

A STUDY TO ASSESS SUPPORT FOR THE SOCIAL COGNITIVE MODEL OF INTERNALIZED STIGMA AMONG SERIOUS MENTAL ILLNESS PATIENT AT SELECTED HOSPITAL, PUDUCHERRY

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ABSTRACT

Globally, mental illness affects more females (11.9%) than males (9.3%) Serious mental illness is as a mental, behavioral or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. A quantitative research study with convenient sampling technique was used to select 30 samples comprises of both male and female were selected Hospital, Puducherry. The data was collected and were analyzed in term of both descriptive and inferential statistics (person corelation and chi square test). The finding of result that out of 30 serious mentally illness patient in hospital. In pretest having no internalized stigma 0 (0%), Mild internalized stigma 12 (40%), Moderate internalized stigma 11 (36.7), severe internalized stigma 7(23%) of the client with internalized stigma among serious mental illness patient. After the intervention reveals that, the frequency and percentage wise distribution post – test on effectiveness of socio cognitive model on reducing the level of internalized stigma among serious illness No internalized stigma 0 (0%), Mild internalized stigma 18 (60%), Moderate internalized stigma 7 (23.3%), Severe internalized stigma 5 (16.7%) of patient with serious mental illness. The study concluded that support for the social cognitive model of internalized stigma among serious mental illness patient was found effective.

INTRODUCTION:

Serious mental illness is a small listed in the diagnostic and statistical manual of mental disorder (DSM). Globally, mental illness affects more females (11.9%) than males (9.3%) Serious mental illness is as a mental, behavioral or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities. The burden of mental illnesses is particularly concentrated among those who experience disability due to serious mental illness. According to the National Alliance on Mental Illness, an estimated 1 in every 5 adults experiences mental health problems each year. Every person has some risk of developing a mental health disorder 20% of adults older mental and neurological disorder, 6.6% of disability, 36% of major depressive disorder, 14. 5% of obsessive compulsive disorder, 35-25% of mood disorder, 29.5% severe stress and maladaptation, 16.7%) personality disorder, sleep impairment 85.2%, 15% of anxiety disorder, regardless of their demographics. Some common risk factors, however, include social and economic pressures (socioeconomic conditions, occupation, education, etc.) and biological factors, such as a family history of mental disorders.

Mental health disorders are complex and can take many forms. The underlying sources of the data presented in this entry apply specific (which we describe in each relevant section), typically in accordance with WHO's *International Classification of Diseases* (ICD-10). This broad definition incorporates many forms, including depression, anxiety, bipolar, eating disorders and schizophrenia. In 970 million people worldwide have a mental health or substance abuse disorder. Anxiety is the most common mental illness in the world affecting 284 million people. Major depression affect 264 million people, anxiety affect 284 million, alcohol use disorders affects 107 million people, schizophrenia 20 million people, bipolar disorder affect 46 million, eating disorder affect 16 million people, drug used disorder affect 71 Millions. It is estimated mental disorders are attributable to 14.3% of deaths worldwide, or approximately 8 million deaths each year.

Mental illnesses are common in the United States. Nearly one in five U.S. adults live with a mental illness (52.9 million in 2020). Mental illnesses include many different conditions. that vary in degree of severity, ranging from mild to moderate to severe. Any Mental Illness (AMI) in past year prevalence of AMI among U.S. adults. In 2020, there were an estimated 52.9 million adults aged 18 or older in the United States with AMI. This number represented 21.0% of all U.S. adults. The prevalence of higher among females (25.8%) than males (15.8%). Young adults aged 18-25 years had the highest prevalence of AMI (30.6%) compared to adults aged 26 49 years (25.3%) and aged 50 and older (14.5%).

METHODOLOGY:

A quantitative research approach and descriptive research design was adopted for this present study. The study sample comprises of 30 serious mental illness patient at selected hospital were selected by using convenience sampling techniques. The study includes Both male and female patient with serious mental illness, Patient who are willing to

participate in the study, Psychosis, depression, schizophrenia, bipolar affective disorder. The study excludes Patient with emergency psychiatric condition.

DATA ANALYSIS:

TABLE 1: Frequency and percentage wise distribution of pretest and posttest level of support for the social cognitive model of internalized stigma among serious mental illness patients.

