

AFFILIATE STIGMA AND ATTITUDES TOWARDS SEEKING MENTAL HEALTH SERVICES AMONG CAREGIVERS OF SCHIZOPHRENIA

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Abstract

Background: This study explores the relationship between affiliate stigma and attitudes towards seeking mental health services among caregivers of individuals with schizophrenia. Affiliate stigma, the internalisation of societal stigma due to association with a stigmatised individual, can negatively impact caregivers' mental health and willingness to pursue support. **Aim of the Study:** To investigate the relationship between affiliate stigma and attitudes toward seeking mental health services among caregivers of schizophrenia. **Materials & Methods:** A cross-sectional, hospital-based design, conducted at the Mental Health Institute (MHI), Centre of Excellence (COE), SCB Medical College and Hospital in Cuttack. Participants recruited using a purposive sampling method from both the OPD and IPD of the MHI (COE), SCB Medical College and Hospital, Cuttack. The study Was involved a total of 60 caregivers aged between 18 and 50 yrs, including both sexes & fulfilled the appropriate socio demographic profiles. The research span one year, from September 1, 2023, to August 31, 2024. **Inclusion Criteria of patients:** 1. Patients diagnosed with schizophrenia based on the ICD-10 and DCR criteria. 2. Duration of illness must be minimum two years. **Exclusion Criteria of patients:** 1. Presence of any other comorbid psychiatric disorders or chronic medical illness. 2. Illness less than 2 years. **Inclusion Criteria for Caregivers:** 1. Caregivers who have lived with the patients for a minimum of 2 years and have been providing emotional support. 2.Caregivers who are willing to provide informed consent. 3.Caregivers must have completed at least the 10th grade. 4.Caregivers should be aged between 18 and 50 years and of both sexes. **Exclusion Criteria for Caregivers:** 1. Caregivers who are suffering from any psychiatric disorders, substance use disorders, organic syndromes, mental retardation, or chronic physical illnesses are excluded. 2.Caregivers who are unwilling to provide consent. **Result:** After the initial interview, data will be collected using the Affiliate Stigma Scale (Hindi version) and the Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS) questionnaires. The results will be analysed using appropriate statistical methods. **Conclusion:** There were no significant differences between male and female caregivers of schizophrenia patients. Most caregivers identified as Hindu and belonged to non-tribal backgrounds. Maximum were married, lived in nuclear families, and 10th passed, lower SES and unskilled jobs. The study revealed that higher levels of affiliate stigma were associated with more negative attitudes toward seeking mental health services. A significant relationship was established between affiliate stigma and these attitudes, with increased stigma leading to a decreased likelihood of caregivers pursuing mental health support.

Keywords: Affiliate Stigma, Attitudes, Mental Health, Caregivers & Schizophrenia.

INTRODUCTION

Schizophrenia is a brain disorder that affects a person's thinking, behavior, and perception of reality. Those with schizophrenia often experience a distorted view of the world, leading to a significant disconnection from reality. They may experience hallucinations, like hearing or seeing things that aren't there, speak in confusing or unusual ways, develop paranoid thoughts about others conspiring against them, or feel as though they are being constantly observed. This serious mental illness disrupts their thoughts, emotions, and actions, causing abnormal thinking patterns, mood swings, and difficulties with social interactions. Common signs include losing touch with reality, decreased interest in daily activities, lack of motivation, social withdrawal, trouble expressing emotions, and issues with attention, focus, and memory. The disorder is characterized by disturbances in thought, perception, emotions, speech, and behavior. (WHO, ICD-10, 1992). Schizophrenia is a severe, long-term neurodevelopmental disorder affecting thought, emotion, and behavior. Its symptoms are grouped into three categories: positive, negative, and cognitive. Individuals may experience delusions, hallucinations, and disorganized speech or behavior, along with cognitive difficulties. They may hear voices or see things that aren't real, believe others can control their thoughts or read their minds, or feel as though they are being persecuted. These experiences can lead to distress, agitation, or social withdrawal, which may also unsettle those around them. People with schizophrenia often have unusual or strange thoughts, making communication challenging, and at times, they may become silent and motionless for extended periods.

Individuals with schizophrenia and other psychotic disorders encounter various challenges, some stemming directly from the illness and others linked to the stigma surrounding it. Stigma refers to the loss of status or discrimination that individuals face due to characteristics viewed negatively by society. This stigma complicates the recovery process, leading to diminished self-esteem and limited access to social networks, which profoundly affects patients' quality of life. Generally, stigma involves status loss and discrimination furling by harmful stereotypes associated with mental illness, resulting in unequal treatment of affected individuals and often leading to complete social isolation. It hinders recovery by undermining social connections and self-worth, contributing to adverse outcomes such as unemployment, isolation, delays in seeking treatment, treatment-resistant symptoms, prolonged illness, and unnecessary hospitalizations.

Stigma generally refers to the loss of status and discrimination that arise from negative stereotypes associated with individuals labelled as having mental illness. It involves treating a person differently than society at large due to their illness, often leading to complete social isolation. This stigma obstructs recovery by damaging individuals' social networks and self-esteem, which in turn contributes to negative outcomes such as unemployment, isolation, delays in seeking treatment, persistent symptoms that are resistant to treatment, prolonged illness, and unnecessary hospitalizations.

