SOP-04: Self-stigma in Sinhala-speaking patients receiving follow-up care for chronic mental illness at the National Hospital of Sri Lanka: a comparison between patients with chronic psychotic disorders and chronic affective disorders

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Introduction: Self-stigmatisation among persons with chronic mental illness provides insight into how these people view themselves, and indirectly on how society treats them. This study compared levels of self-stigmatisation between patients with chronic psychotic and affective disorders, among patients receiving clinic-based follow-up at the National Hospital of Sri Lanka. It also assessed the association between self-stigmatisation and several socio-demographic and health-related factors.

Methods: A cross-sectional design with descriptive and analytical components was used, recruiting 80 participants: 40 in each disorder group. Ethical clearance was obtained. The study population was selected by consecutive sampling. An interviewer-administered questionnaire via telephone, assessed levels of self-stigma using the Internalised Stigma of Mental Illness scale (ISMI scale) questionnaire. Data analysis utilised the Statistical Package for Social Sciences (SPSS) version 25. The average ISMI score was used to identify the level of self-stigmatisation, with a cut-off value of more than 2.5 considered significant, as in prior literature.

Results: The majority of the study population was female (60.0%), had received formal education of 12 or more years (63.7%), was employed (90.0%) and was married (56.3%). The mean age was 40 years. The prevalence of significant self-stigma in the study population was 16.3%. Association between the level of self-stigma and the disorder group was statistically insignificant ($\chi 2=2.29$; $p=0.13$). Additionally, no association was identified between self-stigma and socio-demographic factors (age, gender, relationship status, employment status and educational level) or health related factors (number of admissions, age of onset, duration of illness and treatment modalities).

Conclusions: Significant self-stigmatisation being present in a minority (16.3%) is an encouraging finding as self-stigmatisation is consistently linked with poorer quality of life. The absence of association with the disorder, health related factors and socio-demographic factors suggests positive attitudes within the health care service and wider society.

Keywords: self-stigma, chronic mental illness, Sri Lanka, clinic based, follow-up care

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