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Research Article

EVALUATION OF PERCEIVED STIGMA AMONG PATIENTS ATTENDING A TERTIARY CARE PSYCHIATRIC CENTRE

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Abstract

Background: Perceived stigma is a major barrier to treatment seeking, adherence, and rehabilitation among individuals with mental illness. **Objective:** To evaluate perceived stigma among patients attending a tertiary care psychiatric centre and identify factors associated with stigma. **Materials and Methods:** This hospital-based cross-sectional study was conducted in the Department of Psychiatry, Venkateshwara Institute of Medical Sciences (VIMS), Gajraula, Uttar Pradesh, India. A total of 200 adult psychiatric patients were enrolled. Perceived stigma was assessed using the Perceived Devaluation and Discrimination (PDD) Scale. Data were analysed using IBM SPSS Statistics version 26.0, with $p < 0.05$ considered statistically significant. **Results:** Moderate perceived stigma was observed in **47.0%** of patients, while **32.0%** experienced high stigma. Schizophrenia patients had significantly higher stigma scores than other diagnostic groups (**$p < 0.001$**). Female gender, longer duration of illness, and previous psychiatric hospitalization were significantly associated with higher perceived stigma. **Conclusion:** Perceived stigma is highly prevalent among psychiatric patients and remains a significant barrier to effective mental healthcare. Early identification and targeted anti-stigma interventions may improve treatment adherence and psychosocial rehabilitation.

Keywords: Perceived stigma; Mental illness; Psychiatry; Schizophrenia; Tertiary care centre.

Introduction

Mental illnesses represent a major public health challenge worldwide and are among the leading causes of disability and reduced quality of life. The World Health Organization (WHO) estimates that nearly one billion people live with a mental disorder, with depression, schizophrenia, bipolar disorder, anxiety disorders, and substance use disorders contributing substantially to the global burden of disease. Despite remarkable advances in psychiatric diagnosis and treatment, stigma associated with mental illness

remains a major obstacle to early diagnosis, treatment adherence, rehabilitation, and social reintegration. Stigma often results in discrimination, social exclusion, unemployment, reduced educational opportunities, and delayed access to mental healthcare, thereby adversely affecting both clinical and psychosocial outcomes.[1,2]

Perceived stigma refers to an individual's belief or expectation that society holds negative attitudes toward people with mental illness and that they may experience discrimination because of their psychiatric condition. Unlike enacted stigma, which involves actual discriminatory experiences, perceived stigma reflects anticipated rejection and negative societal attitudes. High levels of perceived stigma have been associated with poor self-esteem, social isolation, low treatment adherence, reduced healthcare utilization, and impaired recovery among individuals with psychiatric disorders.[3,4]

India bears a significant burden of mental illness, with the National Mental Health Survey (NMHS) reporting that approximately 10.6% of adults suffer from one or more mental disorders requiring active intervention, while the treatment gap ranges from 70% to over 90% depending on the type of illness. Besides inadequate mental health infrastructure, one of the principal reasons for this large treatment gap is the stigma attached to psychiatric disorders, which discourages patients from seeking timely treatment and contributes to prolonged morbidity.[5]

In the Indian sociocultural context, mental illness is frequently misunderstood and often attributed to supernatural forces, divine punishment, black magic, or personal weakness. Such misconceptions foster negative societal attitudes toward individuals with psychiatric illnesses and their families. Patients frequently experience discrimination in education, employment, marriage, and interpersonal relationships, while family members may also face social rejection because of associative stigma. Consequently, many individuals conceal their illness, discontinue treatment prematurely, or avoid psychiatric services altogether.[6,7]

Several Indian studies have highlighted the widespread prevalence of stigma among patients with mental illness. Thara and Srinivasan demonstrated that individuals with schizophrenia experienced considerable stigma affecting employment opportunities, marital prospects, and community participation.[8] Raguram et al. observed that fear of social discrimination frequently delayed psychiatric consultation and resulted in poor treatment compliance among patients attending mental health services.[9] Similarly, Grover et al. reported that perceived stigma significantly influenced medication adherence, self-esteem, and quality of life among psychiatric patients attending tertiary healthcare institutions in North India.[10]

