

The Socio-Economic Effects and Coping Mechanisms of Perceived Stigma among Persons with Mental Illness: The Case of Hawassa University Comprehensive Specialized Hospital Psychiatric Outpatient Center

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Abstract

Mental illness stigma refers to the adverse attitudes, beliefs, and prejudices prevalent in society regarding mental health issues. This study focuses on perceived stigma, a type of mental health-related stigma that stems from societal beliefs and manifests as the fear of discrimination or prejudice. In Ethiopia, where mental health-related studies are still in their infancy, the specific effects of perceived stigma against individuals with mental health disorders have received limited attention. Therefore, this study explored the socio-economic effects and coping mechanisms of perceived stigma among individuals with mental illness, involving 22 informants at Hawassa University's comprehensive specialized hospital psychiatric outpatient center. Using a qualitative methodology, Data were collected via in depth interview, key informant interview, and FGD with individuals experiencing mental illness, their close relatives, counselor and psychiatrists. The researcher analyzed the collected data using thematic analysis method. The study results reveal that perceived stigma adversely influences the socioeconomic conditions of individuals with mental illness, affecting their social interactions, education, marital prospects, personal conduct, medical treatment, work motivation, income, and job security. Coping mechanisms, such as substance use, denial, and social withdrawal, often hinder the treatment process and overall well-being. The study recommends enhancing community awareness, promoting anti-discriminatory practices, improving accessibility and quality of mental health services, establishing workplace and school-based support initiatives, and encouraging academic research to evaluate existing interventions.

Key words: Mental health, Perceived Stigma, Socio-economic effects, coping mechanisms.

1. Introduction

In general terms, stigma is described as the adverse social perception associated with a trait of an individual that may be considered a mental, physical, or social failure. A stigma denotes societal disapproval and may result in unjust discrimination and exclusion of the individual. (1). According to Levin et al. (2018), stigma is one of the most detrimental factors affecting the mental health. It delineates engagement, assistance, and truth, potentially isolating individuals in need of help and obstructing their access to necessary support. (10). Discrimination, bias, and stigma towards those with mental illness may manifest in both overt and covert forms; regardless of their intensity, they can result in detrimental effects (14).

The stigma surrounding mental illness pertains to the adverse attitudes, beliefs, and prejudices prevalent in society toward mental health disorders. People that suffer from mental illness or are in need of mental health services

face social disapproval, discrimination, and marginalization. The stigma surrounding mental illness is a pervasive issue that exists in all societies today. Alongside the mental issue, stigma yields numerous adverse effects (i.e., psychological, social, and physical) for patients, family members, and caregivers, potentially exacerbating these disorders (3).

Scholars identified several types of mental health-related stigma, and perceived stigma is one form, which is the particular focus of this research. According to Zelaya et al. (2012), The concept of perceived stigma denotes individual's comprehension of the potential behaviors and attitudes that others may exhibit towards someone possessing a specific trait or identity (7). Societal beliefs give birth to perceived stigma, which is defined as the dread of discrimination or prejudice (9). Individuals facing stigma may internalize observed biases and cultivate unfavorable self-perceptions, whereas sufferers may experience shame and embarrassment over their mental condition (12).

Stigma in general and the perceived one in particular have multifaceted socio-economic effects on persons with mental illness. As the American Psychological Association stated, Stigma represents a substantial obstacle for individuals experiencing mental related illness (2).

People with mental illness have been shamed and discriminated against throughout history and in all countries. Stigma originates from all societal strata and exerts a profoundly debilitating impact on individuals with mental issue, serving as a significant obstacle to their recovery, rehabilitation, and reintegration into the community (13, 11).

