Feeling of Liberty and Internalized Stigma: Comparison of Inpatient and Outpatient Cases Receiving Psychiatric Treatment

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SUMMARY

Aim: In this study, we investigated whether liberty-restricting and other factors can predict internalized stigma among psychiatric inpatients and outpatients.

Method: The study sample comprised of 129 inpatients, admitted at least once to psychiatry ward, and 100 outpatients who have never been hospitalized, receiving psychiatric treatment. In addition to demographic and clinical features, patients were evaluated for perceived deprivation of liberty and internalized stigma levels.

Results: Patients stated that their liberty was restrained mostly due to involuntary treatment, communication problems, side effects of medical treatment and inability to choose their treatment team. Regression analysis showed that internalized stigma was predicted by perceived deprivation of liberty, marital status and number of admissions to ward. Stigma was related to marital status and admissions to the psychiatry ward. Perceived deprivation of liberty predicts stigma regardless of the disease severity.

Conclusion: Perception of stigma leads to self-isolation, behavioral avoidance and refusal of aid-seeking. Our study indicated that perceived deprivation of liberty is one of the most important factors that lead to increased stigma. Based on our findings, we can say that as patients experience less perceived deprivation of liberty, they would have less stigma and thus, their compliance would increase.

Keywords: Stigmatization, mental disorders, liberty, deprivation

INTRODUCTION

It has been reported that one out of four individuals experience one or more mental disease throughout their life (Üstün et al. 1997). The lives of people living with mental illness are often altered by society's reactions. People with mental disease are stigmatized by the public, as is the case with a cancerous disease. There are numerous national and international studies indicating that stigmatization against mental disease is common (Crisp et al. 2000, Yıldız et al. 2012, Macinnes and Lewis 2008, Saillard 2010). The impact of the public stigma regarding mental illness can lead to self-stigmatization (Çam and Çuhadar 2011, Küçük 2013). Internalized stigma causes individuals to avoid psychiatric help-seeking and leads to isolation, estrangement and social withdrawal, worsens treatment compliance and prognosis, reduce the confidence in treatment and deterring the individuals from seeking or receiving help (Crisp et al. 2000, Çam and Çuhadar 2011, Pinto-Foltz and Logsdon 2009, Yüksel et al. 2014).

Received: 13.11.2015 - **Accepted:** 24.01.2016

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doi: 10.5080/u14927

Stigma of mental diseases is affected by various factors such as the social culture, age, gender, education status and social class. One factor affecting internalized stigma during the process of psychiatric treatment is deprivation of patients' liberty. Furthermore, hospitalization also increased stigma in mental illnesses patients (Taşkın 2004). Although in some cases involuntary treatment, ward rules, visiting hours and mechanical restraint are parts of the treatment can cause patients to experience increased perceived deprivation of liberty. These restrictions and the way they are applied affect patient's autonomy in a negative way, and cause increased negative perceptions regarding patient's own self and relations with family and environment, and leads to inability to maintain self-control and to take his/her own decisions independently (Kausmanen et al. 2007, Anneli et al. 2008, Kontio et al. 2010).

It is important to determine the factors that affect perceived deprivation of liberty and stigmatization among inpatients and outpatients receiving psychiatric treatment (Sartorius et al. 2010). If there is an association between perceived deprivation of liberty and stigmatization, reduce stigma via interventions could enhance the feeling of liberty (Taşkın 2004, Lannin et al.2015).

There are numerous studies related with factors affecting internalized stigmatization among psychiatric patients. However, to our knowledge there is no study investigating the association between stigmatization and perceived deprivation of liberty among inpatients and outpatients receiving psychiatric treatment. Therefore, the aim of this study is to investigate if perceived deprivation of liberty would predict internalized stigma perception.

METHOD

Sample

The study recruited 229 patients with 129 (56.3%) patients receiving treatment as inpatients and 100 (43.7%) outpatients with no experience of hospitalization. The psychiatric ward was a closed ward with no lock-down room. In case mechanical restraint is necessary, patients are monitored their own room. Exclusion criteria for the study were as followed: severe cognitive breakdown, being illiterate, and hearing and comprehension issues.

The study was conducted between July 2015 and December 2015, and was approved by "Non-interventional Clinical Research Ethics Committee" (issue nr: 14/366-25). All patients provided informed consent.

