

## E. THE EFFECTS OF STIGMA CONSCIOUSNESS ON MENTAL HEALTH

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The goal of this study was to explore the contribution of stigma consciousness to the severity of mental illness. This study was part of pre-post study to assess the effectiveness of an anti-stigma intervention modality newly introduced to a community-based mental health clinic.

### HYPOTHESIS

We hypothesize that stigma consciousness contributes significantly to the severity of symptoms, especially depressive and anxiety symptoms, in mentally ill patients.

### PARTICIPANTS

All adult clients who came to a mental health clinic for the months of November–December 2002, and January–February 2003 were interviewed before having anti-stigma orientation as part of the clinic operation ( $N=323$ ).

### PROCEDURE

To test this hypothesis, we used a previously pre-tested and developed measure of stigma consciousness with other index measures of complex posttraumatic stress disorder (PTSD) that showed in a previous study to have high reliability and validity.<sup>1,2</sup> This index measure includes questions that address 13 different symptoms including depression, anxiety, somatization, dissociation, hearing voices, avoidance of being around people, paranoid ideation, concentration and memory deficits, executive functions deficits, harsh behavior with family, and in general, feeling suicidal.

### STATISTICAL ANALYSIS

Reliability and item analysis were calculated. Factor analysis was conduct-

ed for both measures. Analysis of variance was conducted between the variables.

### RESULTS

Reliability measures were found to be high to satisfactory. Analysis of variance, with complex PTSD measure as a dependent variable, stigma consciousness as a factor, and controlling for age, gender and education, found that stigma consciousness accounted for .377 of the variance. Analysis of variance with each of the 13 symptoms as dependent variables, stigma consciousness as a factor, and controlling for age, gender, and education, indicated that stigma consciousness contributed the highest variance in anxiety and depression followed by executive function deficits and somatization. The contribution of stigma consciousness was significant in all symptoms except suicidality and self-inflicted pain.

### CONCLUSION

These results provide preliminary evidence that stigma consciousness contributes significantly to the severity of most symptoms in mental health clients. Effective therapy should include an anti-stigma modality as an important component of treatment of mental health problems.

### REFERENCES

1. Kira I. Cumulative trauma disorder: a new scale for complex PTSD. Paper presented at: the XXVIII International Congress of Psychology; Beijing, China; August 8–13, 2004.
2. Kira I. Assessing and treating cumulative trauma disorders (CTD) in Iraqi refugees. Paper presented at: the American Psychological Association Annual Convention; Toronto, Canada; August 7–11, 2003.

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