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Original Research Article

Research on Influencing Factors of Stigma in Inpatients With Depression

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Abstract: Objective: to evaluate the influence of psychosocial factors on stigma of patients with depression.**Methods:** A total of 110 inpatients with depression were investigated by Stigma Scales by Link ,Self Rating Depression Scale(SDS), Social Support Rating Scale(SSRS), Simple Coping Style Questionnaire and Rosenberg Self-esteem Scale(RSES).**Results:** 1.Moderate depression group and severe depression group had higher stigma than non depression group; severe depression group and moderate depression group had higher stigma than mild depression group.2.The stigma of depression patients was negatively correlated with social support, positive response and self-esteem, and positively correlated with depression degree and negative response. **Conclusion:**The lower the severity of depression, the better the social support, the more positive coping, the higher the level of self-esteem, the lower stigma in patients with depression, and vice versa.

Keywords: Depressive disorder; Stigma; Influencing factors

Major depressive disorder (MMD) is a common chronic mental disorder. According to the global burden of disease project, by 2030, depression will become the third largest global burden of disease besides AIDS and ischemic heart disease. Compared with the economic burden brought by depression, the lack of recognition and treatment of depression is the main reason for the disease burden, and the stigma of mental patients is one of the important reasons for the low recognition and treatment rate. Stigma, expression of social characteristics in a specific context, is also the result of patients internalizing the external negative attitude , generally involving a label and a subject. In the field of medicine, it mainly refers to people's negative cognition, behavior and emotional experience caused by diseases. In recent years, there have been a lot of researches on stigma domestic and abroad, mainly involving AIDS, mental diseases, obesity, homosexuality, drug abuse and alcohol, poverty, etc. The previous research in China focuses on stigma of schizophrenia and AIDS. In fact, depression patients also face the problems caused by stigma, but the domestic research on this aspect is obviously insufficient.

Stigma involves the attitude and experience of patients, family members and the public. Foreign scholars have confirmed that the influencing factors of stigma of patients with mental illness include socio demographic factors, clinical factors, and social psychological factors, such as gender, age, cultural background, economic status, nature of work, contact or understanding of mental illness, insight, psychiatric medical system, self-esteem, social support, self-efficacy, social atmosphere, etc. (Corrigan et al. 2003：Angermeyer, 2003； Angermeyer et al., 2004； Angermeyer, & Dietrich, 2006； Lyons et al.,2009； Schulze, & Angermeye , 2003）. There are relatively few studies on stigma in China. Therefore, this study mainly discusses the influencing factors of stigma in hospitalized patients with depression in China, so as to provide reference for the intervention treatment of depression.

1. Research objects and methods

1.1 Research objects

All the subjects came from two hospitals in Nanjing and signed informed consent.

Inclusion criteria: 16-65 years old, according to DSM-IV-TR, meeting the diagnostic criteria of "depressive episode"; no family history of mental illness; voluntary participation.

Exclusion criteria: nervous system and other mental diseases; atypical and psychotic depression; severe physical or infectious diseases; drug and / or alcohol dependence; bipolar index (BPX) scale suggested bipolar disorder.

1.2 Research instruments

(1) Stigma Scales by Link : Based on the tagging theory,Link and others initially developed the stigma scale to evaluate the subjects' stigma from three aspects of cognition, behavior and emotion in 1989. A total of 46 items are divided into three subscales, including the demeaning discrimination scale, the stigma emotional experience scale and the stigma pair scale. The stigma cognition and coping style of the subjects can be used alone The higher the score of each dimension, the higher the level of stigma.

(2)**Self Rating Depression Scale**: compiled by Zung in 1965, and revised by Wang Chunfang in 1986, including 20 items. SDS was divided into four grades according to the frequency of symptom. After understanding the content of each item, the subjects would

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choose the option that meets their actual situation in the past week. After the reverse score is completed, the higher the total score, the sever the depression (Wang Chunfang.

(3)Social Support Rating Scale(SSRS):compiled by Xiao Shuiyuan in 1993, with the theoretical guidance of the relationship between social support and physical and mental health. SSRs is a self-rated scale with 10 items, including objective support, subjective support and utilization of social support. The consistency coefficient of the total score of the two-month test-retest was 0.92, and the internal consistency coefficient of each item was between 0.89 and 0.94.

(4)**Simple Coping Style Questionnaire** :Based on Folkman and Lararus's coping style questionnaire in 1998, Xie Yalin compiled the self rating scale with 20 items and adopted the four level scoring method. The test-retest reliability was 0.89 and the Cronbach coefficient was 0.90. It is divided into two dimensions: positive coping and negative coping. The results of principal component analysis, factor analysis and calibration prediction showed that the reliability and validity of the questionnaire were good.

(5) Rosenberg Self-esteem Scale(RSES): Self esteem is a general evaluation of self. This scale was developed by Rosenberg in 1965. It consists of 10 items, five of which are reverse scoring items. Using Likert 4-level scoring method, after completing the reverse scoring, the total score was obtained by adding the scores of each item. The higher the score, the higher the level of self-esteem .

1.2 Data analysis

The data of this study were input and sorted by Excel and factor calculation, descriptive statistics, t-test, F-test, ANOVA and Pearson product moment correlation were performed by spss19.0.

2. Research results

2.1 Correlation between depression, social support, self-esteem, coping style and stigma

As shown in Table 2.1, there was a significant negative correlation between stigma and social support ($P < 0.05$), a significant negative correlation with self-esteem and positive coping ($P < 0.01$), and a significant positive correlation with negative coping ($P < 0.01$). Self esteem was positively correlated with social support and positive coping ($P < 0.01$), and negatively correlated with depression ($P < 0.01$); social support was negatively correlated with depression ($P < 0.01$), and positively correlated with positive coping ($P < 0.01$).

