

The Relationship between Stigma of Psychiatric Illness and Self-Esteem among Mentally Ill Patients

Asmhan Sayed Sayed Mousa*, Ghada Mohammed Mourad**, Wafaa Osman Abd El-Fatah***

* Demonstrator in psychiatric /mental Health Nursing Department, Faculty of Nursing, Al-Fayoum University, Egypt

** Professor of Psychiatric /Mental Health Nursing Faculty of Nursing-Ain shams University, Egypt

*** Assistant Professor of psychiatric/ Mental Health Nursing Faculty of Nursing –Halwan University, Egypt

Abstract

Back ground: Mental illness is a medical condition that disrupts a person's thinking, behavior, feeling and mood. Internalized stigma is defined as patients' feelings of embarrassment and shame about having a mental and psychiatric illness. **Aim of the study:** the present study aimed to identify the relationship between internalized stigma and self-esteem among mentally ill patients. **Research design:** a descriptive research design was utilized in the study. **Setting:** the study was conducted at Outpatient psychiatric Clinic in Al-Fayoum General Hospital. **Sample:** a purposive sample of (218) from psychiatric patients. **Data collection tools:** three instruments were used for collecting the data **I:** socio-demographic and clinical data sheet, **II:** Internalized Stigma of mental illness scale and **III:** Rosenberg self-esteem scale. **Results:** the results of this study showed that, nearly to three-fifths of studied patients' were males, nearly to two-fifths of studied patients' were illiterate and nearly to four-fifths of studied patients' didn't work. There was negative correlation between internalizing stigma and self-esteem. There was statistically significant between total internalized stigma scale with age, job and educational level. **Conclusion:** the Patients with psychiatric and mental illness had internalized stigma. **Recommendation:** this study recommended that developing strategies and providing program to fight internalized stigma among mentally ill patients at outpatient psychiatric clinics.

Keywords: Mental ill patient- Internalized stigma- Self-estee.

Introduction:

Mental health is defined as “a state of well-being in which the individual is aware of his own capabilities, can handle the normal stresses of life, can work

productively and fruitfully and be able to contribute to society”. Therefore, mental health is much more than the absence of mental disorders (*Fusar-poli, et al., 2021*). While, mental disorders are

characterized by a set of changes in behavior, thought, perception, emotions and relationships with others (*Ding & Zhang, 2023*).

Mentally ill patients face double problems; illness and stigma. Stigma is defined as a complex social process of categorizing, devaluing and discriminating of mentally ill patients (*Knaak, Mantler & Szeto, 2017*). Stigma of mental illness has three dimensions: cognitive (stereotypes), emotional (prejudice) and behavior (discrimination) (*Gorzig & Ryan, 2022*).

.. In addition, internalized stigma is defined as patients' feelings of shame and embarrassment about having a mental illness, which limits social interaction and impair professional performance. (*Alemayehu, et al., 2020*).

The stigma of mental illness has many types including public stigma, self-stigma, structural stigma, label avoidance, courtesy stigma, family stigma, double stigma, stigma Power and automatic Stigma. (*Sheehan, Nieweglowski & Corrigan, 2017*). Globally, the prevalence of self-

stigma among mentally ill patients is high and ranges from 22 to 97% in different countries (*Ihalainen, Loyttyniemi & Valimaki, 2022*).

Stigma has a social, emotional and behavioral impact on patient and family members including, feelings of guilt and shame. (*Muralidharan, et al., 2016*). As well as, in some cultures, the presence of a mentally ill relative by association can hinder the progress of other family members, to an extent that may harm the marriage prospects of a young daughter or sister (*Tong, et al., 2020*).

Additionally, mood instability, increased hospitalizations and worse outcomes for physical and mental health (*Gyamfi, Hegadoren & Park, 2018*). In addition, negative labeling, discrimination, violence, low self-esteem and poor quality of life. Also, stigma can deny an individual basic needs, the opportunity to participate in society, and hinder access to services and decision-making (*Hartog, et al., 2020*).

Self-esteem is a life skill that is strongly embraced by all societies at all stages of development. Self-esteem is the process by which people evaluate themselves and

acquire knowledge, skills and attitudes to enable an individual to participate effectively in society. Self-esteem determines the level of prosperity, well-being and security of people (*Kariuki, Ogolla & Kimani, 2019*). In addition, self-esteem is also what an individual believes and feels about themselves and can also mean accepting one's weaknesses and strengths and feeling worthy of respect from others (*Adene, et al., 2021*).

Many researchers report that individuals with self-stigma experience hopelessness, depression, lowered self-esteem, worse adherence to treatment and poorer recovery. In addition, higher self-stigma leads to a lower quality of life. Self-stigma is an important factor that affects not only self-esteem but it also affects self-efficacy and causes social rejection (*Park, Minhwa & Seo, 2019*).

One way to counter stigma is to increase knowledge and awareness through the use of local media such as community newspapers and radio stations. Social media is very important in combating stigma by spreading positive messages about mental health to raise awareness to promote social inclusion and

reduce discrimination (*Bastien, & Corbière, 2019*).

Aim of the Study:

The current study was aimed to assess the relationship between internalized stigma and self-esteem among mentally ill patients.