Serious mental illness presents dual challenges for many individuals. On one hand, they struggle with the symptoms and restrictions of the illness. Conversely, false beliefs about mental illness challenge them with stereotypes and prejudice. Both factors deny mental health patients the possibilities that characterize a fulfilling existence: rewarding employment, affordable housing, adequate healthcare, and ties to a varied community (5). Fear of stigmatization is a factor that can cause people with mental health issues to forego or stop receiving treatment. The anxiety may be triggered by worries about the social stigma that comes with seeking help at mental health facilities, using psychiatric medications, or participating in therapeutic activities (4).

To lessen or eliminate the likelihood of rejection, individuals who have mental issue may resort to coping methods. Some of these ways of dealing with stigma include being secretive about one's condition, avoiding social situations, emotionally separating oneself from the stigmatized group, speaking out against stigma when it occurs, and participating in educational initiatives aimed at reducing prejudice (13).

In Ethiopia, where mental health-related studies are still in their infancy, the specific effects of the stigma perceived by individuals on their mental health have received less attention. Therefore, there are very few studies conducted at the country level on the topic under investigation, and no directly related study has been conducted in Hawassa City on the effects of the stigma perceived by individuals. The majority of existing perceived mental health-related stigma studies were conducted in the capital, Addis Ababa.

Research by Dereje et al. (2012) on "Stigma among Patients with Schizophrenia at Amanuel Specialized Mental Hospital, Addis Ababa, Ethiopia," indicates that internalized stigma is a major problem for people with schizophrenia in the outpatient setting. It significantly hinders medication adherence and has a significant impact on the speedy recovery process (6). Likewise, a study by Getachew et al. (2020) revealed that 62.6 percent of people with schizophrenia in Addis Ababa, Ethiopia, experienced high levels of perceived stigma (8).

Based on the aforementioned backgrounds and the lack of pertinent and timely research on perceived stigma, this study investigated the socio-economic effects and coping mechanisms of perceived stigma among individuals at the psychiatric outpatient center of Hawassa university comprehensive specialized hospital.

2. Objectives

- Identify the socio-economic effects of perceived stigma among individuals living with mental illness
- Investigate coping mechanisms of perceived stigma among individuals living with mental illness

3. Scope of the study

The focus of this study was on the socioeconomic effects and coping mechanisms of perceived stigma among persons with mental illnesses, specifically focusing on clients receiving treatment at Hawassa University comprehensive specialized hospital psychiatric outpatient center. In terms of the participants, the study has focused on participants with any category of mental illnesses.

4. Research methods

4.1. Description of the study area

The selected study area for this research was the comprehensive specialized hospital psychiatric outpatient center at Hawassa University, which provides a range of mental health services in Hawassa City and surrounding areas. It is the university's teaching and referral hospital.

4.2. Research Design

A cross-sectional narrative research design with qualitative approach was utilized.

4.3. Study participants

The participants of the study were mental health service users at Hawassa university comprehensive specialized hospital psychiatric out-patient center during the study period, i.e. February -July 2024.

4.4. Sample size and sampling technique

This study included a total of 22 participants. The study included 11 in-depth interviewees with mental illness, of whom 6 were females and the rest 5 were males; 3 key informants (two female psychiatric nurses and one counseling psychologist) from an outpatient center; and 8 focus group participants who were families or close relatives of persons with mental illness. Given their size, the researcher incorporated the entire population of clients or people with mental illness at the outpatient care center. With the lead and support of the hospital's psychiatric nurses, the researcher was able to easily access and interview people with mental illness on different days, depending on their availability. Additionally, the researcher organized a focus group discussion in the hospital teaching class room based on appointments with the respective family members or relatives of the persons with mental illnesses.

4.5. Data collection methods

The researcher used three major data collection methods in this study: In depth interviews, key informant interviews, and focus groups. In the in-depth interview, eleven people with mental illness participated; of these, five were females, and the remaining six were males. Three practitioners, including two psychiatric nurses and a counseling psychologist from Hawassa University comprehensive specialized referral hospital psychiatric outpatient center, participated in the key informant interview. In the focus group discussion, eight willing family members or close relatives of the persons with mental illness participated. The researcher initially collected the data in the local Amharic language and then translated it into English.