The stigma associated with mental illness, especially schizophrenia, deeply affects both individuals with the disorder and their families. It often leads to misunderstandings from

others, which can feel invalidating and hurtful, intensifying feelings of isolation and shame. This stigma can also manifest as harassment, bullying, or even violence. Individuals with mental illnesses frequently face discrimination when seeking employment or housing. Additionally, the stigma surrounding mental illness discourages many from seeking help or treatment, leading to worsening symptoms that become increasingly difficult to manage. In caregiving contexts, those facing affiliate stigma may experience increased burden and strain as stigma shapes their views of the care recipients and impacts their relationships. While affiliate stigma encompasses the overall thoughts, feelings, and behaviors associated with being linked to individuals with stigmatized conditions, subjective burden specifically pertains to the personal experiences and psychological state of caregivers resulting from their caregiving duties. Most studies on caregiver stigma have utilized qualitative methods “(e.g., Chang & Horrocks, 2006; Mwinituo & Mill, 2006; Veltman et al., 2002)”.

Focus groups and interviews reveal that family members and caregivers frequently encounter stigma because of their association with individuals who are stigmatized, including those with intellectual disabilities “(Cooney et al., 2006; Dagnan & Waring, 2004; Jahoda & Markova, 2004; Perkins et al., 2002)” and mental illness “(Angermeyer et al., 2003; Muhlbauer, 2002; Östman & Kjellin, 2002; Phelan et al., 1998; Schulze & Angermeyer, 2003; Shibre et al., 2001)”.

“Attitudes Towards Seeking Mental Health Services”

Mental health issues are prevalent and affect all demographics. Psychiatric disorders often carry a social stigma, prompting both individuals and their families to conceal these issues and refrain from seeking psychiatric care, which can exacerbate the social isolation experienced by these families (Wig, 1997; Wahl, 1999). In many instances, particularly in developing countries, a lack of awareness and limited access to treatment options lead patients and their caregivers to pursue alternative solutions. These alternatives may include traditional healers, general practitioners, counselors, psychologists, or other medical professionals, depending on what is available (Bhattacharya, 1983; Weiss et al., 1986). Globally, both individuals with mental illnesses (PWMI) and their caregivers face stigma and often experience violations of their basic human rights. In Asia, similar patterns are observed, where both patients and caregivers endure unequal treatment. Stigma can deter them from seeking help at psychiatric facilities, resulting in delays in care and increased risks of violence, exploitation, malnutrition, substance abuse, and even suicide. Moreover, stigma leads to various negative economic and social repercussions, severely affecting family dynamics, employment opportunities, and the overall quality of life for both PWMI and their caregivers (Neupane et al., 2016). In India, the number of psychiatric hospitals is alarmingly insufficient, with only 0.004 hospitals available for every 100,000 people, in stark contrast to 2.1 per 100,000 in other areas. Many individuals with mental health issues in India often turn to general medical practitioners and faith healers rather than pursuing professional mental health care. Research shows that while around “one-third of respondents” reported experiencing “poor mental health”, “only 10% sought mental health services”. Deep-seated “social stigma

and superstitions” surrounding “mental disorders” pose significant challenges to the effective implementation of mental health policies and programs (Jena et al., 2020).

Care Giver:

According to the Mental Healthcare Act of 2017, a caregiver is described as "a person who lives with an individual experiencing mental illness and is responsible for providing care to that person." This definition includes relatives, friends, family members, or anyone who provides care, whether voluntarily or for compensation. In this context, the term "caregiver" specifically refers to an informal, unpaid caregiver who looks after someone with Bipolar affective disorder, typically a family member such as a parent, spouse, sibling, or child.

Rational of the study: Maximum patients with mental illness never want to seeking treatment more specifically patient with schizophrenia. Their treatment mostly depends on caregivers understanding and concern about mentally illness of the person, so my Study is intent to understand caregiver’s stigma and attitudes towards mental health service. The Finding could help to understand caregivers with patients are understanding about mental health treatment.

METHODOLOGY

Aim of the Study

The primary goal of this study is to investigate the relationship between affiliate stigma and attitudes toward seeking mental health services among caregivers of individuals diagnosed with schizophrenia.

Objectives of the Study

- To assess the level of affiliate stigma experienced by caregivers of individuals with schizophrenia.
- To analyze caregivers' attitudes towards pursuing mental health services for individuals with schizophrenia.
- To explore the correlation between affiliate stigma and caregivers' attitudes regarding the pursuit of mental health services for individuals diagnosed with schizophrenia.

Research Design

This research employed a cross-sectional, hospital-based design, conducted at the Mental Health Institute (MHI), Centre of Excellence (COE), SCB Medical College and Hospital in Cuttack.

Sample

Participants recruited using a purposive sampling method from both the outpatient department (OPD) and inpatient department (IPD) of the Mental Health Institution at COE, SCB Medical College and Hospital, Cuttack. The study will involve a total of 60 caregivers

aged between 18 and 50 years, including both males and females. The research span one year, from September 1, 2023, to August 31, 2024.

Inclusion Criteria for Patients:

1. Patients diagnosed with schizophrenia based on the ICD-10 and DCR criteria.
2. A minimum illness duration of 2 years.

Exclusion Criteria for Patients:

- Presence of any other comorbid psychiatric disorders or chronic physical and psychiatric conditions.
- Illness duration of less than 2 years.

Inclusion Criteria for Caregivers:

1. Caregivers of individuals diagnosed with schizophrenia who fulfill the diagnostic criteria as outlined in the ICD-10 and DCR.
2. Caregivers who have lived with the patients for a minimum of 2 years and have been providing emotional support.
3. Caregivers who are willing to provide informed consent.
4. Caregivers must have completed at least the 10th grade.
5. Caregivers should be aged between 18 and 50 years and of both sexes.