This aim was attained through:

1. Assess the internalized stigma among mentally ill patients.
- 2-Assess levels of self-esteem among mentally ill patients.
3. Assess the relationship between internalized stigma and self - esteem among mentally ill patients.

Research Questions:

1. What is the internalized stigma among mentally ill patients?
2. What are levels of self-esteem among mentally ill patients?
3. What is the relationship between internalized stigma and self -esteem among mentally ill patients?

Subjects and Methods:

I) The technical design:

A) Research design:

A descriptive research design was used to achieve the objective of this study.

B) Setting:

The current study was conducted at Outpatient Psychiatric Clinic in AL-Fayoum General Hospital.

C) Subject:

Sample types and size:

Purposive sample from patients with mental illness. The sample size was 218 from the studied patients.

D) Tools for data Collection:

Tool I: Socio- demographic and medical history sheet :- A structured arabic self-administered questionnaire sheet was designed by the researcher, to collect data which cover the aim of the study and consists of two parts:

The first part socio-demographic data of the mentally ill patients which includes: age, gender, educational level, job, marital status and place of residence.

The second part medical history sheet, which includes: diagnosis, duration of illness, number of admission to psychiatric hospital, family history of psychiatric illness, treatment, relapse and cause of relapse.

Tool II: Internalized Stigma of Mental Illness Inventory (ISMI) (Ritsher& Jennifer, 2003)

This scale was adopted from (Ritsher& Jennifer, 2003), which assess the internalized stigma among mentally ill patients and consists of 29 statement. These statements are grouped thematically a priori into five subscales: alienation, stereotype endorsement, discrimination, social withdrawal and stigma resistance. The response for each statement ranged from 4 point response 1=strongly disagree, 2=disagree, 3=agree, 4=strongly agree, the statements of " stigma resistance" subscale was scored in reverse.

Scoring system of internalized stigma

Items	Scoring
No internalized stigma	1-58
Internalized stigma	59-116

Tool III: The Rosenberg Self-Esteem Scale (RSES /1965).

This scale was adopted from (Rosenberg, 1965) and it is the most used to measure self-esteem among people. which consisting of 10 statements refers to self-respect and self-acceptance. That divided

to from (statements 1, 3, 4, 7 and 10) are positively sentences, while from (statements 2, 5, 6, 8 and 9) are negatively sentences.

Each statement measured in four points from strongly agree to strongly disagree. The response score for each sentence as the following: - statements (1, 3, 4, 7 and 10) which have response 4 points ranging from strongly agree=3 agree=2 disagree=1 strongly disagree=0 while from statements (2, 5, 6, 8 and 9) are negatively sentences (which are reversed in responses) that ranging from strongly agree=0 agree=1 disagree=2 and strongly disagree=3.

Scoring system of self-esteem

Items	Scoring
Low self-esteem	0-10
Moderate self-esteem	11-20
High self-esteem	21-30

Ethical consideration

An official permission to conduct the proposed study was obtained from the scientific research ethics committee. Participation in the study was voluntary and the studied patients' were given full information about the study and

their role before signing the informed consent. The ethical considerations included explaining the purpose and nature of the study, mentioning the possibility to withdraw at any time and the confidentiality of the information as it was not accessed by any other party without the permission of the participants. Customs and traditions were respected.

II. Operational design:

This study was completed and passed through different phases as follows: the preparatory phase, then the pilot study phase and finally the field of work phase.

Preparatory phase:

During this phase the researcher reviewed the current, local and international related literature using books, periodicals journals, magazines and internet. This helped the researcher to be more acquainted with the study.

Pilot study:

A pilot study was carried out on 10% of patients (22 patient) under the study to test the applicability, clarity and the efficiency of the tools according to the criteria of selection. Pilot study is excluded from the sample.

Field work:

The researcher collected data over period of 6 months starting at the beginning of (March 2022 to Jun 2022) through interviewing patients comes to outpatient psychiatric Clinic in Al- Fayoum General Hospital., data were collected on Saturday, Sunday and Monday every week from 9:00am to 1pm. The time needed by each participant to complete the questionnaire ranged between 30-50 min, the total number 218 from the patients. The researcher introduced herself to psychiatric patients and the approval was obtained orally after explaining the purpose of the study and tries to establish a trustful relationship.

III. Administrative design:

Approval to carry out this study was obtained from the dean of the faculty of nursing at Helwan University and Nursing director at Fayoum General Hospital to conduct the study, this letter included a permission to collect the necessary data and explain the purpose and nature of the study. Additionally, provide a copy of protocol and tools to hospital.

IV. Statistical design:

Statistical analysis was performed of the current study, using the mean, standard deviation, chi-square test was used to compare between groups in qualitative, linear correlation coefficient was used for detection of correlation between two quantitative variables in one group. By (IBM SPSS Statistics for Windows, Version 20.0. Armonk, NY: IBM Corp.).

Significant level:

>0.05	Non significant	<0.05*
	significant	<0.001*
	High significant	

Results:-

Table (1): This table shows that, 34.4 % of studied patients' were at age group 26-35year with mean age \pm SD 39.64 \pm 6.8. Regarding gender 58.7% of the studied patients' were males, 45% were married and 38.5% were illiterate, 78.9% didn't work and 72.9% live in the rural area.