4.6. Methods of data analysis

The study used thematic data analysis methods to analyze the collected data. The researcher transcribed and processed the data to identify patterns and meanings. The researcher then carefully interpreted, organized, and summarized the data to align with the research objectives.

4.7. Ethical consideration

This study addressed the ethical considerations of social science research, ensuring legality and ethical approval. Hawassa University's Department of Sociology issued formal letters to the study, and the researcher informed

participants about the research objectives and expected outcomes beforehand. Before conducting this study, the researcher consulted with persons with mental illnesses, their family members or close relatives, and practitioners. Ultimately, the researcher requested everyone's voluntary participation and only included them once they demonstrated their willingness for the interview and discussion.

Results

This section outlines the findings in line with the study's specific objectives.

5.1. Socio-economic effects of perceived stigma

The study result shows that perceived stigma negatively affects the socio-economic conditions of individuals living with mental problems in the study area.

5.1.1. Social effects

Individuals with mental problems in the study area face many social repercussions as a result of the stigma they perceive. These effects impact their social interactions, education, marriage, personal behavior, and medical care.

Effects on social interaction

Evidence from this study shows that one of the main social effects of perceived stigma in the study area is individuals' tendency to become socially isolated. Perceived stigma is negatively affecting their social interaction by reducing the motivation to communicate with families, friends, and neighbors.

In an in-depth interview, a male participant stated that "living with mental illness can undoubtedly expose an individual to social isolation." I tried to spend enough time with my family members and friends, yet they rarely understand my interests and feelings. I often catch them whispering about me, which shatters my trust. As a result, I detached myself, spending more time alone." In addition, another female interviewee said: "After my neighbors and friends became aware of my mental health status, they slightly changed in their approach and communication." I fear stigma and hence my response was worse. I stopped talking to all of them, even those who were supportive. Ultimately, this led me to detach myself from almost all communication including the local self-help association/Idir/. " Likewise, a male informant from an in-depth interview described his experience as follows: "The dual stigmas of HIV and mental illness have left me feeling hopeless and detached from social interaction. Because I know that many people in our community have a negative perception of mental illness and HIV/AIDS, I chose to stay away from neighbors and friends."

The above findings indicate that a lack of family and community understanding, negative labeling and stereotype has resulted in persons with mental illnesses feeling stigmatized, isolated from social bonds, lacking social cohesion, and unable to communicate with others. Persons with mental illnesses isolate themselves as a way to distance themselves from stigmatized attitudes and social activities.

Effects on education

The data collected from in-depth participants indicated that the stigma perceived by individuals with mental problems has a negative effect on schooling and motivation for education. One interviewee described her experience of dropping out of school due to perceived stigma, saying, "When I was a 3rd-year student in a private college, I received a diagnosis of a mental health disorder, and I was told that my mental illness was not a severe one, allowing me to complete the school year." However, when I became overly stressed, I would faint in the classroom, which led to various suspicious attitudes and labels from my classmates. Despite my family and physician's insistence, I was reluctant to return to school because I didn't expect anything new and everyone seemed negative about me. Therefore, I drop out of school. The key informant, a psychiatric nurse, also revealed that "Several of the patients, who are students, have informed me that the stigmatizing attitudes of their peers and a limited number of supportive teachers are adversely affecting their academic performance and diminishing their motivation in school."

The results above indicate that perceived stigma stemming from the negative attitude of schoolmates is influencing the educational outcomes of students with mental illnesses.