The degree of perceived stigma varies according to demographic and clinical characteristics such as age, gender, education, occupation, socioeconomic status, diagnosis, duration of illness, and previous psychiatric hospitalization. Patients suffering from schizophrenia, bipolar affective disorder, and chronic psychotic illnesses generally report higher levels of perceived stigma than those with common mental disorders. Women often experience greater social stigma because of cultural expectations related to marriage and family responsibilities, whereas younger patients may encounter educational and occupational discrimination.[11,12]

Perceived stigma not only affects psychological well-being but also influences treatment outcomes. Individuals who internalize societal stigma frequently develop self-stigma characterized by feelings of shame, hopelessness, and diminished self-worth. Self-stigmatization contributes to poor adherence to medication, irregular follow-up, delayed recovery, reduced social functioning, and lower quality of life. Consequently, reducing stigma has become an important objective of modern psychiatric care and mental health policy.[13]

Tertiary care psychiatric centres provide comprehensive services to patients with diverse psychiatric disorders and therefore offer an ideal setting to assess perceived stigma among individuals seeking specialized mental healthcare. Understanding the magnitude and determinants of stigma among psychiatric patients is essential for developing targeted psychoeducational programmes, community-based awareness campaigns, family interventions, and policy initiatives aimed at reducing discrimination and improving mental health outcomes. Furthermore, identifying factors associated with stigma may help clinicians formulate individualized rehabilitation strategies and enhance patient engagement with psychiatric services.[14]

Although studies on stigma associated with mental illness have been conducted internationally, there remains limited contemporary evidence from India regarding perceived stigma among patients attending tertiary care psychiatric centres. Considering the substantial influence of cultural beliefs and social norms on attitudes toward mental illness, region-specific data are necessary for designing culturally appropriate interventions. Therefore, the present study, "Evaluation of Perceived Stigma Among Patients Attending a Tertiary Care Psychiatric Centre," was undertaken to assess the level of perceived stigma among psychiatric patients and to determine its association with selected sociodemographic and clinical variables. The findings are expected to contribute to the development of effective anti-stigma interventions and strengthen patient-centred psychiatric care in India.

Materials and Methods

Study Design and Setting

This hospital-based, cross-sectional observational study was conducted in the Department of Psychiatry, Venkateshwara Institute of Medical Sciences (VIMS), Gajraula, Uttar Pradesh, India, a tertiary care teaching hospital that provides comprehensive outpatient and inpatient psychiatric services for patients with a wide spectrum of mental disorders.

Study Duration

The study was conducted over a period of 12 months, from April 2025 to April 2026.

Study Population

The study population comprised adult patients attending the Psychiatry Outpatient Department (OPD) and those admitted to the Psychiatry Inpatient Department (IPD) of VIMS, Gajraula, who fulfilled the eligibility criteria during the study period.

Sample Size

A total of 200 consecutive eligible patients were enrolled in the study using a convenient consecutive sampling technique.

Inclusion Criteria

- Patients aged 18 years and above.
- Diagnosed with a psychiatric disorder according to the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) or ICD-10 criteria by a consultant psychiatrist.
- Patients clinically stable and able to communicate effectively.

- Patients willing to participate and providing written informed consent.

Exclusion Criteria

- Patients with severe cognitive impairment, intellectual disability, or dementia interfering with interview.
- Patients with acute psychosis, severe agitation, or altered sensorium preventing reliable assessment.
- Patients with serious neurological illness or severe medical comorbidity affecting communication.
- Patients unwilling to participate in the study.

Data Collection

Eligible patients were interviewed individually in a private setting after completion of routine psychiatric consultation. Information was collected using a predesigned and pretested structured case record form.

The following information was recorded:

- Sociodemographic details: age, gender, marital status, religion, educational status, occupation, socioeconomic status, residence (urban/rural), and family type.
- Clinical variables: psychiatric diagnosis, duration of illness, duration of treatment, previous hospitalization, family history of psychiatric illness, substance use history, and medication adherence.