Table (2): This table reveals that, 69.2% of studied patients' diagnosis was schizophrenia, 72.5% suffering from disease since three years or more, 57% none admitted to psychiatric hospital, 62% didn't have family mental history, 82.6 were treated with Pharmacological

agent only, 67.9% have relapses and 47.3% cause of relapses "non-adherence with treatment".

Figure (1): This figure illustrates that, 89.9% of the studied patients' had internalized stigma, while only 10.1% didn't have internalized stigma.

Figure (2): this figure shows that, 48.2% of studied patients' had moderate level of self-esteem and 39.9% had high level of self-esteem. While only 11.9% of

studied patients' had low level of self-esteem.

figure (3): This figure demonstrates that, there was negative statistically significant correlation between internalized stigma and self-esteem when $r = -0.553$ with $p\text{-value} < 0.001$

Table(3): This table reveals that, there was statistically significant between total internalized stigma scale with age, job and educational level when $p\text{-value} < 0.05^*$

Table (1): Distribution of studied patients' regarding to their socio-demographics data (N=218)

Socio-Demographics data	Studied subjects N = 218	
	N	%
Age		
18-25	33	15.1
26-35	75	34.4
36-45	56	25.7
46-55	32	14.7
<55	22	10.1
Mean±SD	39.64±6.8	
Gender		
Male	128	58.7
Female	90	41.3
marital status		
Single	89	40.8
Married	98	45.0
Divorced	24	11.0
Widowed	7	3.2

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Socio-Demographics data	Studied subjects N = 218	
	N	%
Educational level		
Illiterate	84	38.5
read and write	41	18.9
Intermediate education	72	33.0
University education and postgraduate	21	9.6
Job		
Works	46	21.1
Not work	172	78.9
Place of residence		
Rural	159	72.9
Urban	59	27.1

Table (2): Distribution of studied patients' regarding to their medical history sheet (N = 218)

Medical history	Studied subjects N = 218	
	N	%
Diagnosis		
Schizophrenia	158	69.2
Anxiety	4	1.8
Depression	42	18.4
Obsessive-compulsive disorder	10	4.4
Bipolar disorder	10	4.4
Mania	4	1.8
Duration of illness		
Less than a year	30	13.8
One year	22	10
Two years	8	3.7

Medical history	Studied subjects N = 218	
	N	%
Three years or more	158	72.5
The number of admissions in psychiatric hospital		
No admission	124	57
Once	38	17.4
Twice	28	12.8
Three or more	28	12.8
Family history of mental illness		
Schizophrenia	53	24.3
Depression	14	6.4
Obsessive-compulsive disorder	4	1.8
Bipolar disorder	2	0.9
Mania	10	4.6
None	135	62
Treatment		
Pharmacological agent	180	82.6
Pharmacological agent and Psychotherapy	20	9.2
Pharmacological agent and ECT	0	0
Pharmacological agent and Psychotherapy and ECT	18	8.2
Relapse		
Yes	148	67.9
No	70	32.1
Causes of relapse		
Non-adherence with treatment	70	47.3
The dose of the medicine was changed without the Doctor's knowledge	50	33.8

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Medical history	Studied subjects N = 218	
	N	%
Big changes in life (e.g., losing a job, an accident that resulted in loss of a part of the body or death of a loved one)	12	8.1
Other reasons	16	10.8

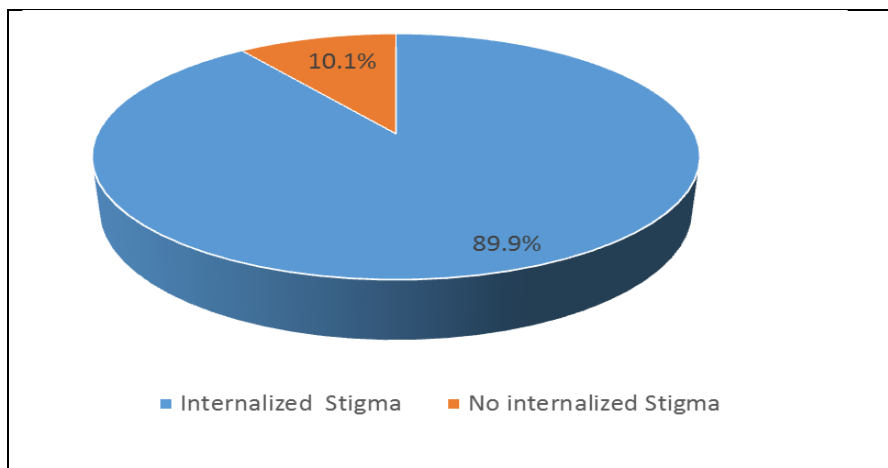


Figure (1): distribution of the studied patients' regarding presence of internalized stigma (N=218)