Effects on partner selection and marriage

Data obtained from the participants revealed that stigma perceived by individuals adversely influences mate selection and marriage. The FGD participants' perspectives unequivocally validate these claims: "In our community, it is customary for families to forbid their sons and daughters from pursuing a relationship with someone who experience mental illness; predicated on such anticipations, most individuals with mental issue isolate themselves from entering into marriage. Moreover, the persisting community's conviction that mental health stems from divine punishment also influences them to divorce or separate from their marriage partner." In addition, one interviewee shared her experience, saying, "Before I became mentally ill, I had a boyfriend; marriage was my dream with him, but now I do not want to think about marriage because my boyfriend has already left me, assuming that I am not normal. I feel that everyone considers me the same way."

The above results suggest that the culturally driven beliefs of the community significantly influence the attitude and mindset of individuals with mental issue towards partner selection and marriage life, leading them to believe that these aspects are unattainable for them. These patterns present them with dual challenges, not only impeding their ability to pursue a new marriage but also impeding their efforts to maintain their already established marriage.

Effects on personal behavior

The results of the in-depth interviews reveal that perceived stigma influences the personal behavior of individuals with mental illnesses, leading to feelings of anger, emotion, poor interpersonal communication, loneliness, and a sense of distrust. A participant in the in-depth interview provided the following description: "Because of the suspicious attitude of my neighbors and family members towards me, I usually feel that I am abnormal and not well. Unlike the time I was healthy, now I often remain silent and rarely talk to people around me." Another married interviewee stated, "After I got a mental illness, my communication with my wife gradually changed. She was unable to understand my views and feelings, and when I expressed them, she would often ask me to remain calm, assuming that this would exacerbate my illness. Therefore, I believe that she is judging me. As a result, sometimes I become emotional and hopeless.

The FGD participants also stated that "Persons with mental issue are somehow sensitive and require the utmost care; if the caregiver or family member fails to provide the necessary support, some of them easily get angry, cry, or remain silent. If they notice any form of negative attitude or mistreatment, they isolate themselves, cut off communication, and some of them resort to self-harm. The key informant counselor also confirmed that "perceived stigma can manifest and affect the behavior of persons with mental illnesses when their expectations from others are not properly met and when they generalize that everyone stereotypes or maltreats them."

According to the above findings, people in their surroundings should take due care in providing the necessary care and support they need in order not to affect the behavior and trust of persons with mental illnesses.

Effects on mental health treatment process

Results from this study show that perceived stigma could also negatively affect the mental health treatment of persons with mental illnesses. Some effects include a lack of interest in early treatment, a temporary or complete termination.

The key informant psychiatric nurse stated, "Some of our clients temporarily terminate or drop out of the medical treatment because they believe that despite their mental health improvements, their families and neighbors continue to treat them in the same manner. On the other hand, the in-depth interviewee who recently returned to treatment stated, "Initially, I could not cope with the psychological pressure and the frequent nagging from people around me about my well-being. Since my condition has no physical symptoms, their sympathies felt ironic. As a result, I decided to stay away from them and the treatment process. However, later on, thanks to the advice of my educated son, I returned to the treatment process. The findings indicate that stigma linked to cultural ideas and

attitudes causes individuals with mental diseases to avoid treatment and, in some cases, even cease their psychiatric care.

5.1.2. Economic effects

Aside from the social implications, perceived stigma has several negative economic effects on persons with mental illnesses, as stated below.

In an in-depth interview, a male participant recounted "I was diagnosed with schizophrenia two years ago while working as an elementary school teacher. Initially, I was unable to acknowledge that I had a mental health issue and have repeatedly missed classes, but I didn't tell anyone. However, as time progressed, my fear of disclosure, self-doubt, and reduced confidence continued to impact me. Finally, the increased pressure from my anxiety has caused me to resign from my job. Participants in the focus group discussion also disclosed, "As close relatives or family members of mentally ill people, it is common to see the immediate economic effects of perceived stigma on the patients." Essentially, it affects their motivation to work; frequent absences lower their morale, diminish their productivity, and compel them to quit their jobs. Additionally, it leads to rising medical costs, as they often encounter associated illnesses.

