

# STIGMA AMONG MENTAL HEALTH PATIENT'S FAMILY MEMBERS IN ARMENIA

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This research was initiated to understand to which extent the mental health patients families are exposed to stigma, isolation and discrimination in Yerevan, Armenia. In Armenia, close relatives and family members are playing significant role in advising and sometimes in bringing mental patients to mental health services. That is why secondary stigmatization is a huge problem in poor outcomes of treatment and psychosocial rehabilitation. The majority (60%) of study participants think that other people can think badly about persons suffering from mental illness or can associate mental health patients' problems with their families, and think badly about their families as well. Almost all (80%) respondents mentioned that mental health problems can bring to lower quality of life and worsen their families' quality of life even more than mental health patients' quality of life.

## ԽԱՐԱՆԸ ՀԱՅԱՍՏԱՆՈՒՄ ՀՈԳԵԿԱՆ ԽԱՆԳԱՐՈՒՄՆԵՐ ՈՒՆԵՑՈՂ ԱՆՁԱՆՑ ԸՆՏԱՆԻՔԻ ԱՆԴԱՄՆԵՐԻ ՇՐՋԱՆՈՒՄ

Մ.Դ. Խուրշուդյան

Հոգեւորապահպան կարգավորման կենտրոն, Երևան, ՀՀ

Սույն հետազոտության նպատակն էր ուսումնասիրել Երևան քաղաքում հոգեկան խանգարումներ ունեցող անձանց ընտանիքի անդամների շրջանում խարանի, մեկուսացման և խտրականության առկայությունը: Հայաստանում ընտանիքի անդամները և հարազատները մեծ դեր ունեն հոգեկան առողջության խնդիրներ ունեցող անձին հոգեկան առողջության մասնագիտական կլինիկաներ բուժման ուղեկցելու կամ խորհուրդ տալու տեսանկյունից, ուստի երկրորդային խարանը մեծ նշանակություն ունի բուժման և հոգեւորապահպան վերականգնման արդյունավետության տեսանկյունից: Հետազոտության արդյունքում պարզ դարձավ, որ մասնակիցների մոտ 60% կարծում է, որ մարդիկ բացասաբար են մտածում հոգեկան խանգարում ունեցող մարդկանց մասին և որ այդ վերաբերմունքը տարածվում է նաև հոգեկան առողջության խնդիր ունեցող անձի ընտանիքի անդամների վրա: Արդյունքները ցույց են տալիս նաև, որ հետազոտվողների 80% նշում են, որ հոգեկան առողջության խնդիրները վատացնում են ոչ միայն հիվանդի, այլև հոգեկան հիվանդի ընտանիքի անդամների կյանքի որակը:

## СТИГМА У ЧЛЕНОВ СЕМЬИ ПАЦИЕНТОВ С ПСИХИЧЕСКИМИ ПРОБЛЕМАМИ В АРМЕНИИ

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Целью данного исследования являлось выявление подверженности членов

### Հանգուցային բառեր.

խարան,  
հոգեկան առողջություն,  
հոգեկան խանգարում,  
ընտանիք,  
մեկուսացում,  
խտրականություն

### Ключевые слова:

стигма,  
психическое здоровье,  
психическое  
заболевание,  
семья,  
изоляция,  
дискриминация

### Keywords:

Stigma,  
Mental Health,  
Mental Disorders,  
Family,  
Isolation,  
Discrimination

семьи пациентов с психическими заболеваниями стигме, социальной изоляции, дискриминации в Ереване, Республика Армения. В Армении близкие родственники и члены семьи играют большую роль в исходе лечения пациентов с психическими заболеваниями, так как именно они зачастую являются инициаторами посещения специализированных клиник или просто советуют обратиться за специализированной помощью. Именно поэтому вторичная стигматизация играет огромную роль в исходе лечения или психосоциальной реабилитации пациентов с психическими заболеваниями.

В результате исследования нами было выявлено, что около 60% опрошенных считает, что окружающие отрицательно относятся не только к самим пациентам с психическими заболеваниями, но и к их ближайшему окружению – в частности, к членам семьи пациентов. Исследование также показало, что 80% опрашиваемых отмечает, что наличие психического заболевания ухудшает качество жизни не только пациента, но и членов его семьи.