Assessment of Perceived Stigma

Perceived stigma was assessed using the Perceived Devaluation and Discrimination (PDD) Scale, a validated questionnaire widely used to evaluate perceived stigma among individuals with mental illness. The scale consists of 12 statements assessing participants' perceptions regarding society's attitudes toward individuals with mental illness. Each item is rated on a 6-point Likert scale, ranging from 1 (strongly disagree) to 6 (strongly agree). After reverse scoring of appropriate items, a higher total score indicates a greater level of perceived stigma. Patients requiring assistance because of limited literacy had the questionnaire administered through a face-to-face interview by the investigator in their preferred language (Hindi or English).

Statistical Analysis

Data were entered into Microsoft Excel and analysed using IBM SPSS Statistics version 26.0. Continuous variables were expressed as mean ± SD, while categorical variables were presented as frequency and percentage. Group comparisons were performed using the Student's t-test, ANOVA, Chi-square test, or Fisher's exact test, as appropriate. Correlation was assessed using Pearson's or Spearman's correlation coefficient, and multivariable linear regression was performed to identify independent predictors of perceived stigma. A p-value <0.05 was considered statistically significant.

Quality Control

The questionnaire was pretested before the study. All interviews were conducted by the principal investigator using a standardized protocol. Completed questionnaires were checked daily for completeness and accuracy, and data entry was verified to minimize errors.

Observation and Results

Table 1. Distribution of study participants according to age (n = 200)

Age group (years)	Number (n)	Percentage (%)
18–30	52	26.0
31–40	61	30.5
41–50	45	22.5
51–60	28	14.0
>60	14	7.0
Total	**200**	**100.0**

The majority of participants (30.5%) belonged to the 31–40 years age group, followed by 18–30 years (26.0%).

Table 2. Gender distribution

Gender	Number (n)	Percentage (%)
Male	112	56.0
Female	88	44.0
Total	**200**	**100.0**

Males constituted 56.0% of the study population, while females accounted for 44.0%.

Table 3. Distribution according to psychiatric diagnosis

Diagnosis	Number (n)	Percentage (%)
Schizophrenia	58	29.0
Bipolar affective disorder	36	18.0
Major depressive disorder	48	24.0
Anxiety disorders	34	17.0
Substance use disorders	24	12.0
Total	**200**	**100.0**

Schizophrenia was the most common diagnosis (29.0%), followed by major depressive disorder (24.0%).

Table 4. Distribution of perceived stigma levels

Perceived stigma level	Number (n)	Percentage (%)
Low	42	21.0
Moderate	94	47.0
High	64	32.0
Total	**200**	**100.0**

Nearly half of the participants (47.0%) experienced a moderate level of perceived stigma, while 32.0% reported high perceived stigma.

Table 5. Mean perceived stigma score according to diagnosis

Diagnosis	Mean ± SD	p-value
Schizophrenia	42.8 ± 6.4	**<0.001**
Bipolar disorder	39.6 ± 5.8	
Major depressive disorder	35.7 ± 5.1	
Anxiety disorders	33.8 ± 4.6	
Substance use disorders	37.4 ± 5.5	
ANOVA		

Patients with schizophrenia had the highest mean perceived stigma score, followed by bipolar disorder. The difference among diagnostic groups was statistically significant (**p < 0.001**).

Table 6. Association of perceived stigma with gender

Gender	Mean stigma score (Mean ± SD)	p-value
Male	37.2 ± 6.1	
Female	39.8 ± 6.5	**0.014**

Female patients had significantly higher perceived stigma scores than male patients (**p = 0.014**).

Table 7. Correlation between duration of illness and perceived stigma

Variable	Correlation coefficient ®	p-value
Duration of illness	0.42	**<0.001**

There was a moderate positive correlation between duration of illness and perceived stigma, indicating that patients with longer illness duration reported higher stigma.

Table 8. Multivariable linear regression analysis for predictors of perceived stigma

Variable	β Coefficient	Standard Error	p-value
Female gender	1.84	0.72	0.012
Schizophrenia	3.96	0.89	<0.001
Duration of illness	0.28	0.09	0.003
Previous hospitalization	2.14	0.81	0.009

Female gender, schizophrenia, longer duration of illness, and previous psychiatric hospitalization were identified as independent predictors of higher perceived stigma.