The female interviewee highlighted how perceived stigma negatively impacts the income of individuals with mental illnesses. "I had to request study leave for two consecutive months while working as a cashier at a large private company." After that, I recovered and returned to my job, but my boss's trust in me had diminished, prompting him to reassign me to a lower-paid position. Since then, I began to feel unworthy and lost interest, which ultimately led me to change the job. Another male interviewee stated, "It's been three years since my graduation, but I haven't been able to seriously pursue a job. Even though it's challenging for everyone to secure a job these days, my lack of interest stems from my fear of rejection or potential employers' judgment based on my mental health history.

These results clearly indicate that the perceived stigma is negatively affects the economic well-being of individuals with mental illnesses, leading to decreased motivation for work, loss of income, and ultimately job loss.

5.2. Coping mechanisms of perceived stigma

Persons with mental illnesses use different coping and adaptation mechanisms in response to the challenges posed by perceived stigma. These coping mechanisms are summarized below.

Religious practices

One of the major coping mechanisms mentioned by the participants is religious practices such as praying to God, fasting, spending extended periods at religious sites, and receiving religious healing practices like baptism. According to the participants, these practices offer a sense of relief from depression and unhealthy stress that often accompany perceived stigma. An interviewee, a woman who combines medical treatment with religious practices, expressed her perspective on this matter: "I typically visit monasteries and participate in various rituals to ignore the distorted views of our community and forget about my mental health issue." That is why my situation is showing steady improvement. The psychiatrists are also insisting that I should continue the psychiatric treatment aside to the religious practice, given my progress."

Substance abuse

Some study participants living with mental illnesses resorted to substance use in order to suppress their mental illness-related feelings and perceived stigma, according to the study results. A male in-depth interviewee who recently started psychiatric treatment at the hospital supports this claim, stating that "Every evening, I visit liquor houses, where I try to forget the day-to-day feeling of rejection and isolation associated with my mental issue." Another interviewee also added, "Whenever I get overwhelmed by a feeling of worthlessness, I turn to alcohol and drugs."

Deniel

The study results further disclosed that even some of the persons with mental health illnesses use denial as a coping mechanism. One in-depth interviewee among the mental health service users stated, "I know I am healthy, and I am here at the psychiatric care center because of my mom's advice; however, nothing is wrong with me; it's just some of my family members and neighbors labeling me as mentally ill." My mom has pushed me to begin psychiatric treatment, but I am not interested in the treatment. The reason is I am ok." The psychiatrist nurse also confirmed that "when some clients visit the psychiatric center for the first time, they refuse to admit their mental illness, attributing their mental issue to those around them, particularly those who they perceive as negative influences.

Changing living places and social withdrawal

The study's findings revealed that some individuals cope by moving to new residential location, while others withdraw socially. Some participants expressed their desire to relocate but found it unattainable for various reasons. One participant in the in-depth interview shared her experience: "I live in rented houses, and due to the initial isolation, I faced from the house owners and people in the compound, my strategy is to relocate at least every two or three years, even if it means moving further away from my workplace due to concerns about societal stigma." A young male client at the psychiatric center also stated that after learning about his mental illness, he isolated himself from friends and peers confining himself mostly to home.

The findings regarding coping mechanisms related to perceived stigma among persons with mental health illnesses reveal that these individuals adopt practices that can either enhance their psychiatric treatment, such as positive religious practices, or undermine the treatment process and their overall wellbeing, such as substance use, denial, and social withdrawal.

5. Conclusions

The study findings revealed that perceived stigma exerts multiple socioeconomic effects on persons with mental illnesses, with consequences ranging from mild to life-threatening. Therefore, we can emphasize that, in addition to mental health problems, individuals with mental illnesses also grapple with stigma, a phenomenon deeply entrenched in sociocultural attitudes and beliefs. This shows, the need for integrated intervention to address socioeconomic aspects of stigma in the study area.

