Proposal: Using Intersectionality and Mental Illness Stigma Mechanisms to Assess the Impact of Stigma on Access to Healthcare and Quality of Life in Patients with Mental Illness

Syed Mustafa Hassan[1], *Osman Athar*[2]
[1] *University of Queensland-Ochsner Clinical School*
[2] *University of Mississippi Medical Center School of Medicine*

BACKGROUND:

According to the National Institute of Mental Health (2019), almost one in every five people in the United States have a mental illness [1]. Mental illness stigma is a major obstacle to well-being among people with mental illness (PWMI) [2]. According to findings from the most recent nationally representative study of public attitudes toward mental illness in the U.S., only 42% of Americans aged 18–24 believe PWMI can be successful at work, 26% believe that others have a caring attitude toward PWMI, and 25% believe that PWMI can recover from their illness [3].

AIMS:

The aim of this study is to gain insight into the mechanisms of experienced (what PWMI have been through), anticipated (what PWMI fear will happen), and internalized (the negative self-beliefs held by PWMI) stigma and:

1) their impact on healthcare access, and
2) overall quality of life for people with mental illnesses in Jackson, Mississippi.

HYPOTHESIS:

Hypothesis 1: Internalized stigma, experienced stigma, and anticipated stigma in people with mental illness are associated with negative effects on care access and quality of life; these effects are at least partially mediated by anticipated stigma

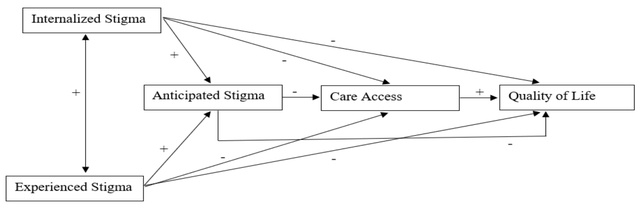

Figure 1: Theoretical Conceptual Model of Stigma Mechanisms for Care Access and Quality of Life for People with Mental Health Illness (Earnshaw & Quinn, 2012)

Hypothesis 2: An intersectionality relationship exists between mental illness and belonging to multiple disadvantaged categories of identity such that PWMI belonging to disadvantaged categories experience more stigma (experienced, internalized, and anticipated), and, therefore, further reduced care access and QOL than PWMI who belong to fewer disadvantaged categories of identity.

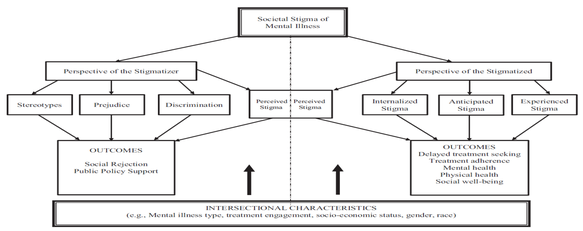

Figure 2 The Mental Illness framework (Fox et al.,2018)

RESEARCH METHODS

Study design:
This is a survey study in which people with mental health conditions will self-report on experienced stigma, internalized stigma, anticipated stigma, health care access, and quality of life.
To assess data regarding intersectionality we will be collecting:

- ✓ Patient's race/ethnicity
- ✓ Socioeconomic status
- ✓ Education level
- ✓ Sexual orientation
- ✓ Gender
- ✓ Other illnesses
- ✓ Adverse Childhood Events, etc.

SETTING

- Participants will be patients affiliated with Riverchase Psychiatry Clinic, a branch of the University of Mississippi Medical Center's outpatient mental health services. Patients who come to Riverchase either have private insurance or Medicare/Medicaid.
- Participants will also be drawn from a second location, the inpatient psychiatric wards at the University of Mississippi Medical Center, where approximately 80% of those seen are uninsured.
- We hope to capture a wider variety of socioeconomic status and education level by focusing on these two very different settings for mental health care.

STUDY SUBJECTS:

Subjects will be people with any mental illnesses per the DSM-5. Only adult patients 18 years of age or older will participate. Patients who suffer from intellectual disability will be excluded due to prohibitive nature of filling out multiple questionnaires in the setting of below average intellectual quotient.

DATA COLLECTION:

All patients will be asked for their participation over a period of three months. Questionnaire may be administered by physicians, medical students, physician associates, nurse practitioners, registered nurses, social workers, and any other person involved in direct patient care.

MAIN OUTCOME MEASURES

Health care access will be determined through a questionnaire from Earnshaw and Quinn (2012). These are six items on a scale from 1 (strongly disagree) to 5 (strongly agree). Four items are negatively worded and are re-scored so that higher scores reflect better access to health care. The internal consistency of the scale was found to be adequate in Earnshaw and Quinn's study (α = .79). Because the questionnaire was developed by Earnshaw and Quinn (2012) and was not further examined afterwards, no further data on validity are available.

INDEPENDENT MEASURES

Systematic data collection will be used. All patients will be asked for their participation in a period of three months. Experienced stigma and internalized stigma will be measured with the Internalized Stigma of Mental Illness scale developed by Ritsher et al. (2003). Anticipated stigma will be measured with the Questionnaire on Anticipated Discrimination (Gabbidon et al., 2013).

ANALYSES

The assumed model will be tested with path-analysis with AMOS 17.0. This method was previously used by Earnshaw and Quinn to study the model in patients with chronic illness.

Intersectionality Measures

Information collected in the questionnaire regarding intersectionality will be stratified. The data will be analyzed to see if we can find an intersectional correlation between other descriptive aspects of our patients' identity and their predilection to experience stigma

RESULTS/DISCUSSION:

Health and Economic Costs of Chronic Diseases

90% of the nation's $3.8 trillion in annual health care are expenditures for people with chronic and mental health conditions. Drug use, dementia, depressive disorders and self harm are in the top 10 causes of DALY in the United States.

Poor mental health ranks as one of the costliest forms of sickness for U.S. workers and depletes billions of dollars from the country's income growth, according to a team of researchers [3]. Increasing care for mental health will reduces the economic burden on the healthcare sector and increases societal productivity.

Scan and Learn: What is a DALY and Why it Matters

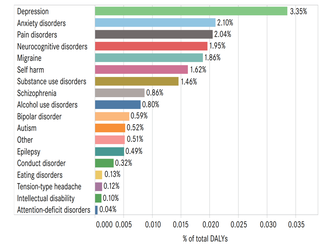

Figure 3: Ranking of mental, neurological and substance use disorders and suicide DALYs in 2018 [6]

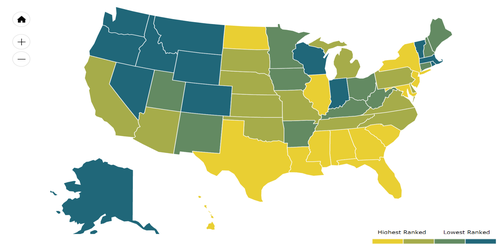

Figure 4: Prevalence of Mental Illness 2020 [3]

It is estimated that 19% of Americans are suffering from a mental illness. That is equivalent to 47 million Americans. Mississippi Ranks number 2 in prevalence of any mental illness, trailing only New Jersey. "Any mental illness" is defined as having a diagnosable mental, behavioral, or emotional disorder, other than a developmental or substance abuse disorder.

REFERENCE QR CODES:

Impact of Stigma in Healthcare on People Living with Chronic Illness (Hypothesis 1)

Mental Health Stigma Framework (Hypothesis 2)

Impact of Mental Health on US Health Care System

REFERENCES:

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