The delaying effect of stigma on mental health help-seeking in Sri Lanka

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Abstract

Background Mental health stigma has been associated with delays in seeking treatment.

Aims To describe perceived stigma experienced by patients and carers in Sri Lanka and to determine the effects of stigma on help-seeking delay.

Methods Survey of outpatients and family carers (n = 118 dyads) attending two psychiatric hospitals in Sri Lanka, using the Disclosure and Discrimination subscales of the Stigma Scale.

Results Stigma was positively related to help-seeking delay for carers but not patients. Public stigma experienced by carers accounted for 23% of the variance in help-seeking delay.

Conclusion Reducing stigma may reduce help-seeking delays during the course of treatment.

KEYWORDS

help-seeking, mental illness, social exclusion, Sri Lanka, stigma

INTRODUCTION

Stigma contributes to delayed help-seeking for mental health problems, with a systematic review reporting a reliable association between stigma and help-seeking (Clement et al., 2015). Higher levels of stigma experienced by relatives of people with severe mental illness is associated with longer treatment delays for patients (Okazaki, 2000). Delayed help-seeking can contribute to increased duration of untreated illness and poorer prognosis (Falloon, 1992).

Community health workers in Sri Lanka indicate that stigma affects the family, who commonly attempt to conceal mental illness due to fear or shame and the impact on other family members' marriage prospects (Samarasekare, Davies, & Siribaddana, 2012).

This study examines the extent of perceived and actual stigma and discrimination experienced by Sri Lankan patients and their carers, and the impact of these variables on help-seeking delay.

METHOD

Participants and procedure

The study was approved by relevant Human Research Ethics Committees. A convenience sample of 118 patients were recruited from the National Hospital Clinics (n = 63) and Institute of Psychiatry

Clinics (n = 55) in Sri Lanka. All patient participants were diagnosed with a mental illness for at least one year. Following informed consent, participants were verbally administered questionnaires in Sinhalese.

Mean age of patients and carers was 43.5 years and 50.5 years respectively. Carers were most commonly a spouse (26.3%), mother (24.6%), or sibling (23.7%) of the patient. Over half of patients (52.5%) and carers (62.7%) were female. Patient diagnoses were schizophrenia (56.8%), depressive disorder (32.2%), and bipolar affec- tive disorder (11.0%). The mean duration of illness was 13.6 months.

Measures

Stigma was measured using the Discrimination (12 items) and Disclosure (11 items) subscales from King et al.’s (2007) Stigma Scale. The Discrimination subscale assesses discrimination in education, by employers, police and health care workers. The Disclosure subscale assesses worry and embarrassment about disclosure and attempts at concealment of mental health problems. The carers' perceptions of stigma were assessed using the same scales which were reworded to make them about the carer's own personal experience of stigma as a consequence of their relative's mental illness.

Two questions adapted from the Contact and Experience Questionnaire (Wrigley, Jackson, Judd & Komiti, 2005) measured help-seeking delay: “During the last year have you avoided seeking mental health services due to concerns about being identified as a mentally ill patient?” and “During the last year have you delayed com- ing for treatment due to concerns about being

identified/labelled as mentally ill?" Each question was rated on a 6-point scale (strongly disagree to strongly agree). The mean of these two items was calculated for analyses.

3 | RESULTS

3.1 | Stigma of patients and carers

Patients had significantly higher ratings of discrimination (M = 1.84, SD = .37) compared to carers (M = 1.41, SD = .37), t(117) = 10.86, P < .001. Patients had significantly higher ratings of disclosure (M = 2.43, SD = .50) compared to carers (M = 2.28, SD = .49), t(117) = 3.48, P < .05. Discrimination in employment was most frequently endorsed for patients and carers (27.1% and 11.8% respectively). Over 80% of both patients and carers agreed or strongly agreed that they did not want people in their neighbourhood to know that they had mental health problems.

3.2 | Stigma and help-seeking delay

In the previous year, 23.7% of the patients had avoided and 18.6% had delayed seeking professional help for their mental illness. Corresponding data from carers showed 18.6% avoided and 11.9% delayed seeking professional help for their family member.

There was a significant positive correlation between current help- seeking delay and stigma of carers (r = .22, P < .05). There were no significant correlations between stigma of patients and help-seeking delay.

To assess the proportion of variance in help-seeking delay that is explained by discrimination and disclosure two multiple regression analyses were performed. The multiple regression analysis for patients was not significant. The equivalent analysis for carers is reported in Table 1. Gender and employment status accounted for a significant 7% of variance in help-seeking delay. Employment status was a significant predictor (Block 1: $R^2 = 0.07$, F(2,117) = 4.12, P = .02). The discrimination and disclosure subscales accounted for a significant 16% increase in variance of help-seeking delay (Block 2: $R^2 = 0.23$, F(4,117) = 8.40, P < .001).

A quadratic regression model for carers accounted for the highest value of variance ($R^2 = 0.26$). The contour plot indicated that as discrimination and disclosure both increase, help-seeking delay also increases at an exponential rate. Those with the lowest levels of help seeking delay still displayed some reluctance to disclose and perceived some discrimination.

4 | DISCUSSION

Delays in help-seeking for mental health problems in Sri Lanka are influenced significantly by perceptions of stigma amongst family carers, although to a modest degree. Gender and employment status were also associated with help-seeking delay but to a lesser extent than stigma. Approximately 15% of patients and carers reported help-seeking delays during the last year due to stigma related concerns. The non-linear relationship indicates that as stigma increases, help-seeking delay also increases somewhat exponentially. Although the effect of stigma on carer

help-seeking may be small, it remains important given that help-seeking is a family affair in Sri Lanka.

Perceptions of discrimination by employers may have been related to the high unemployment rate seen among both patients and carers (88% and 66%). Disclosure of mental illness appeared to be more of a concern than actual discrimination with over 80% not wanting others to know about their mental illness.

Limitations of the study include the retrospective report of help- seeking delay (e.g., memory bias) and that the stigma measures used were not culturally validated. In addition, the study cohort were of a mixed diagnostic group and did not capture severe treatment avoiders who were not accessing services.

Mental Health Policy of Sri Lanka (Mental Health Directorate, 2005) indicates the need for a national strategy to reduce stigma. This research confirms stigma is present and suggests the need for interventions such as advocacy activities and education.

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TABLE 1 Regression analyses predicting help-seeking delay of carers

Linear Model	β	t
Block 1		
Employment	-.21	-2.19*
Gender	.10	1.00
Block 2		
Employment	-.16	-1.85
Gender	.03	.39
Discrimination subscale	.12	1.42
Disclosure subscale	.36	4.05**
Quadratic Model	β	t
Intercept	5.32	2.71*
Gender	.11	.11
Employment	-.14	-1.59
Discrimination	-.64	-1.55
Discrimination^2	.65	1.50
Disclosure	-.95	-1.46
Disclosure^2	1.20	1.80
Discrimination * Disclosure	.23	.42

*Significant at the .05 level **Significant at the .01 level