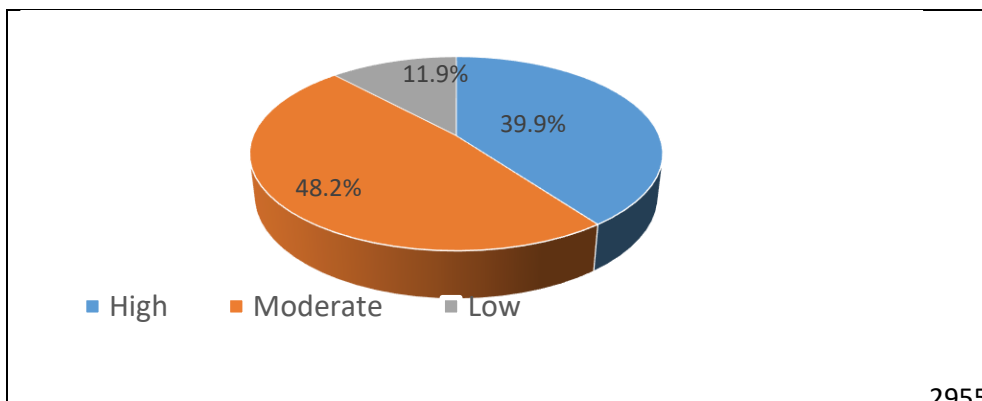


Figure (2): distribution of the studied patients' regarding levels of self-esteem (N-218)

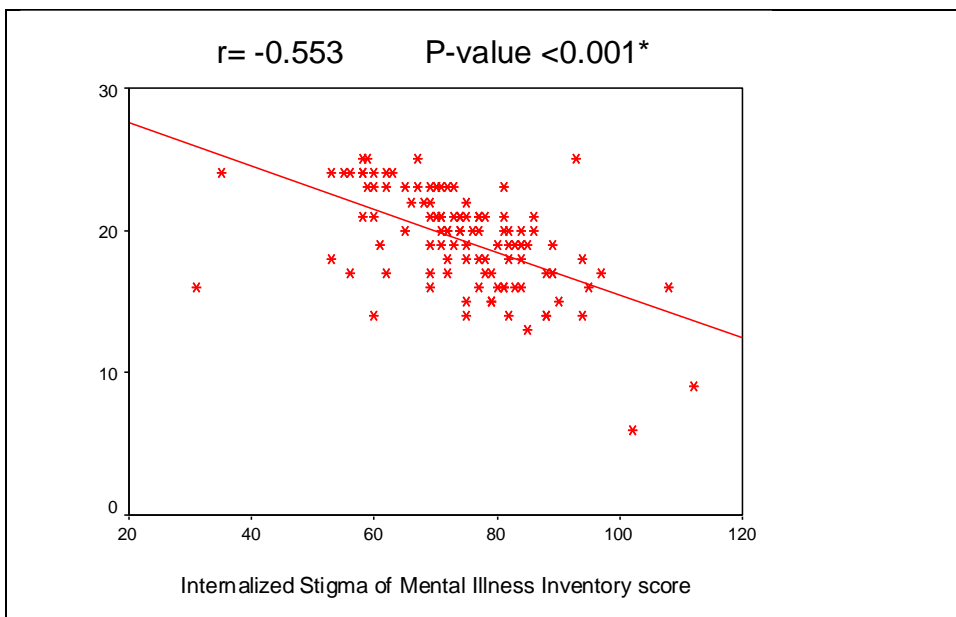


Figure (3): Correlation between internalized stigma and self-esteem among studied patients (N=218)

Table (3): Relation between socio demographic characteristics of patient’s data and total Internalized Stigma of Mental Illness Inventory (ISMI) (N=218)

	Internalized Stigma of Mental Illness Inventory (ISMI)					
	Internalized Stigma		No internalized Stigma		Chi-square	
	N	%	N	%	X ²	P-value
Age						

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	Internalized Stigma of Mental Illness Inventory (ISMI)					
	Internalized Stigma		No internalized Stigma		Chi-square	
	N	%	N	%	X ²	P-value
18-25	26	78.8	7	21.2	14.76 0	0.005 *
26-35	69	92.0	6	8.0		
36-45	55	98.2	1	1.8		
46-55	25	78.1	7	21.9		
<55	21	95.5	1	4.5		
Gender						
Male	116	90.6	12	9.4	0.176	0.675
Female	80	88.9	10	11.1		
marital status						
Single	80	89.9	9	10.1	2.806	0.423
Married	89	90.8	9	9.2		
divorced	22	91.7	2	8.3		
widowed	5	71.4	2	28.6		
Education al level						
Illiterate	79	94.0	5	6.0	9.506	0.023 *
read and write	37	90.2	4	9.8		
Intermedia te education	65	90.3	7	9.7		

	Internalized Stigma of Mental Illness Inventory (ISMI)					
	Internalized Stigma		No internalized Stigma		Chi-square	
	N	%	N	%	X ²	P-value
University education and postgraduate	15	71.4	6	28.6		
Job						
works	36	78.3	10	21.7	8.717	0.003 *
doesn't work	160	93.0	12	7.0		
Place of residence						
Rural	143	89.9	16	10.1	0.001	0.981
Urban	53	89.8	6	10.2		

Discussion

This study revealed that, regarding to socio-demographics data, nearly to three-fifths of studied patients' were males and more than two-fifths were female. This study is agrees with (*Dhungana, et al., 2022*), who carried out the study entitled "Internalized stigma in patients with schizophrenia: A hospital-based cross sectional study from Nepal" and reported that, (56%

and 44%) of studied patients' were males and females.