Data Collection Tool and Application

Sociodemographic parameters and liberty questionnaire

Sociodemographic parameters were collected with a 17-item questionnaire that included information on gender, marital status, previous hospital experiences, psychiatric history and familial history. A seven-item open-ended questionnaire was used to assess liberty perception.

The authors composed the Liberty questionnaire after review of the literature. The Liberty questionnaire asked to describe "feeling of liberty" and to mark the conditions they encountered during their psychiatric treatment process, which restrained their liberty (Table 2).

Internalized stigma of mental illness scale (ISMIS)

Ritsher et al. (2003) introduced the Internalized Stigma of Mental Illness Scale (ISMIS). The validity and reliability of the ISMIS in Turkish was demonstrated by Ersoy and Varan (2007). ISMIS is a 29- item self-statement questionnaire with five sub-scales to measuring self-stigma among individuals with mental illnesses. Total score that can be obtained is between 29 and 116, and a higher score indicates increased perception of internalized stigma. The original version of the ISMIS had a high reliability (Cronbach alpha coefficient =0.93). The Cronbach alpha value for our study was 0.86. The authors personally applied data collection tools. All eligible patients completed the questionnaire. The medical diagnoses of the patients were confirmed by reviewing their clinical charts.

Statistical Analysis

Statistical analysis was performed with SPSS for Windows software version 21.

Patients' diagnoses were grouped according to ICD-10 disease classification (Öztürk 2002). During evaluation of patients' description of liberty, written statements were analyzed and grouped by researchers, and common concepts were coded (Yıldırım, Şimşek 2006). As common items for both inpatients and outpatients, scores regarding four freedom-restricting situations (involuntary treatment, communication problem, side effects of medical treatment and inability to choose treatment team) were added up to form the variable: perceived deprivation of liberty. Count and percentage distributions were used for patients' sociodemographic data, disease information and liberty descriptions. In order to compare ISMIS scores according to gender, marital status, diagnosis, occupational status, treatment administration type

and conditions restraining their liberty, independent samples t-test was used. Multiple regression analysis was used to evaluate factors predicting stigmatization (number of hospital admissions, educational status, familial history of psychiatric disease, type of treatment, perceived deprivation of liberty score) for both inpatients and outpatients. For regression analysis, diagnoses were evaluated after regrouping according to presence or absence of affective disorder.

RESULTS

The majority of inpatients were male (51.2%), single or divorced (62%); university graduates (40.3%), employed (50.4%), and had affective disorder (47.3%). The majority of outpatients were female (63%), single or divorced (53%), university graduate (54%), unemployed (51%), and had affective disorder (77%). Sixty two percent of the inpatients were admitted either upon recommendation of relatives/doctor or by other causes such as forensic reasons (Table 1)

The majority of the patients (40.3% of inpatients and 34% of outpatients) descripted the concept of liberty as "to live freely, peacefully, democratically and unprejudiced in population while looking after other's rights" (Table 2). The main reasons for liberty restraining was dues to communication problems (28%), side effects of medical treatment (33.2%), involuntary treatment (14%) and inability to choose treatment team (14%) (Table 2).

The stigma scores were significantly higher in married patients when comparison to unmarried patients (t=2.472; p=0.01). Furthermore, the stigma score had the tendency to be higher in inpatients as compared to outpatients (t: 1.78, p:0.07) (Table 3).

A multi regression analysis showed that marital status, number of admissions and perceived deprivation of liberty score were factors predicting stigma. Being married (β:0.17, p<0.01), greater number of admissions (β:0.24, p<0.05) and higher perceived deprivation of liberty score (β: 0.19, p<0.01) were associated with higher risk of internalized stigma (Table 4).