(N = 30)

LEVEL OF INTERNALIZED STIGMA	PRETEST		POSTTEST	
	N	%	N	%
No Internalized Stigma	0	0	0	0
Mild Internalized Stigma	12	40	18	60
Moderate Internalized Stigma	11	36.7	7	23.3
Severe Internalized Stigma	7	23.3	5	16.7
Total	30	100	30	100
MEAN \pm S.D	68.33 \pm 17.88		49.97 \pm 22.80	

Table 1 shows frequency and percentage wise distribution of pretest and posttest level of support for the social cognitive model of internalized stigma among serious mental illness patients. In pretest, Majority of the serious mental illness patients 12 (40%) had Mild level of Internalized Stigma, 11 (36.7%) had Moderate level of Internalized Stigma and 7 (23.3%) had Severe level of Internalized Stigma and pretest mean and standard deviation of internalized stigma among serious mental illness patients is (68.33 \pm 17.88) and in posttest, Majority of the serious mental illness patients 18 (60%) had Mild level of Internalized Stigma, 7 (23.3%) had Moderate level of Internalized Stigma and 5 (16.7%) had Severe level of Internalized Stigma. The posttest mean and standard deviation of internalized stigma among serious mental illness patients is (49.97 \pm 22.80) respectively.

Table 2:- Comparison of the pretest and posttest level of support for the social cognitive model of internalized stigma among serious mental illness patient.

(N=30)

	TEST	MEAN	STANDARD DEVIATION	MEAN DIFFERENCE	't' VALUE paired t test	df	'p' VALUE
Evaluate the level of support for the social cognitive model of internalized stigma among serious illness patient	Pretest	68.33	17.88	18.36	3.549	29	0.001** HS
	Posttest	49.97	22.80				

**** -p < 0.001 Highly significant**

Pretest and posttest level of support for the social cognitive model of internalized stigma among serious mental illness patients.