Moreover, the current study is disagree with (*Świtaj, et al.,*

2017), who carried out the study entitled "The relationship between internalized stigma and quality of life among people with mental illness: are self-

esteem and sense of coherence sequential mediators?" in Warsaw (Poland) and revealed

that, (38% and 62%) of studied patients' were males and females

This indicates that the priority of treatment for males and the reason for this may be due to the fact that most family caregivers in rural communities usually give the priority to treatment and care for males over females. Additionally, family caregivers prefer to hide the nature of female disease from general public perhaps because of the fear of reducing chances of marriage for females in the future.

The present study demonstrated that, regarding age of studied patients' more than one-third of studied patients' age were range between (26-35 Y) with Mean age \pm SD were 39.64 ± 6.8 . This study is in accordance with the finding of (*Xanthopoulou, et al., 2022*), who carried out the study entitled "Social Isolation and Psychosis: Perspectives from People with Psychosis, Family Caregivers and Mental Health Professionals" in the UK and illustrated that, Mean age \pm SD of studied patients' were 41 ± 9.8 .

The current study demonstrated that, in relation to education level of the studied patients' nearly to two-fifths of studied patients' were illiterate. This study is compatible with (*Maharjan, Panthee, 2019*), who carried out the study entitled "Prevalence of self-stigma and its association with self-esteem among psychiatric patients in a Nepalese teaching hospital: a cross-sectional study" and showed that, 51% of studied patient were illiterate.

From the researcher's point of view, most of the patients under study were illiterate and the reason for this may be that illiterate patients may have a limited chance to obtain awareness and knowledge about mental illness from the school environment and to get more information about mental illness and treatment from other sources such as a printer and visual materials.

This study revealed that, regarding the studied patients' job nearly to four-fifths of studied patients' didn't work. The current study is consistence with (*Ozturk & ŞahiN Altun, 2022*),

who carried out the study entitled "The effect of nursing interventions to instill hope on the internalized stigma, hope and quality of life levels in patients With schizophrenia" in Turkey and reported that, 77% of studied patients' didn't work.

In contradiction with the present study finding of (*Pereda, 2022*) who carried out the study entitled "Mental Health, Social Contact and Stigma in the U.S. and Mexico" and illustrated that, (63.3% & 12.9%) of studied patients' employed (Full-time and Part-time).

From the researcher's point of view, the most of studied patients' didn't work, perhaps due to the severity of the symptoms of mental illness and the bizarre behaviors of the patients at work, which may hinder the patient from performing work effectively or may disrupt the relationship between the patient and co-workers, which may lead the employer to dispense with the patient and consequently the patient loses job. Moreover, employers may reject the patient in a job interview once they

know that the person is mentally ill.

The current study demonstrated that, regarding place of residence of the studied patients' nearly to three-quarter of studied patients' live in rural area. This study consistent with the study of (*Shrestha, 2019*), who carried out the study entitled "Internalized Stigma, Coping and Social Support with Mental Illness in Manipal Teaching Hospital, Pokhara, Nepal" and revealed that, 81.6% of studied patients' live in rural area.

Furthermore, the present study is inconsistent with the findings of (*Bedaso, et al., 2022*), who carried out the study entitled "The magnitude and correlates of internalized stigma among people with mental illness attending the outpatient department of Amanuel Mental Specialized Hospital, Addis Ababa, Ethiopia" and reported that, 68.8% of studied patients' live in urban area.

From the researcher's point of view regarding the majority of studied patients' live in rural area this may be due to low mental

health literacy and rural patients' may be deprived of other underlying causes such as low media, high literacy and lack access to mental health services. In addition, People who living in rural areas also tend to have worse socioeconomic conditions and poverty is one of the biggest social determinants of mental health.

The current study illustrated that, regarding the studied patients' diagnosis more than two-thirds of studied patients' had schizophrenia. On the same line with the current study results (*Lin, et al., 2022*), who carried out the study entitled "Effects of Rehabilitation Models on Self-Stigma among Persons with Mental Illness" in Taiwan and showed that 71.2% of studied patients' had schizophrenia.

From the researcher's point of view regarding most of studied patients' had schizophrenia, it may be due to the heredity factor which appeared in the results of this study that nearly to a quarter of studied patients' had a family history of mental illness that was schizophrenia.

Additionally, severity of signs and symptoms of schizophrenia, differences in illness duration and differences in treatment period than other mental disease leading to a search for treatment. Also, families and people with schizophrenia may have more experiences of labeling and discrimination than with any other type of psychiatric illness due to patients' bizarre behaviors, leading to a search for treatment.

The Present study reported that, regarding the studied patients' family history of mental illness more than three-fifths of studied patients' there was no family history of mental illness. This study consistent with the study of (*Çapar, & Kavak, 2019*), who carried out the study entitled "Effect of internalized stigma on functional recovery in patients with schizophrenia" in Eastern Turkey and illustrated that, 66.8% of the studied patients' there was no family history of mental illness.

This study demonstrated that, regarding the studied patients' relapse more than two-thirds of studied patients' had relapse and nearly half of studied patients'

causes of relapse non-adherence with treatment. This study is consistent with the study of (*Agenagnew, 2020*) who carried out the study entitled " The Lifetime Prevalence and Factors Associated with Relapse among Mentally Ill Patients at Jimma University Medical Center, Ethiopia: Cross Sectional Study" and illustrated that, 70.2% of studied patients' had a relapse and 41.6% of studied patients' causes of relapse, non-adherence with treatment.