In the attempt to cope with perceived stigma, persons with mental illnesses are employing various forms of coping mechanisms. The findings indicate that most of these coping mechanisms negatively affect their well-being and exacerbate their mental illnesses. Therefore, this reality necessitates empirical psychosocial support systems to address their problems.

6. Recommendations

Based on the study findings and conclusions, the following recommendations are forwarded:

- ❖ Promote community awareness about mental health and support systems to reduce stigma.
- ❖ Implement advocacy initiatives to promote anti-discriminatory practices.
- ❖ Improving access and affordability of psychiatric service
- ❖ Forming a self-help group among individuals living with mental issue issues
- ❖ Promote and establish workplace support initiatives and school-based awareness interventions.
- ❖ Using core figures, implement community- and religious-based interventions.
- ❖ Encourage academic and research endeavors to evaluate the effectiveness of existing interventions.

References

1. American Psychological Association, (2022). APA dictionary of psychology. APA. <http://dictionary.apa.org/stigma>
2. American Psychological Association, (2017). Conceptualizing and measuring mental illness stigma: the mental illness stigma framework and critical review of measures. [Hhttp://dx.doi.org/10.1037/sah0000104](http://dx.doi.org/10.1037/sah0000104)

3. American Psychiatrists' Association, (2014). Stigma, prejudice and discrimination against people with mental illness <https://goo.gl/maps/BCds8kqQT2k9hdj86>
4. Corrigan, P. & Watson, A. (2007). The stigma of psychiatric disorders and the gender, ethnicity, and education of the perceiver. *Community Ment Health J.*
5. Corrigan, P. & Watson, A. (2002). Understanding the impact of stigma on people with mental illness. *World Psychiatry.*
6. Dereje Assefa, Teshome Shibire, Laura Asher and Abebaw Fekadu. (2012). Internalized stigma among patients with schizophrenia in Ethiopia: a cross-sectional facility-based study. Amanuel Specialized Mental Hospital, Addis Ababa, Ethiopia.
7. Fox, A. B., Earnshaw, V. A., Taverna, E., & Vogt, D. (2017). Conceptualizing and measuring mental illness stigma: The mental illness stigma framework and critical review of measures. *Stigma and Health*, 3(4), 348–376. doi:10.1037/sah0000104
8. Getachew Tesfaw, Boki Kibru and Getinet Ayano. (2020). Prevalence and factors associated with higher levels of perceived stigma among people with schizophrenia; Addis Ababa, Ethiopia.
9. LeBel T. P. Perceptions of and responses to stigma. *Sociology Compass*. 2008;2(2):409–432. doi: 10.1111/j.1751-9020.2007.00081.x. [[CrossRef](#)] [[Google Scholar](#)]
10. Levin, M. E., Krafft, J., & Levin, C. (2018). Does self-help increase rates of help seeking for student mental health problems by minimizing stigma as a barrier? *Journal of American College Health*, 66(4), 302–309. <https://doi-org.dist.lib.usu.edu/10.1080/07448481.2018.1440580>
11. Rosenfield, S. (1997). 'Labeling Mental Illness: The Effects of Received Services and Perceived Stigma on Life Satisfaction', *American Sociological Review*
12. Tucker, J. Hammer, J. Vogel, D. Bitman R. Wade, N. Maier E. (2013). Disentangling self-stigma: are mental illness and help-seeking self-stigmas different? *J Counsel Psychol.*
13. Terence, S. (2010). Perceived stigma and coping strategies among Asians with schizophrenia: The Singapore case. Yow National University of Singapore, Singapore Kalyani Mehta National University of Singapore, DOI: 10.1177/0020872809359866 <http://isw.sagepub.com>
14. Zelaya. C., Sivaram, S. Johnson, S., Srikrishnan, A. Suniti, S. Celentano, D. (2012). Measurement of self, experienced, and perceived HIV/AIDS stigma using parallel scales in Chennai, India. *AIDS Care.*