Exclusion Criteria for Caregivers:

- Caregivers diagnosed with any physical or mental health conditions.
- Caregivers who are suffering from any psychiatric disorders, substance use disorders, organic syndromes, mental retardation, or chronic physical illnesses are excluded.
- Caregivers who are unwilling to provide consent.

Tools Used

Socio-Demographic & Clinical Data Sheet

This sheet will gather socio-demographic details such as the caregiver's name, age, gender, religion, address, type of residence (rural/urban/semi-urban), education level, occupation, marital status, total family monthly income, and socio-economic status.

Affiliate Stigma Scale (Hindi Version)

The Affiliate Stigma Scale, originally developed by Mak and Chung in 2008, has been translated and adapted into Hindi by Verma et al. This scale consists of 22 items and exhibits strong internal consistency, with reliability coefficients ranging from 0.87 to 0.93 and a test-retest reliability of 0.78 (Kumari, Rajan, Verma & Asthana, 2022).

Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS)

The Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS), created by Dr. Mackenzie and colleagues in 2004, is a revised and expanded version of Fischer and Turner's (1970) Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS). This inventory comprises 24 items divided into three subscales: Psychological Openness, Help-Seeking Propensity, and Indifference to Stigma. The overall reliability coefficient for the full scale is 0.87, with subscale reliabilities of 0.82 for Openness, 0.76 for Propensity, and 0.79 for Stigma (Mackenzie et al., 2004).

Procedure

The sample for this study will be obtained from both the outpatient department (OPD) and inpatient department (IPD) of the Mental Health Institution (MHI) at SCB Medical College and Hospital in Cuttack. At least 60 caregivers who meet the inclusion criteria will be included in the research, which is scheduled to run for one year, from September 1, 2023, to August 31, 2024. Participants will fill out a socio-demographic and clinical data sheet collecting information such as their name, age, gender, religion, address, type of residence, education level, occupation, marital status, total monthly family income, and socio-economic status. After the initial interview, data will be collected using the Affiliate Stigma Scale (Hindi version) and the Inventory of Attitudes Toward Seeking Mental Health Services (IASMHS) questionnaires. The results will be analyzed using appropriate statistical methods.

RESULTS

Table 1: Descriptive Statistics for the Socio-Demographic Profile of Patients with Schizophrenia

Variables	Categories	Number of respondents	Percentage (%)
Gender	Male	30	50.0%
	Female	30	50.0%
Religion	Hindu	58	96.7%
	Muslim	02	3.3%
Ethnicity	Tribal	04	6.7%
	Non-Tribal	56	93.3%
Domicile	Rural	50	83.3%
	Urban	10	16.7%
Marital Status	Married	30	50.0%
	Unmarried	30	50.0%
Type of Family	Nuclear	35	58.3%
	Joint	25	41.7%
Education	Illiterate	6	10.0%
	Primary	33	55.0%
	Secondary	12	20.0%
	Above	9	15.0%

Table 2: Descriptive Statistics for the Socio-Demographic Variables of Caregivers of Individuals with Schizophrenia

Variables	Categories	Number of respondents	Percentage (%)
Gender	Male	30	50.0%
	Female	30	50.0%
Religion	Hindu	58	96.7%
	Muslim	02	3.3%
Ethnicity	Tribal	04	6.7%
	Non-Tribal	56	93.3%
Domicile	Rural	50	83.3%
	Urban	10	16.7%
Marital Status	Married	44	73.3%
	Unmarried	16	26.7%
Type of Family	Nuclear	35	58.3%
	Joint	25	41.7%
Education	High School	39	65.0%
	Intermediate	07	11.7%
	Graduation and above	14	23.3%
Occupation	Private	21	35.0%
	Govt. Employee	02	3.3%
	Others	37	61.7%
Socio economic status	Lower (1-15000)	49	81.7%
	Middle (15000-45000)	09	15.0%
	Higher (45000-Above)	02	3.3%