From the researcher's point of view, the majority of studied patients' non adherent to medication may be a result of lack awareness and failure to provide psycho-education to the patients and relatives about the importance of adherent to treatment during diagnoses, which lead to the patient's lack of awareness of the consequences of non-adherence to medication and as a result, relapse occurs.

Regarding presence of internalized stigma of mental illness this study showed that, more than four-fifths of studied patients' had internalized stigma. This study supported by

(*Dhungana, et al., 2022*) and reported that, 89.47% of studied patient' had internalized stigma.

From researcher's point of view the majority of studied patients' had internalized stigma, may be because health professionals may be ignoring internalized stigma in comprehensive treatment programs for people with serious mental illness and more focused on prescription rather than counseling and psychotherapy to combat internalized stigma among psychiatric patients.

In addition, the prevalence of internalized stigma may be returned to to the personal and public perception associated with mental illness and symptoms that may make patients distressed in relation to other people at work, spouse, friends and even at home or may due to low level of knowledge and awareness of the nature of mental illness among the community population in the current study area.

Regarding levels of self-esteem the current study reported that, nearly half of studied patients' had moderate level of self-esteem. This study is disagreeing

with *(Ali, Sabra & Ahmed, 2019)* who carried out the study entitled "Effect of Internalized Stigma on Self-Esteem and Loneliness among Mentally Ill Patient" in Benha city and demonstrated that, 82% of studied patients' had low level of self-esteem. From the researcher's point of view the studied patients' had moderate level of self-esteem, perhaps because most of the studied patients' had intermediate and university education, which leads to increase awareness about mental illness and treatment, so enhance self-esteem.

Regarding Correlation between internalized stigma and self-esteem this study illustrated that, there was negative statistically significant correlation between internalized stigma and self-esteem when $r = -0.553$ and p -value < 0.001 . This study is consistent with *(Marcussen, Gallagher & Ritter, 2021)*, who carried out the study entitled "Stigma Resistance and Well-Being in the Context of the Mental Illness Identity" in a Midwestern city and reported that, there was significantly associated with self-esteem when $r = -.504$ and $p < .001$

From researcher's point of view, the studied patients' increase level of self-stigma, decreases the self-esteem, may be due to the strong negative relationship to the role of social context in the development of self-esteem. Thus, the self cannot be separated from the society in which exists and person's self-esteem is socially shaped by the opinions of others, so if others people self-evaluations are negative, as is often the case for individuals with mental illness and have stigma, then the internalization may be lead to low self-esteem.

Regarding relation between socio-demographic characteristics and total internalized stigma of mental ill patients this study demonstrated that, there was statistically significant between total internalized stigma and age. This study is disagrees with *(Paraskevoulakou, et al., 2017)* who carried out the study entitled "Mental Illness Related Internalized Stigma: Psychometric Properties of the Brief ISMI Scale in Greece" and showed that, there was no statistical significant relation

found between internalized stigma and age.

Additionally, this study is disagrees with (*Holubova, et al., 2016*), who carried out the study entitled "Are self-stigma, quality of life, and clinical data interrelated in schizophrenia spectrum patients? A cross-sectional outpatient study" in Czech Republic (Central Europe) and revealed that, there was no statistical significant relation found between internalized stigma and age.

Regarding relation between educational levels of studied patients' and total internalized stigma the current study revealed that, there was statistically significant relation between total internalized stigma and educational level.

The present study is compatible with (*Kehyayan, et al., 2021*), who carried out the study entitled "Internalized Stigma in Persons with Mental Illness in Qatar: A Cross-Sectional Study" and illustrated that, that there was significantly between internalized stigma and educational level. Moreover, this study is disagree with (*Maharjan, et al., 2019*)

and reported that, there was no significantly between internalized stigma and educational level.

From the researcher's point of view, there was a negative relation between stigma and educational level, the studied patients' have a lower level of education have a greater stigma experience, perhaps due to cognitive impairment and absent role of education and knowledge in de-stigmatizing. On the other hand, patients' with high educational level have high level of insight, awareness and chance to get more information about causes, signs and symptoms and treatment of mental illness from many sources like printer and visual materials, so internalized stigma decrease.

Regarding relation between job of studied patients' and total internalized stigma this study demonstrated that, there was statistically significant relation between total internalized stigma and job. This study is contrasted with(*Tanabe, Hayashi & Ideno, 2016*), who carried out the study entitled "The Internalized Stigma of Mental Illness (ISMI) scale: validation of the Japanese

version" and showed that, there was no statistically significant relation between total internalized stigma and job.

From the point of view of the researcher, unemployed patients who were studied are more likely to suffer from internalized stigma than employed individuals and the reason may be that when patients are unemployed, they feel inferior and isolated from society, which may lead to loneliness and health problems that may lead them to experience self-stigma.

Conclusion

Patients with psychiatric and mental illness had internalized stigma. There was highly negative statistically significant correlation between internalized stigma and self-esteem. There was statistically significant relation between total internalized stigma scale with age, job and educational level.

Recommendations:

On the light of the finding of the study the following recommendations outlined:

For patient and family

- Developing strategies and providing program to fight internalized stigma among mentally ill patients.