Table 1. Descriptive Properties of Patients

Descriptive Properties		Treatment Administration Type			
		Inpatient		Outpatient	
		N	%	N	%
Gender	Male	66	51.2	37	37.0
	Female	63	48.8	63	63.0
Marital Status	Married	49	38.0	47	47.0
	Single or divorced	80	62.0	53	53.0
Educational Status	Not finished primary school	8	6.2	2	2.0
	Primary Education	22	17.0	12	12.0
	High School	47	36.5	32	32.0
	University	52	40.3	54	54.0
Diagnosis *	Schizophrenia ,schizotypal and delusive disorders	51	39.5	12	12.0
	Affective disorders	61	47.3	77	77.0
	Mental and behavioral disorders related to psychoactive substance abuse	7	5.4	0	0.0
	Neurotic, stress-related and somatoform dis.	10	7.8	11	11.0
Employment Status	Employed	65	50.4	49	49.0
	Unemployed	64	49.6	51	51.0
Treatment	Medication only	54	41.9	67	67.0
	Medication and psychotherapy, ECT, CBT, etc.	75	58.1	33	33.0
Decision of admission	Upon own will	49	38.0		
	Upon relatives' will	30	23.2		
	Upon doctor's recommendation	33	25.6		
	Forensic and other reasons	17	13.2		
Hospital stay length	29 days or less	53	41.1		
	30-60 days	57	44.2		
	61 days or more	19	14.7		
Number of admissions	Hospitalized once	61	47.2		
	Hospitalized twice	35	27.2		
	Hospitalized three times or more	33	25.6		

*This categorization was based on "World Health Organization's ICD-10 Classification of Mental and Behavioral Disorders" (Öztürk O, 2002)
ECT: Electroconvulsive Therapy, CBT: Cognitive Behavioral Therapy

Table 2. Patients' Description of Liberty and Perceived Deprivation of Liberty

Questions in Liberty Questionnaire		Treatment Administration Type					
		Inpatient		Outpatient		Total	
What is liberty?		**N**	**%**	**N**	**%**	**N**	**%**
To live freely, peacefully, democratically and unprejudiced in population while looking after other's rights		34	34.0	52	40.3	86	37.5
To be physically and mentally healthy, happy and successful without physical and economical dependence on people, hospital, etc.		26	26.0	36	27.9	62	27.0
To live according to one's own will without any restrictions and regardless of what others think		25	25.0	36	27.9	61	26.8
There is no such thing as liberty, it is hard to define.		15	15.0	5	3.90	20	8.70
Conditions restricting liberty							
Involuntary Treatment	Yes	17	17.0	15	11.6	32	14.0
	No	83	83.0	114	88.4	197	86.0
Communication Problems	Yes	35	35.0	29	22.5	64	28.0
	No	65	65.0	100	77.5	165	72.0
Side effects of	Yes	34	34.0	42	32.6	76	33.2
medical treatment	No	66	66.0	87	67.4	153	66.8
Inability to choose	Yes	16	16.0	16	12.4	32	14.0
treatment team	No	84	84.0	113	87.6	197	86.0

Tablo 3. Comparison of Average ISMIS Total Scores With Some Descriptive Properties of Patients

Descriptive Properties		Total ISMIS Scores				
		n	**mean**	**SD**	**t**	**p**
Gender	Female	126	66.80	13.4	0.213	0.83
	Male	103	65.43	14.6		
Marrital	Married	96	68.84	14.0	2.472	0.01
Status	Single	133	64.27	13.6		
Affective	Present	138	66.34	14.0	0.213	0.83
Disorder	Absent	91	65.94	13.8		
Psychiatric Disease	Present	111	66.54	13.7	0.370	0.71
in Family	Absent	118	65.85	14.2		
Occupational	Employed	114	66.00	13.7	0.202	0.84
State	Unemployed	115	66.37	14.2		
Type of administration	Outpatient	129	64.33	13.0	1.78	0.07
of Treatment	Inpatient	100	67.62	14.5		

ISMIS: Internalized Stigma of Mental Illness Scale

Tablo 4. Factors Predicting Internalized Stigma

Predicting Factors	Dependent Variable: ISMIS Total score, β
Gender (1=male, 2=female)	0.02
Admission state (1=outpatient, 2=inpatient)	0.07
Employment Status (1=employed, 2=unemployed)	0.01
Marital Status (1=married, 2=single/divorced)	0.17**
Educational Statues (1=illiterate, 2=primary education 3=high school, 4=university)	0.10
Number of Admissions (1=once, 2=twice, 3=3 times)	0.24*
Family history of psychiatric disease (1=yes, 2=no)	0.03
Diagnosis of affective disorder (1=yes, 2=no)	0.01
Treatment type (1=medication only, 2=medication and psychotherapy, ECT, CBT etc.)	0.02
Perceived deprivation of liberty (involuntary treatment, communication problems, medical treatment and its side effects, inability to choose treatment team) total score	0.19**

* p< .05, ** p< .01
ISMIS: Internalized Stigma of Mental Illness Scale, ECT: Electroconvulsive Therapy, CBT: Cognitive Behavioral Therapy

DISCUSSION

To our knowledge, this study is the first to investigate the association between internalized stigma and deprivation of liberty among psychiatric patients receiving treatment as inpatients and outpatients. In support of our hypothesis, perceived deprivation of liberty (involuntary treatment, communication problems, side effects of medical treatment, inability to choose treatment team) strongly predicts internalized stigma.