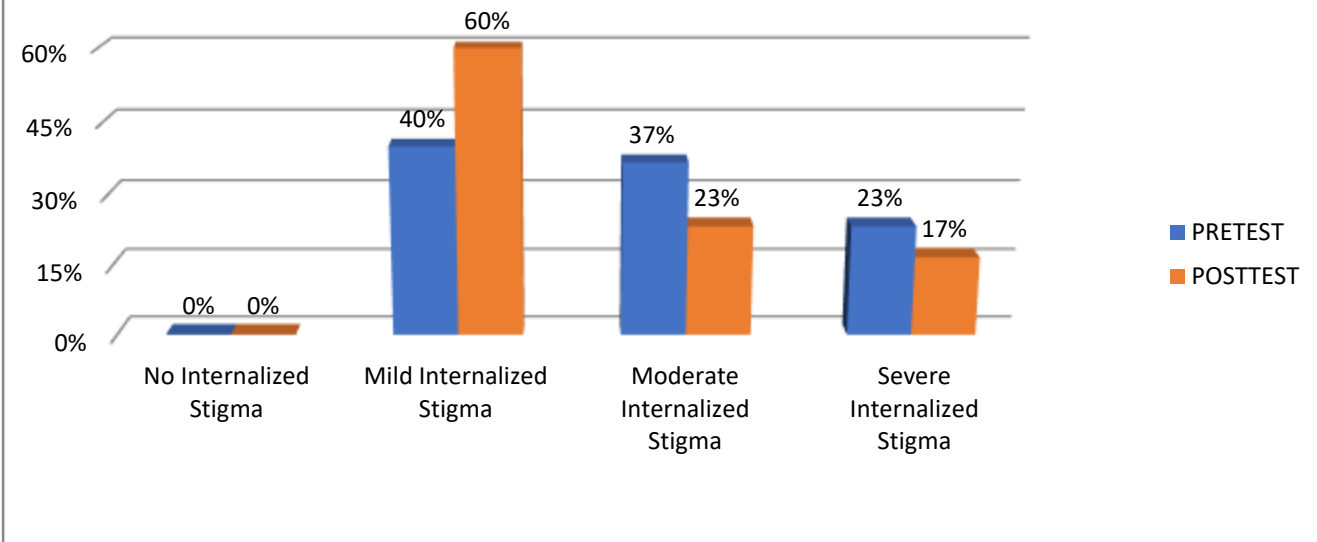
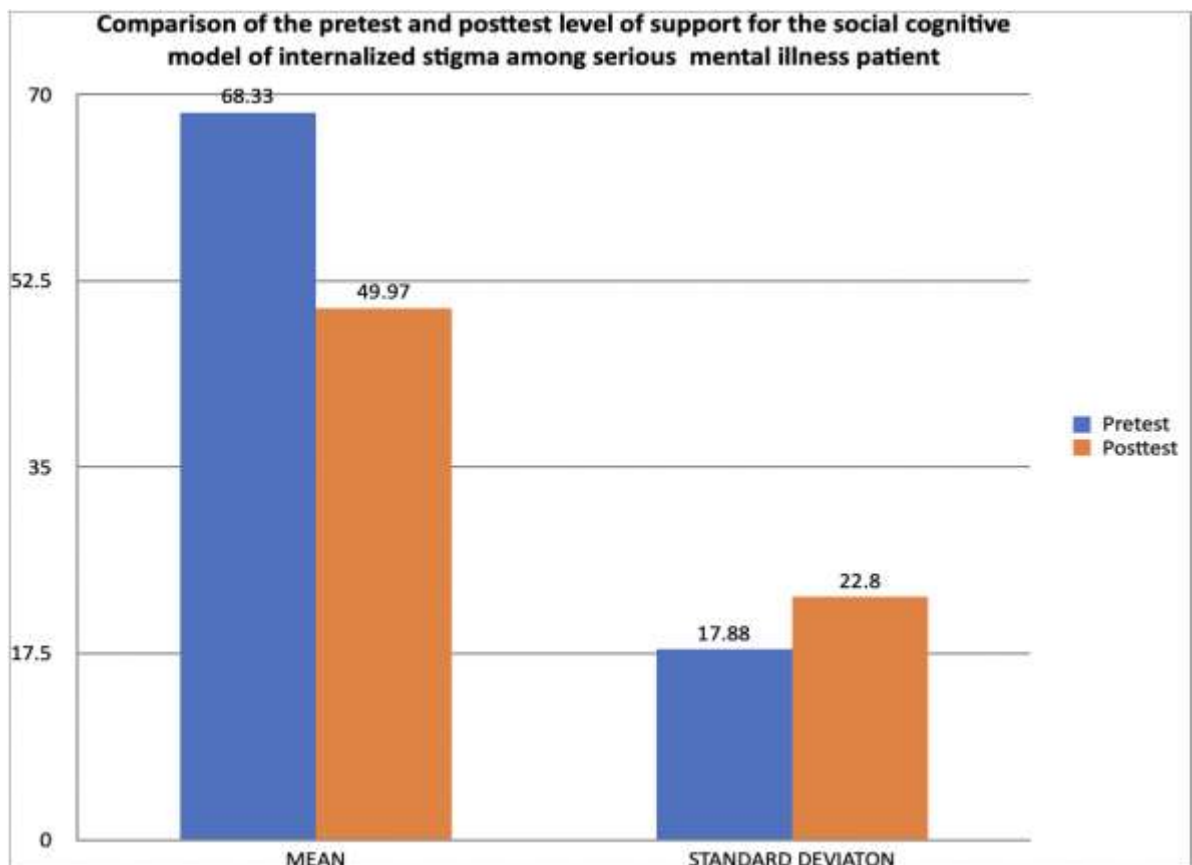


Table 2 shows that the mean score of the pretest level of internalized stigma among serious mental illness patient was 68.33 ± 17.88 and the posttest level was 49.97 ± 22.80 . The calculated paired 't' test value of $t = 3.549$ shows *statistically highly significant* difference between Comparison of the pretest and posttest level of support for the social cognitive model of internalized stigma among serious mental illness patient respectively.



