implies that internalized stigma may play a substantial role in determining how effectively people take their prescriptions. To lessen the burden of internalized stigma among PWMI, targeted interventions that are practicable and culturally appropriate are needed. In addition to initiatives that place a strong emphasis on increasing social support, empowering training programs for those suffering from depression, and tackling the pervasive

stereotypes in the workplace, homes, and interpersonal relationships.

LIMITATIONS OF THE STUDY

Purposive sampling technique was one of the limitations of this investigation. Second, because the variables were examined simultaneously due to the cross-sectional design of the investigation, the factors discovered in the present study lack any causality when interpreting the linked variables and drug adherence.

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