-Emphasize the importance of availability and distribution of booklet containing the basic information about mental illness for patients with mental illness and families.

- Provide psycho-educational programs for mentally ill patients and families and should be encouraged to attend in order to obtain information and improve knowledge and attitudes towards mental illness.

-Effective coping strategies and social skill training programs should be taught to families and patients to reduce the experience of stigma and improve patients' self-esteem.

-Psychiatric institution should play more roles not only in treatment, but also in enhancing the self-esteem for mentally ill patients.

For psychiatric nurses

- Implementing training programs for psychiatric nurses to improve

communication and social skills with psychiatric patients and trained on types of activities that enhance self-esteem among patients with mental illness.

For public people

- Planning and implementing health awareness programs for general public to raise awareness and increase knowledge about the nature of mental illness to reduce public stigma.

For future researchers

-Future researchers should continue to explore methods for dealing with stigmatized patients with mental illness and assess the effects of self-stigma on self-esteem among people with mental illness.

References

Adene, F. M., Umeano, E. C., Adimora, D. E., Ugwuanyi, C. S., Okeke, C. I., Offordile, E. E., ... & Ishiwu, E. N. (2021). Effectiveness of Peer Collaborative Learning Strategy on Self-Esteem of Pupils with Behaviour Problems in Nsukka Education Authority. *Journal of Critical Reviews*, Vol. 8, No. 1, Pp. 1055-1069.

Agenagne, L. (2020). The Lifetime Prevalence and Factors Associated with Relapse among Mentally Ill Patients at Jimma University Medical Center, Ethiopia: cross sectional study. *Journal of Psychosocial Rehabilitation and Mental Health*, Vol. 7, No. 3, Pp. 211-220.

Alemayehu, Y., Demilew, D., Asfaw, G., Asfaw, H., Alemnew, N., & Tadesse, A. (2020). Internalized Stigma and Associated Factors among Patients with Major Depressive Disorder at The Outpatient Department of Amanuel Mental Specialized Hospital, Addis Ababa, Ethiopia, 2019: A Cross-Sectional Study. *Psychiatry Journal*, 2020.

Ali, L. A. E., Sabra, A. I., & Ahmed, F. M. (2019). Effect of Internalized Stigma on Self-Esteem and Loneliness among Mentally Ill Patients. *Menoufia Nursing Journal*, Vol. 4, No. 1, Pp. 25-33.

Bastien, M. F., & Corbière, M. (2019). Return-to-Work Following Depression: What Work Accommodations Do Employers and Human Resources Directors put in Place? *Journal of*

Occupational Rehabilitation, Vol. 29, No. 2, Pp. 423-432.

Bedaso, A., Workie, K., Gobena, M., & Kebede, E. (2022). The Magnitude and Correlates of Internalized Stigma among People with Mental Illness Attending The Outpatient Department of Amanuel Mental Specialized Hospital, Addis Ababa, Ethiopia. *Heliyon*, Pp. e09431.

Çapar, M., & Kavak, F. (2019). Effect of Internalized Stigma on Functional Recovery in Patients with Schizophrenia. *Perspectives in Psychiatric Care*, Vol. 55, No. 1, Pp. 103-111.

Dhungana, S., Tulachan, P., Chapagai, M., Pant, S. B., Lama, P. Y., & Upadhyaya, S. (2022). Internalized Stigma in Patients with Schizophrenia: a Hospital-Based Cross-Sectional Study from Nepal. *Plos One*, Vol. 17, No. 3, Pp. e0264466.

Ding, H., & Zhang, Y. (2023). Speech Prosody in Mental Disorders. *Annual Review of Linguistics*, Vol. 9.

Fusar-poli, P., Correll, C. U., Arango, C., Berk, M., Patel, V., & Ioannidis, J. P. (2021). Preventive Psychiatry: A Blueprint for Improving the

Mental Health of Young People. *World Psychiatry*, Vol. 20, No. 2, Pp. 200-221.

Gorzig, A., & Ryan, L. N. (2022). The Different Faces of Mental Illness Stigma: Systematic Variation of Stereotypes, Prejudice and Discrimination by Type of Illness. *Scandinavian Journal of Psychology*.

Gyamfi, S., Hegadoren, K., & Park, T. (2018). Individual Factors that Influence Experiences and Perceptions of Stigma and Discrimination towards People with Mental Illness in Ghana. *International Journal of Mental Health Nursing*, Vol. 27, No. 1, Pp. 368-377.

Hartog, K., Hubbard, C. D., Krouwer, A. F., Thornicroft, G., Kohrt, B. A., & Jordans, M. J. (2020). Stigma Reduction Interventions for Children and Adolescents in Low-and Middle-Income Countries: Systematic Review of Intervention Strategies. *Social Science & Medicine*, Pp. 246- 112749.

Holubova, M., Prasko, J., Latalova, K., Ociskova, M., Grambal, A., Kamaradova, D., ... & Hruby, R. (2016). Are Self-

Stigma, Quality of Life, and Clinical Data Interrelated in Schizophrenia Spectrum Patients? a Cross-Sectional Outpatient Study. *Patient Preference and Adherence*, Vol. 10, Pp. 265.