Discussion

The present study evaluated perceived stigma among patients attending a tertiary care psychiatric centre and demonstrated that stigma continues to be a significant psychosocial problem among individuals with mental illness. Nearly half of the participants (47.0%) experienced moderate perceived stigma, while 32.0% reported high perceived stigma, indicating that approximately four out of every five patients experienced clinically relevant stigma. These findings are consistent with the study by Grover et al.[10], who reported a high prevalence of perceived stigma among Indian psychiatric patients, and with Corrigan and Watson[2], who highlighted stigma as a major barrier to recovery and social reintegration.

In the present study, the majority of participants (30.5%) belonged to the 31–40 years age group. Similar findings were reported in the National Mental Health Survey of India[5], which demonstrated that mental disorders predominantly affect individuals in the economically productive age group. Stigma during this period has serious consequences on employment, family life, and social functioning, thereby increasing the burden of mental illness.

Male patients constituted 56.0% of the study population, comparable to observations reported by Mishra et al.[12]. However, female patients demonstrated significantly higher perceived stigma scores than males ($p=0.014$). This finding is consistent with Koschorke et al.[11], who observed that women with mental illness frequently experience greater discrimination because of cultural expectations regarding marriage, motherhood, and family responsibilities. Greater social dependency and fear of rejection may further contribute to higher perceived stigma among women.

Schizophrenia was the most common psychiatric diagnosis (29.0%) and showed the highest mean perceived stigma score (42.8 ± 6.4), with the difference among diagnostic groups being statistically significant ($p<0.001$). These findings are in agreement with Thara and Srinivasan[8], who reported that schizophrenia is associated with greater social discrimination, poor employment opportunities, and reduced marital prospects. Similarly, Loganathan and Murthy[6] found that patients with schizophrenia experience greater public stigma because of misconceptions regarding violence, unpredictability, and chronic disability.

The present study demonstrated a significant positive correlation between duration of illness and perceived stigma ($r=0.42$, $p<0.001$), indicating that patients with longer illness duration experienced greater stigma. Similar observations were reported by Corrigan and Rao[4], who suggested that prolonged exposure to negative societal attitudes promotes self-stigma, social withdrawal, and reduced self-esteem, thereby adversely affecting recovery and treatment adherence.

Multivariable regression analysis identified female gender, schizophrenia, longer duration of illness, and previous psychiatric hospitalization as independent predictors of higher perceived stigma. These findings are comparable to those of Grover et al.[10], who reported that illness severity and recurrent hospitalizations significantly increase perceived stigma among psychiatric patients. Previous hospitalization often reinforces negative public perceptions regarding mental illness, resulting in greater anticipated discrimination and reduced social participation.

Overall, the findings of the present study are comparable with previous Indian studies and confirm that perceived stigma remains highly

prevalent despite improvements in psychiatric care and increased public awareness. The persistence of stigma underscores the need for structured psychoeducation, family counselling, community awareness programmes, and anti-stigma interventions integrated into routine psychiatric services. Such measures may improve treatment adherence, promote early help-seeking behaviour, facilitate psychosocial rehabilitation, and enhance the quality of life of individuals living with mental illness.

Conclusion

The present study demonstrated that perceived stigma is highly prevalent among patients attending a tertiary care psychiatric centre, with the majority experiencing moderate to high levels of stigma. Patients with schizophrenia, female patients, those with longer duration of illness, and individuals with previous psychiatric hospitalization were found to have significantly higher perceived stigma. These findings indicate that stigma continues to be an important barrier to effective mental healthcare, influencing treatment-seeking behaviour, medication adherence, social functioning, and quality of life. Early identification of patients at greater risk of stigma, along with structured psychoeducation, family involvement, community awareness programmes, and stigma-reduction strategies, should be incorporated into routine psychiatric care. Such interventions have the potential to improve treatment compliance, facilitate psychosocial rehabilitation, and enhance the overall quality of life of individuals living with mental illness.

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Ethical Approval: Approved by the Institutional Ethics Committee, Venkateshwara Institute of Medical Sciences (VIMS), Gajraula, Uttar Pradesh, India.

Informed Consent: Written informed consent was obtained from all participants.

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