## ՀԵՂԻՆԱԿԻ ՄԱՍԻՆ ՏԵՂԵԿՈՒԹՅՈՒՆՆԵՐ

### Մարիետտ Դավթի ԽՈՒՐՇՈՒՂՅԱՆ

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### Background Information

Each and every paper starts on identifying and naming the problem at research and this study is not an exception. This research was initiated to understand to which extent the mental health patients families are exposed to stigma, isolation and discrimination in Yerevan, Armenia. But first let us define what is stigma? The stigma is defined as a sign of disgrace or discredit, which sets a person apart from others [2]. Stigma usually is a complex term that can include combined meaning of shame, blame and secrecy, the “black sheep in the family” role, social isolation, social exclusion, stereotypes and discrimination. Stigma can relay to any kind of social behavior, physical appearance or even ideology, but what is even more important, it could be related to some kind of illness, for example, mental disorders. The stigma of mental illness, although more often related to context than to a person's appearance, remains a powerful negative attribute in all social relations. Sociological interest in psychiatric stigma appeared in very early publications back to 1960th [2. Goffman, E. (1963) Stigma: Notes on the Management of Spoiled Identity. Engelwood Cliffs, NJ: Prentice-Hall] and more recently, psychiatrists have begun to re-examine the consequences of stigma for their patients as well as for patients close social environment (family members, friends, significant others and other). Family and friends may endure a stigma by association, the so-called

“courtesy stigma” [3]. Interestingly, discrimination of mental health patients and their family members does not differ significantly from country to country and from one society to another. The results of stigma are much broader than personal drama for mental health patients or their close relatives. The adaptive response to private and public shame is secrecy [1]. Secrecy acts as an obstacle to the presentation and treatment of mental illness at all stages. So, unlike physical illness, when social resources are mobilized, people with mental disorders are removed from potential supports. Poorer outcomes in chronic mental disorders are likely when patients' social networks are reduced [1] The relationship of social network deficits with deficits in social functioning in long-term psychiatric disorders [1].

We have pretty much the same picture in Armenian reality. Patients are reluctant to seek professional help in case of mental health issues. Traditionally, in Armenian society, close relatives and family members are playing significant role in advising and sometimes in bringing mental patients to mental health services. That is why secondary stigmatization is a huge problem in underuse of professional services for mental health patients, as well as in poor outcome of their treatment and psychosocial rehabilitation. Unfortunately, there was no study showing the extent and patterns of secondary stigmatization in Armenian population.

## Goals and Objectives

This study was initiated to cover informational gap in understanding stigma among mental health patients' family members in Armenia. The goal of the study was to identify secondary stigmatization among individuals, whose close relative is suffering from mental health disorder. The objectives were to identify level of secondary stigmatization, to identify how individuals deal with stigma and discrimination issues and to make some suggestions for social support to mental health patients' families based on information provided by the study participants.

## Methods

**Instrument:** To access mental health patients' family members' secondary stigmatization the Knowledge, Attitude and Practice (KAP) self-administered questionnaire was used. The questionnaire was initially developed by than translated (with back translation), adopted and pre-tested for Armenia.

### Sampling:

**Sample Size:** The sampling was conducted upon consentient. All participants signed informed consent before survey and were instructed on administration of questionnaire. Total number of distributed questionnaires was 161, 149 participants returned filed questionnaires, 11 refused to participate and only one returned questionnaire without filling it in.

**Inclusion Criteria:** Study included family members of patients who are registered in Avan Mental Health Center and care established diagnosis ICD-10 F20-F29.

**Study Location:** The study was located in national Avan Mental Health Center, were patients from all regions of Armenia with diagnosed mental health disorders are registered and taken under supervision.

## Results

The majority of study participants were female (76%) falling within mean age category of 56 years old. The youngest participant was 17 years old and the oldest one was 87. Almost all participants have at list 10 years of school education(8 years school education- 6 % , 10- 12 years education- 31% , College- 29% ) and 34% of participants reported to have higher education. 37% of respondents are currently employed, 32% are pensioners, 23%-unemployed and 16 % are housewives.