It is expected that patients with severe mental diseases experience more deprivation of liberty, require more admissions to hospital, and have longer hospital stay lengths. Besides perceived deprivation of liberty, the number of admissions also increase stigma, which supports the expectation that patients with more severe disease have more severe stigma. Interestingly, we found that the prediction of internalized stigma by perceived deprivation of liberty was independent of demographical variables and parameters indicating severity of

disease. In other words, patients with higher perceived deprivation of liberty had greater stigma regardless of the number of admissions, gender, and whether they were inpatients or outpatients.

Previous studies conducted on inpatients (Valimaki et al. 2001, Niveau 2004, Kousmanen et al. 2007, Kontio et al. 2010) revealed that most patients stated that they felt deprivation of liberty due to various factors such as communication problems, being discharged from the hospital, isolation, obligatory hospitalization, and physical and pharmacological interventions aimed at restraining the patients.

In study by Kantio et al. (2012), patients stated that restrictions enforced with the purpose of treatment were applied without informing them, and that deprivation of liberty led to feeling of despair and loneliness. Methods applied by doctors and nurses with the purpose of controlling patients, and their manners and behaviors during these practices influence patients' reactions and perceptions regarding the method.

A common misconception among general population is that hospitalized psychiatric patients are more dangerous. Our study and others (Coşkun and Güven-Caymaz 2009a, 2012b, Tel and Ertekin-Pınar 2012) have shown that patients with increased admissions had higher scores of internalized stigma. It can be expected that internalized stigma increases as the number of hospitalizations and disease duration increase. Furthermore, the patients would be exposed to more stigmatization due to social influences as mental disease becomes more chronic, leading to more internalization of this stigma. Frequent hospitalizations probably prevent the individuals from socialization, from maintaining their relations with family and work, and limit close relationship with other people. This causes the individual to face the stigma of "psychiatric patient", and increases their stigmatization.

This study also showed that married patients had higher level of stigma in comparison to single and/or divorced patients. This is an unexpected finding considering the mentally protective effect of marriage. Indeed, as a result of avoidance of close relations due to anxiety of stigma and difficulty in adaptation, the proportion of married ones among patients with mental disease is known to be less in comparison to the proportion among the general population. Furthermore, it has been reported that divorced patients blamed their mental disease as a cause of their divorce (Aydın et al. 2014).

While some previous studies did not detect a relation between marital status and internalized stigma (Tel and Ertekin-Pınar 2012, Üstündağ and Kesebir 2013), others, in parallel with our results, reported that married patients had higher level of stigmatization (Verhaeghe et al.2008, Podogrodzka-Niell and Tyszkowska 2014, Beyazyüz et al. 2015). It has been stated in these studies that difficulties arise in close relations, and in marriage in particular, causing reduced support from the spouse and impaired social adaptation with time, which further increase stigma in return.

Our study has limitations. We did not include patients receiving treatment in a state or private hospital, or a depot hospital; therefore our results can only be applied to our study sample. This study was cross-sectional; it is not known whether the findings would change during a longitudinal study. Descriptions of perceived deprivation of liberty can be different for other hospitals; in our study, four liberty-restricting conditions that are common for both inpatients and outpatients were evaluated.

SUGGESTIONS

In psychiatric care, establishing a positive relation between the medical team and patient is essential for recovery. Patients with the feeling that their liberty is restrained have reduced compliance to treatment and are less satisfaction. Perception of stigma also leads to isolation, behavioral avoidance and refusal of help seeking. Based on our findings and results of previous studies, we suggest that if patients have reduced perceived of liberty deprivation their stigma levels will decrease and their compliance to treatment will increase.

In order to conduct psychiatric services within the limits of patient rights, mental health action plan and ethical codes, we recommend that psychiatric care providers are trained to raise awareness about perceived deprivation of liberty by the patients, and that they cooperate with the patients during their practices. Nonetheless, further studies from different centers providing psychiatric care would be beneficial to reveal confounding factors originating from the hospital.

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