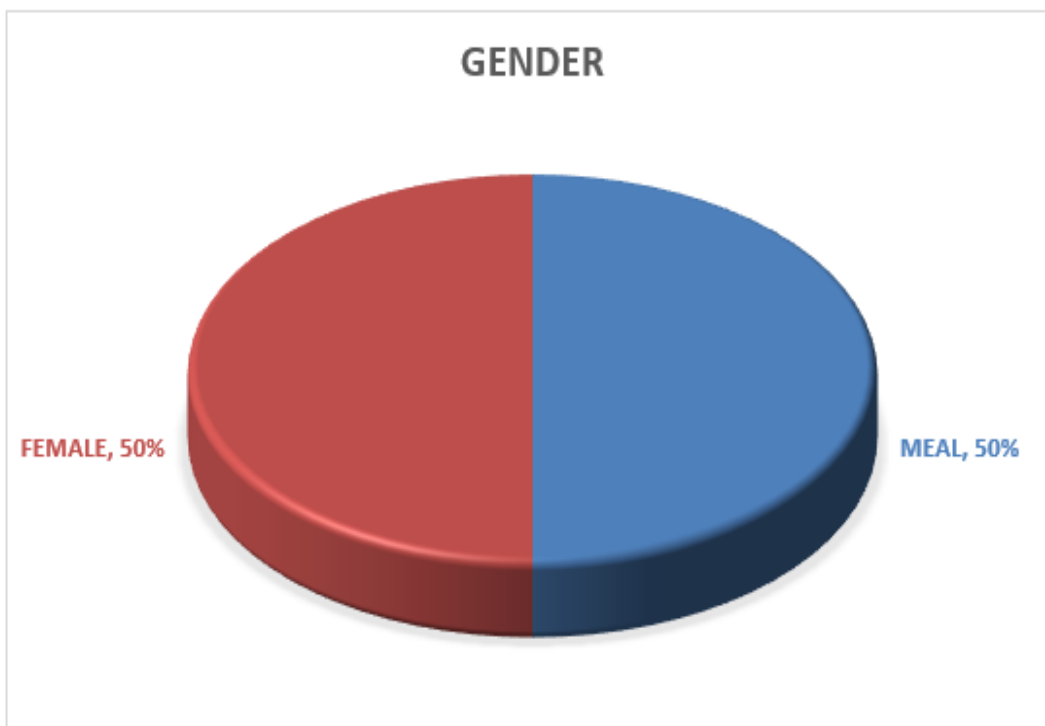


Figure 1: Representation of Gender of participants

The graph above displays the gender distribution of participants, highlighting the percentage of male and female individuals

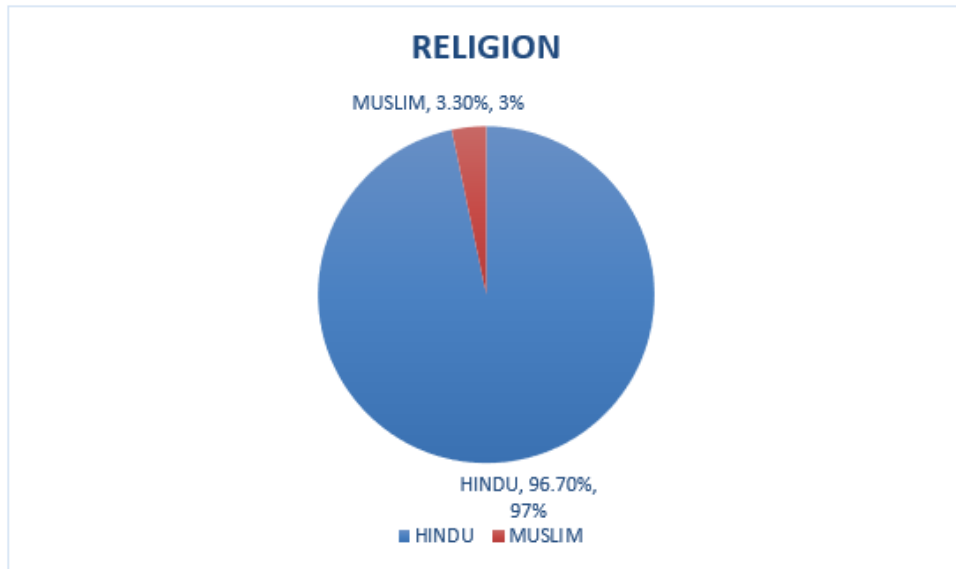


Figure 2: Representation of Religion of participants

The provided pie chart depicts the religious affiliation of participants, specifically showing the percentage distribution between Hindus and Muslims.

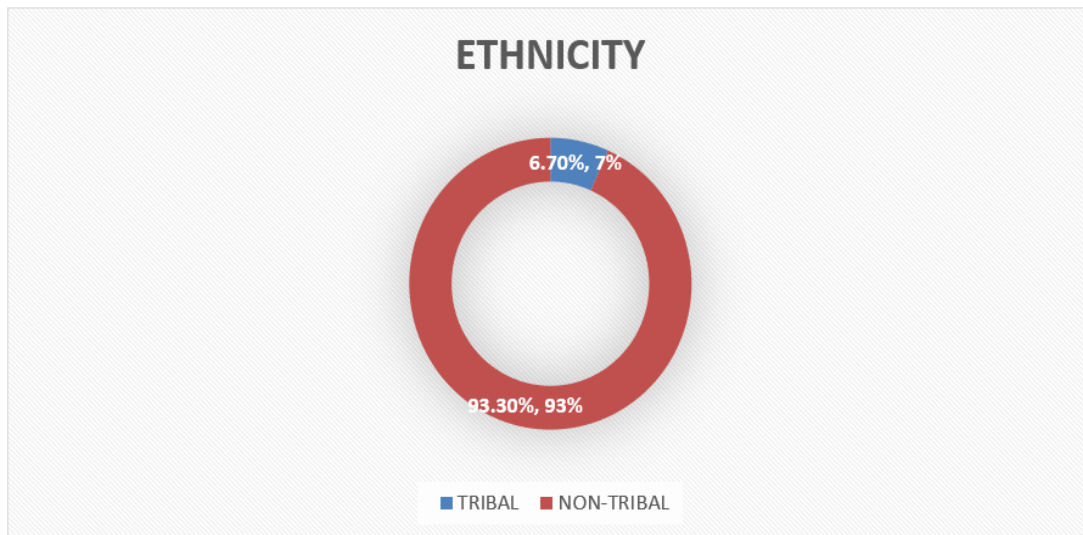


Figure 3: Representation of Ethnicity of participants

The graph above illustrates the distribution of participants by ethnicity, showing the respective percentages of tribal and non-tribal participants.