Only 12% of study participants think that other

people never think badly about persons suffering from mental illness. Most of them think that it can happen sometimes (36%), 23% think it happens often and same proportion thinks that it can happen on regular bases. Almost the same distributions we have when we ask respondents if they believe that people around are scared from persons suffering from mental illness (never- 15% , sometimes- 36%, often- 23% and always- 24%). 72% reported that their family member at some point of time feel the negative attitude because of his or her mental disorder. When asked if they feel or noticed the negative attitude from people around towards their family member because of his/her mental disorder, 66 % mentioned that they have noticed it and the same proportion of participants answered positively that other family members of their family feel the negative attitude of the entourage because of the mental disorders of their relative.

Nevertheless, within the family and close friends relations did not change or worsen because of the mental illness of their family member. Only 30% of respondents mentioned negative attitude and tensioned relations within the family or friends. Though, almost 80% of respondents mentioned that the quality of their life changed because of the mental illness of their family member. The respondents mentioned psychological (32%) and social/ financial (30%) factors and their combination as major changes in their family's quality of life. Almost 80% of study participants answered that they never tried to overcome the situations where their family has been humiliated and 72% have never tried to change the negative attitude by telling someone about mental disorders issues and 85% of them themselves or a member of their family had never out loudly defended the rights of psychiatric patients.

When asked about their interest in participating to training programs on mental health issues, 65% answered negatively, and explain their answer either by the lack of time or by the lack of interest, because they think it is not them but the society should change in mental health issues perception.

Participants were also asked to rate to what extent mental health disorder influenced some social aspects of their life and life of their families on a 10 point scale, were 0 means no influence and 10 means extremely high level of influence. We got following results for the following categories (see Table 1 and Table 2).

As we can see from the table above, 68 %

**Table 1**  
**Influence of Stigma on Respondent**

Rates	0	1	2	3	4	5	6	7	8	9	10
Quality of Life	0%	0%	0%	0%	0%	22%	0%	3%	3%	0%	59%
Social Relations	17%	2%	6%	8%	2%	34%	3%	6%	5%	0%	0%
Social Network	17%	2%	6%	8%	2%	34%	3%	6%	5%	2%	13%
Self Esteem	9%	0%	0%	2%	2%	27%	2%	7%	12%	3%	31%

**Table 2**  
**Influence of Stigma on Respondent's Family**

Rates	0	1	2	3	4	5	6	7	8	9	10
Quality of Life	0%	0%	0%	0%	0%	23%	0%	3%	0%	0%	59%
Social Relations	16%	2%	5%	9%	2%	34%	0%	10%	5%	0%	11%
Family Network	19%	2%	7%	11%	0%	30%	35%	8%	7%	0%	7%

participants think that stigma has been affecting their life quality (7-10 points), 53% of questioned find that stigma has been deeply affecting their self esteem (7-10 points) and 62% of participants find that stigma has deeply affected (7-10 points) their family life quality.

Participants were also asked about the main reason for stigma among mental health patients, and the majority expressed opinion that there are two main reasons for that: 1) missing information about mental health disorders and patients with mental health problems, and 2) fear from persons with mental disorders.

**Discussion**

As we can see from the study results, most of questioned participants mentioned that stigma influences both their lives, as mental health patients` relatives, and there relative with diagnoses. The majority of study participants think that other people can think badly about persons suffering from mental illness or can associate mental health patients' problems with their families, and think badly about their families as well. They also feel that mental health problems can bring to lower quality of life and worsen their families' quality of life even more than mental health patients` quality of life.

**Conclusion/Recommendations**

It can be concluded that stigma of mental illness, although more often related to context than to a person's appearance, remains a powerful negative

attribute in all social relations influencing all aspects of life of mental health patient including their close relations within family. In most of cases, the stigma is also "transmitted" to close family members, and secondary stigmatization took place. Thus we recommend that public health professionals, mental health professionals, social workers and mass media representative pay more attention to public education on mental health issues to prevent stigmatizing behavior in Armenian society.

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