Ihalainen, N., Loyttyneimi, E., & Välimäki, M. (2022). Self-Stigma among Clients of Outpatient Psychiatric Clinics: A Cross-Sectional Survey. *Plos One*, Vol. 17, No. 7, Pp. 0269465.

Kariuki, M. N., Ogolla, F., & Kimani, M. (2019). Influence of Self-Esteem on Students' Academic Performance in Secondary Schools in Tharaka Nithi County, Kenya.

Kehyayan, V., Mahfoud, Z., Ghuloum, S., Marji, T., & Al-Amin, H. (2021). Internalized Stigma in Persons with Mental Illness in Qatar: a Cross-Sectional Study. *Frontiers in Public Health*, Vol. 9, Pp. 685003.

Knaak, S., Mantler, E., & Szeto, A. (2017). Mental Illness-related Stigma in Healthcare: Barriers to Access and Care and Evidence-Based Solutions. In *Healthcare management*

forum. Vol. 30, No. 2, Pp. 111-116.

Lin, Y. Y., Lin, M. L., Huang, Y. H., Ma, W. F., Yen, W. J., & Lee, S. K. (2022, January). Effects of Rehabilitation Models on Self-Stigma Among Persons With Mental Illness. In *Healthcare*, Vol. 10, No. 2, Pp. 213. MDPI.

Maharjan, S., & Panthee, B. (2019). Prevalence of Self-Stigma and its Association with Self-Esteem among Psychiatric Patients in a Nepalese Teaching Hospital: a Cross-Sectional Study. *BMC Psychiatry*, Vol. 19, No. 1, Pp. 1-8.

Marcussen, K., Gallagher, M., & Ritter, C. (2021). Stigma Resistance and Well-Being in the Context of the Mental Illness Identity. *Journal of Health and Social Behavior*, Vol. 62, No. 1, Pp. 19-36.

Muralidharan, A., Lucksted, A., Medoff, D., Fang, L. J., & Dixon, L. (2016). Stigma: a Unique Source of Distress for Family Members of Individuals with Mental Illness. *The Journal of Behavioral Health Services & Research*, Vol. 43, No. 3, Pp. 484-493.

Ozturk, Z., & ŞahiN Altun, O. (2022). The Effect of Nursing Interventions to Instill Hope on the Internalized Stigma, Hope, and Quality of Life Levels In Patients With Schizophrenia. *Perspectives in Psychiatric Care*, Vol. 58, No. 1, Pp. 364-373.

Paraskevoulakou, A., Vrettou, K., Pikouli, K., Triantafillou, E., Lykou, A., & Economou, M. (2017). Mental Illness Related Internalized Stigma: Psychometric Properties of the Brief ISMI Scale in Greece. *Materia Socio-Medica*, Vol. 29, No. 3, Pp. 211.

Park, K., Minhwa, L., & Seo, M. (2019). The Impact of Self-Stigma on Self-Esteem among Persons with Different Mental Disorders. *International Journal of Social Psychiatry*, Vol. 65, No. 7-8, Pp. 558-565.

Pereda, E. A. (2022). Mental Health, Social Contact, And Stigma In The US And Mexico (Doctoral Dissertation, Alliant International University).

Rishter, E. And Jenifer, B. (2003). Internalized Stigma of Mental Illness: Psychometric Properties of a New Measure. *Psychiatry Research* Vol. 121, No. 1, Pp. 31-49.

Rosenberg, M. (1965): Rosenbergy Self-Esteem Scale (RSE). *Acceptance and Commitment Therapy. Measures Package*, Vol. 61, No. 52 , pp. 18 .

Sheehan, L., Nieweglowski, K., & Corrigan, P. W. (2017). Structures and Types of Stigma. in the Stigma of Mental Illness-End of the Story? Pp. 43-66.

Shrestha, S. (2019). Internalized Stigma, Coping and Social Support with Mental Illness in Manipal Teaching Hospital, Pokhara, Nepal. *Journal of Nepal Health Research Council*, Vol. 17, No. 1, Pp. 80-84.

Switaj, P., Grygiel, P., Chrostek, A., Nowak, I., Wciórka, J., & Anczewska, M. (2017). The Relationship between Internalized Stigma and Quality of Life among People with Mental Illness: are Self-Esteem and Sense of Coherence Sequential Mediators?. *Quality of Life Research*, Vol. 26, No. 9, Pp. 2471-2478.

Tanabe, Y., Hayashi, K., & Ideno, Y. (2016). The Internalized Stigma of Mental Illness (ISMI) Scale: Validation of the Japanese Version. *BMC*

Psychiatry, Vol. 16, No. 1, Pp. 1-8.

Tong, P., Bu, P., Yang, Y., Dong, L., Sun, T., & Shi, Y. (2020). Group Cognitive Behavioural Therapy Can Reduce Stigma and Improve Treatment Compliance in Major Depressive Disorder Patients. *Early Intervention in Psychiatry*, Vol. 14, No. 2, Pp. 172-178.

Xanthopoulou, P. D., Mbanu, J., Chevalier, A., Webber, M., & Giacco, D. (2022). Social Isolation and Psychosis: Perspectives from People with Psychosis, Family Caregivers and Mental Health Professionals. *Community Mental Health Journal*, Pp. 1-8.