Table2.1 Correlation between depression, social support, self-esteem, coping style and stigma

item	stigma	self-esteem	Social support	Positive coping	negative coping	depression
self-esteem	-0.451**	1				
Social support	-0.427**	0.684**	1			
Positive coping	-0.143**	0.431**	0.417***	1		
negative coping	0.470**	-0.571**	-0.558**	0.194	1	
depression	0.266**	-0.615**	-0.417**	-0.432**	0.189**	1

In order to further explore the difference of stigma in different degrees of depression patients, the difference test was carried out. According to the scoring standard of SDS, the original scores were converted into standard scores, and then they were divided into four groups: no depression, mild depression, moderate depression and severe depression according to the conversion results, and then the difference test was carried out. The results are shown in table 2.2

table2.2 Difference test of stigma in different degree of depression in patients with depression

item	stigma	F	p
no depression	118.48±14.64	3.966	0.010
mild depression	120.26±11.16		
moderate depression	126.06±12.75		
severe depression	130.42±7.34		

It can be seen from the above figure (table 2.2) that there are significant differences in different degrees of depression in patients with depression ($P < 0.05$), so after multiple comparisons, it can be seen from the following table (Table 2.3) that there are significant differences in terms of the mean values between non depression group and moderate depression group, between non depression group and severe depression group, between mild depression group and moderate depression group, between mild depression group and severe depression group. It can be concluded that moderate depression group and severe depression group have higher stigma than non depression group; severe depression group and moderate depression group have higher stigma than mild depression group. There was no significant difference in other groups, so it was not discussed.

Table2.3 Multiple comparison of stigma in different degrees of depression in patients with depression

(I)	(J)	Mean difference (I)-(J)	SE	significance	95%confidence interval	
					Upper limit	Lower limit
Non depression	mild depression	-1.77	3.070	0.564	-7.86	4.31
	moderate depression	-7.58	3.204	0.020	-13.93	-1.23

	severe depression	-11.94	4.254	0.006	-20.37	-3.50
mild depression	moderate depression	-5.81	2.925	0.050	-11.60	-0.01
	severe depression	-10.16	4.048	0.014	-18.19	-2.14
moderate depression	severe depression	-4.35	4.151	0.297	-12.58	3.87

3. Discussion

3.1 The impact of severity of depression on stigma of patients with depression

The results show that with the increase of depression severity, the level of stigma gradually increases, moreover, the level of stigma in patients with moderate and severe depression is significantly higher than that of mild or non depression patients. The results are consistent with the previous research results. According to research in the United States, data shows that the severity of depression can significantly predict the level of stigma in patients with depression. This finding should be valued because stigma impeded the treatment and also the maintenance of rehabilitation. The severity of depression can significantly predict the degree of stigma, which can be explained from at least two aspects. The cognitive behavior model shows that patients with depression may hold more extreme thinking and more distorted cognition. The black or white thinking mode makes it easier to take challenges, education, retreat and other coping styles, and also may perceive the derogatory discrimination, and experience misunderstanding and shame, which leads to higher level of stigma. On the other hand, the patients with severe depression are more likely to suffer from interpersonal damage, and greater loss of social function, and are more likely to be isolated by the society, thus also leading to higher level of stigma.

3.2 The impact of social support on stigma of patients with depression

It can be seen from the results that the stigma of patients with depression is significantly negative correlated with the total score of social support, subjective support, objective support and support utilization. It shows that the patient's shame is affected by both subjective and objective factors. Patients with depression often feel guilty to the people around them, and think that they are not worth being treated well by others. Moreover, patients with depression have poor self-evaluation, and the damage of their social function also makes them unable to make effective use of social support. Therefore, even if the social support of inpatients with depression is high, the level of stigma is still high. But in general, the stigma level of inpatients with depression was negatively correlated with social support, which means that the higher the social support, the lower the stigma. Therefore, in the process of treatment, patients can be encouraged to communicate and contact with friends and family members, so as to reduce their stigma and promote the recovery.

3.3 The impact of coping style on stigma of patients with depression

The results of this study show that the positive coping style of patients with depression is significantly negatively correlated with stigma, and the negative coping style is significantly positively correlated with stigma, which is consistent with the research results of Cui Xiangjun et al. when confront with stress, difficulties or setbacks, patients with depression usually adopt negative coping styles, such as self blame, retreat and other negative ways, instead of taking actions, problem-solving or seeking help, which resulting in stigma. Foreign studies also show that people who hold a negative attitude towards depression refuse to seek professional psychological help even if they think they need it. On the contrary, it is also true that depression patients with positive attitude will increase the probability of seeking professional psychological support and help, thus reducing their stigma. Therefore, improving the positive coping style of patients can establish their confidence in returning to society and reduce their stigma.

3.4 The impact of self-esteem on stigma of patients with depression

Self-esteem is a kind of self psychological protection mechanism, and it is the feelings towards self-value. There are significant differences of stigma among depression patients with different self-esteem levels. The higher level of self-esteem, the lower stigma. The results are consistent with previous research. Domestic studies show that the patients with high self-esteem are less likely to experience stigma. It is suggested that if the patients' self-esteem level is higher, they will think that discrimination is improper, and they have higher recognition with people with mental disease. Therefore, they will not feel differentiated from other inpatients, or from majority of mental disease patients, thus the stigma will be reduced.

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