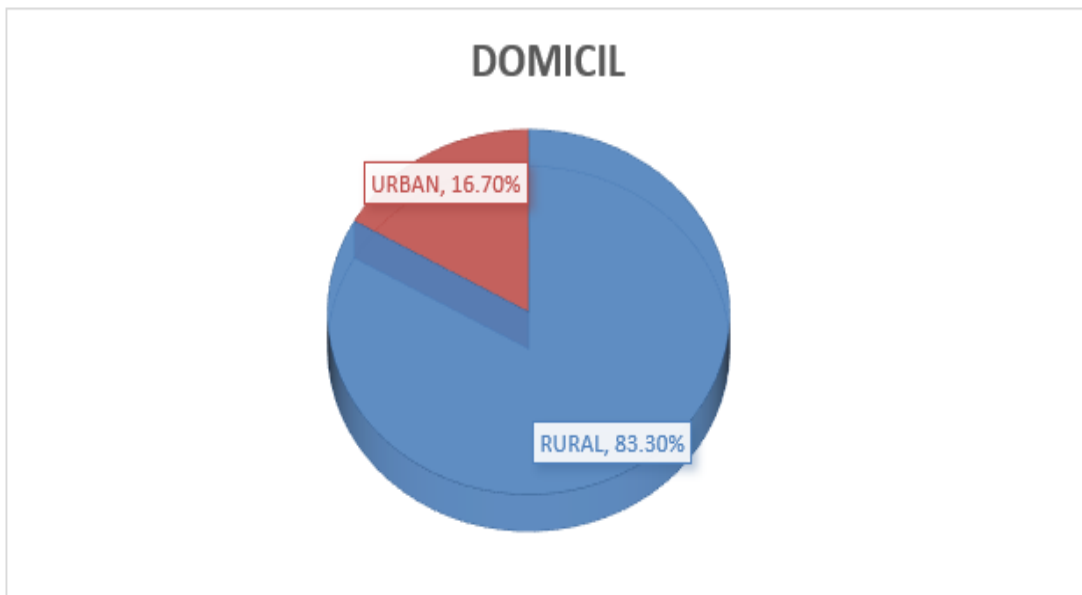


Figure 4: Representation of Domicile of participants

The presented pie chart displays the residential locations of the participants, showcasing the percentage distribution between rural and urban areas.

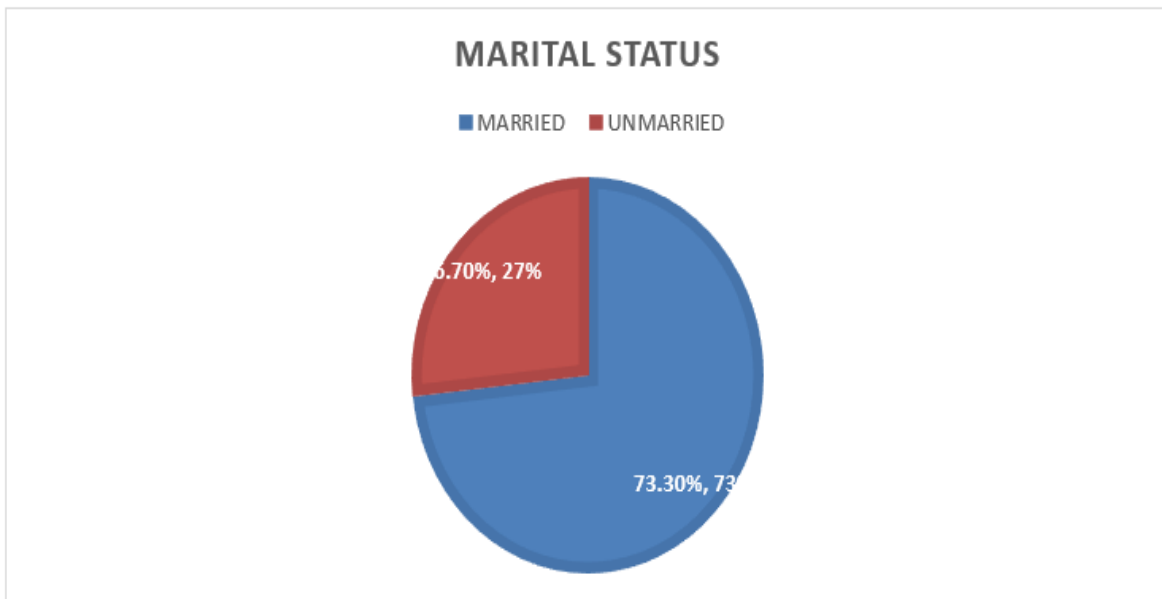


Figure 5: Representation of Marital Status of participants

The presented pie chart displays the marital status of the participants, showcasing the percentage distribution between married and unmarried.