**Table 3: Association between the posttest level of support for the social cognitive model of internalized stigma among serious mental illness patient with their selected demographic variables.
 (N=30)**

SL. NO	DEMOGRAPHIC VARIABLES	POSTTEST LEVEL OF INTERNALIZED STIGMA						Chi-square X ²	df	p-value
		MILD		MODERATE		SEVERE				
		N	%	N	%	N	%			
1	Age (in years)									
	Below 18-30 years	5	27.8	0	0	1	20	2.809	4	0.590 NS
	31-40 years	5	27.8	3	42.9	1	20			
	41 years and above	8	44.4	4	57.1	3	60			
2	Gender							2.251	2	0.324 NS
	Male	7	38.9	5	71.4	2	40			
	Female	11	61.1	2	28.6	3	60			
3	Religion							1.687	4	0.793 NS
	Hindu	16	88.8	6	85.7	4	80			
	Christian	1	5.6	1	14.3	1	20			
	Muslim	1	5.6	0	0	0	0			
	Others	0	0	0	0	0	0			
4	Educational status							6.318	6	0.389 NS
	Illiterate	3	16.7	0	0	2	40			
	Primary education	6	33.3	5	71.4	2	40			
	Higher education secondary	7	38.9	2	28.6	1	20			
	Graduated	2	11.1	0	0	0	0			
5	Occupation							1.429	2	0.490 NS
	Employed	2	11.1	0	0	0	0			
	Unemployed	16	88.9	7	100	5	100			
6	Marital status							2.543	2	0.280 NS
	Married	10	55.6	6	85.7	4	80			
	Unmarried	8	44.4	1	14.3	1	20			

7	Type of family							2.679	2	0.262 NS
	Nuclear family	9	50	1	14.3	2	40			
	Joint family	9	50	6	85.7	3	60			
8	Family income(per month)							2.395	4	0.664 NS
	Rs.5000 to 10000	13	72.2	5	71.4	5	100			
	Rs.10000-15000	4	22.2	2	28.6	0	0			
	Rs.15000-20000	0	0	0	0	0	0			
	Above rs.20000	1	5.6	0	0	0	0			
9	Family history of mental illness							2.253	2	0.324 NS
	Yes	2	11.1	2	28.6	0	0			
	No	16	88.9	5	71.4	5	100			
10	Type of mental illness							8.671	6	0.193 NS
	Schizophrenia	1	5.6	2	28.6	2	40			
	Depression	4	22.2	2	28.6	0	0			
	Psychosis	6	33.3	1	14.2	3	60			
	Bipolar affective disorder	7	38.9	2	28.6	0	0			

NS-Non significant

The table 4.4 depicts that the demographic variable not shown statistically significant association between posttest level of support for the social cognitive model of internalized stigma among serious mental illness patient respectively.

RESULTS:

The finding reveals that out of 30 serious mental illness patient at hospital, Puducherry. In pre- test (0%) had no internalized stigma, (40%) had Mild internalized stigma, (36.7%) had Moderate internalized stigma, (23%) had severe internalized stigma. After that implementation of post – test out of the 0% of them were No internalized stigma, 60% of them were Mild internalized stigma, 23.3% of them were Moderate internalized stigma, 16.7% of them were Severe internalized stigma practice about support socio cognitive model will reduce the internalized stigma among serious mental illness patient.

It show that there is significant association between the support for the social cognitive model of internalized stigma among serious mental illness patient with their demographic variable like age, gender, religion, educational status, occupation, marital status, type of family, family income (per month), family history of mental illness, type of mental illness

CONCLUSION:

Form the findings, I concluded that the basis of the study that was conducted to assess support for the social cognitive model of internalized stigma among serious mental illness patient at selected hospital, Puducherry. The following conclusion were draw the post test of client No internalized stigma 0 (0%), Mild internalized stigma 18 (60%), Moderate internalized stigma 7 (23.3%), Severe internalized stigma 5 (16.7%) of client with serious illness reduce the level of support for the social cognitive model of internalized stigma among serious mental illness patient with their selected demographic variables like age, gender, religion, educational status, occupation, marital status, type of family, family income (per month), family history of mental illness, type of mental illness.

RECOMMENDATION:

Even through the study to assess support for the social cognitive model of internalized stigma among serious

mental illness patient at selected hospital, Puducherry. Some specific research can be carried out in future such as,

1. Similar study can be conducted in SMVMCH, Puducherry.
2. Study can be conducted in hospital out of patient for checking that the serious mental illness patient are having adequate knowledge regarding support for the social cognitive model of internalized stigma among serious mental illness patient.

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