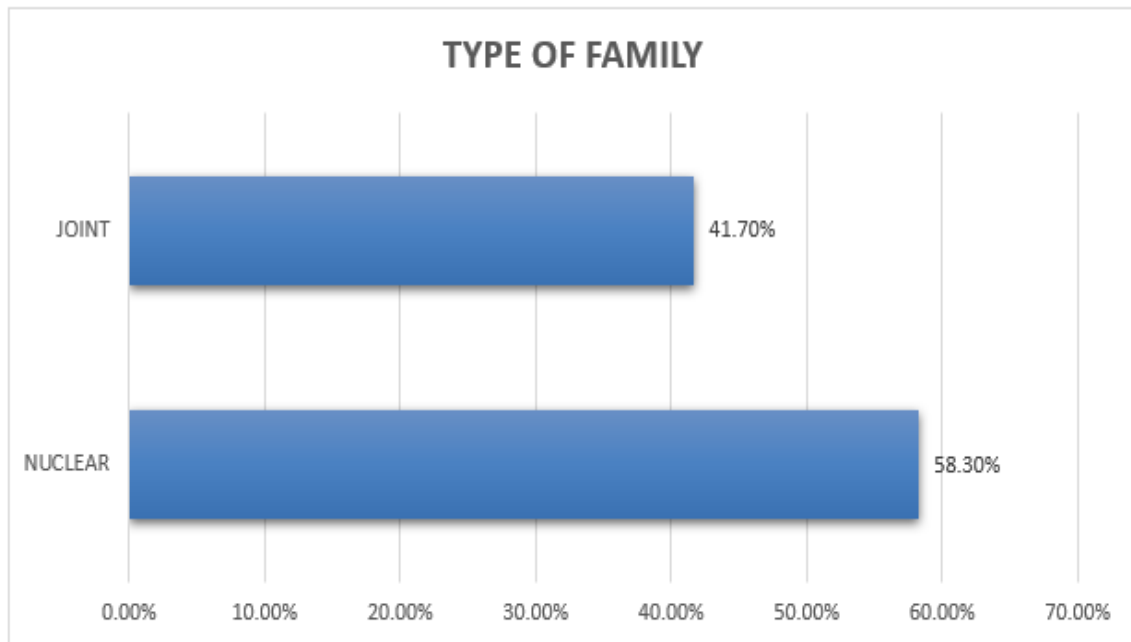


Figure 6: Representation of Type of Family of participants

The graph above illustrates the composition of families among the respondents, with a breakdown of the percentage distribution between joint and nuclear families.

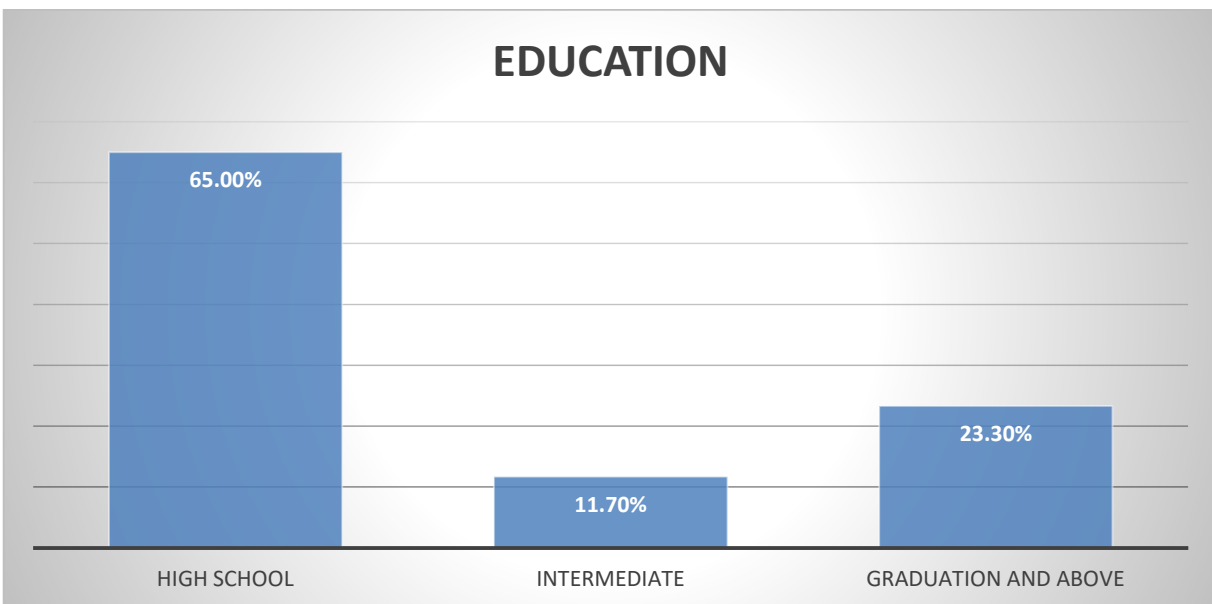


Figure 7: Representation of Education of participants

The provided bar graph visually represents the educational attainment of participants, displaying the percentage distribution across different categories, including high school, intermediate, graduation & above.

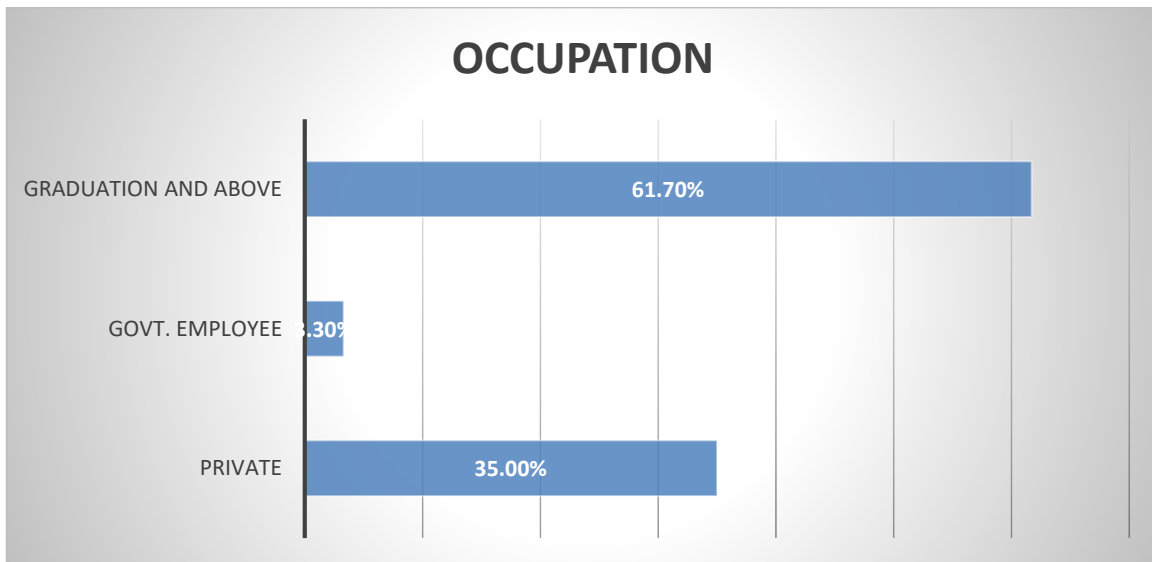


Figure 8: Representation of Occupation of participants

The bar graph above visualizes the Occupation of the participants, delineating the percentage distribution across different categories, including private, lower and middle socio-economic categories.

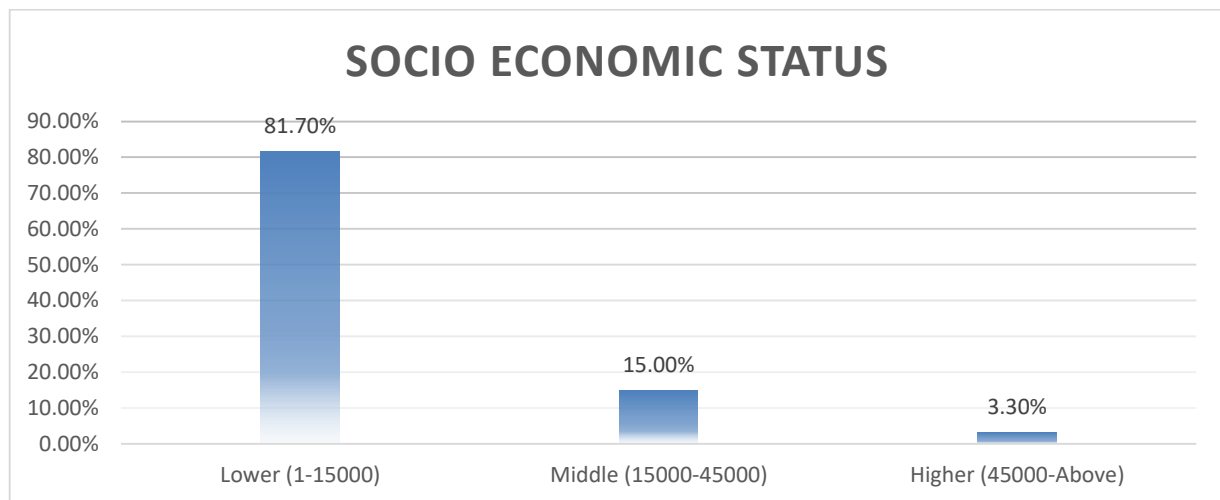


Figure-9: Representation of Socio-Economic Status of participants

The bar graph above visualizes the socio-economic status of the participants, delineating the percentage distribution between lower, middle and higher socio-economic categories.

Table 3: Difference between Gender and Affiliate Stigma

Source	caregiver sex	N	Mean	Sum of Mean Ranks	U	Z	P
Affiliate Stigma	Male	30	35.10	1053.00	312.000	-2.044	.041*
	Female	30	25.90	777.00			

*P<0.05

Therefore, the analysis suggests that gender does not significantly impact the level of affiliate stigma experienced by caregivers. Both male and female caregivers reported similar levels of stigma, indicating that factors beyond gender may be more influential in determining the stigma associated with caregiving.

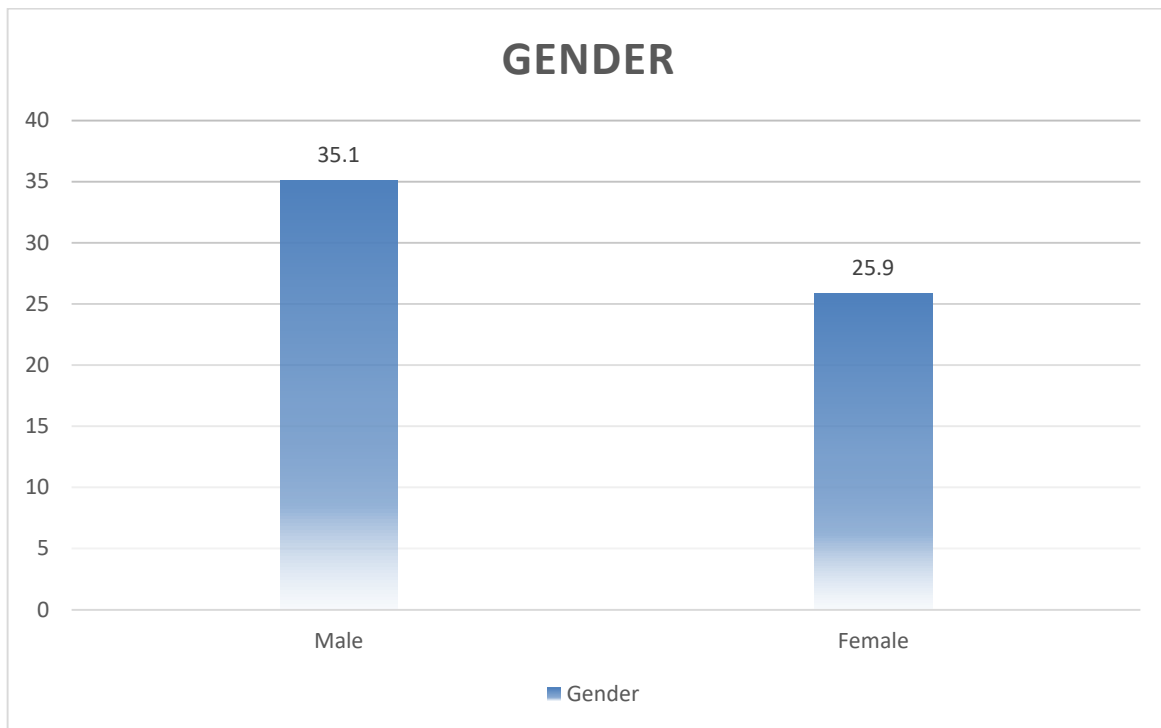


Figure 10: Representation of Affiliation stigma of male and female subject

Table 4: Displays the mean differences in attitudes toward seeking mental health services based on gender.

Inventory Of Attitude Towards Seeking Mental Health Services Score	Caregiver Groups	
	Male	Female
Psychological Openness	29.57	31.43
Help-Seeking Propensity	30.28	28.87
Indifference To Stigma	32.13	28.87

In summary, the analysis reveals notable gender differences in attitudes toward seeking mental health services among caregivers. Female caregivers demonstrate greater psychological openness but exhibit a slightly lower tendency to seek help and are more sensitive to stigma. In contrast, male caregivers show a marginally higher willingness to seek assistance and significantly greater indifference to stigma related to mental health service access.

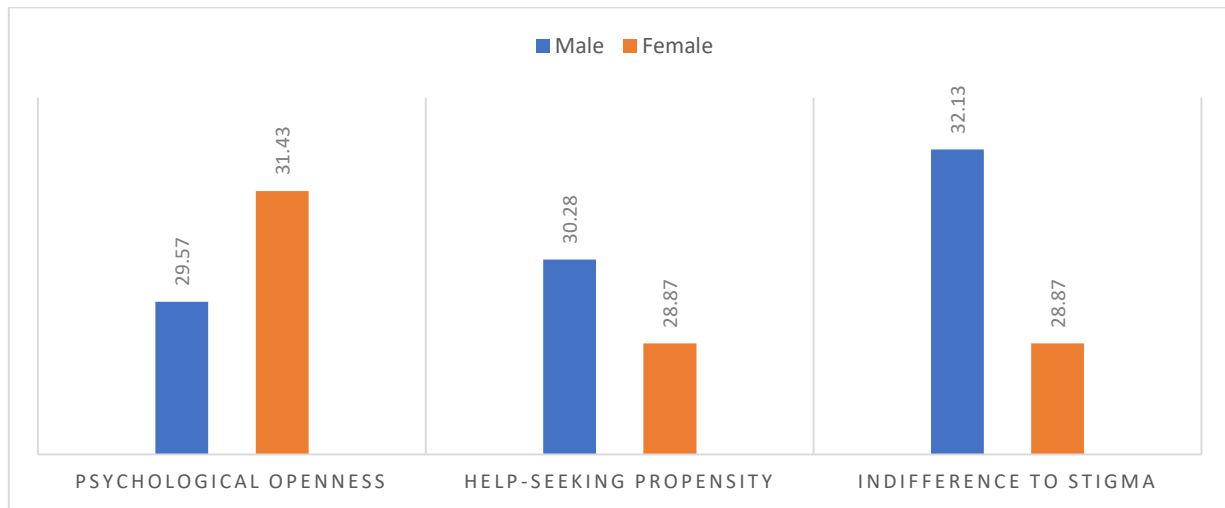


Figure 11: Illustrates the representation of gender in relation to the Inventory of Attitudes Toward Seeking Mental Health Services for both male and female participants

Table 5: Illustrates the relationship between affiliate stigma and attitudes toward seeking mental health services among caregivers of individuals with schizophrenia.

Scale	Attitudes Toward Seeking Mental Health Services
Affiliate Stigma	-0.477*

** Correlation is significant at the 0.01 level (2-tailed)

Given the findings from the correlation analysis, the initial hypothesis has been rejected. A significant relationship exists between affiliate stigma and attitudes toward seeking mental health services among caregivers. The negative correlation indicates that higher levels of affiliate stigma are linked to a lower willingness to seek assistance, potentially leading to adverse mental health outcomes for both caregivers and the individuals they care for.

Addressing this stigma is essential not only for improving caregivers' attitudes but also for promoting a healthier approach to mental health within families. Interventions aimed at educating caregivers about mental health issues and providing them with the necessary resources can help diminish the stigma they face. By fostering a supportive environment, we can empower caregivers to seek help, ultimately leading to better outcomes for individuals with schizophrenia and their families.

DISCUSSION

This study was conducted at the Mental Health Institute (C.O.E) SCB Medical College and Hospital in Cuttack, involving 60 caregivers evenly divided between male and female participants (30 each). These caregivers supported patients diagnosed with schizophrenia who were attending the outpatient and inpatient departments of the

psychiatry department. A purposive sampling method was used to collect relevant data from caregivers actively involved in patient care. By including both genders, the research aimed to explore any potential differences in caregivers' experiences and attitudes toward seeking mental health services. This study is significant as it brings attention to often overlooked caregiver perspectives, providing insights that can inform the development of targeted interventions and support systems in mental health care. By understanding the challenges faced by caregivers, the findings can help enhance both caregiver well-being and the quality of care for individuals with mental health conditions.

The study aimed to investigate the relationship between affiliate stigma and attitudes toward seeking mental health services among caregivers of individuals with schizophrenia. The Affiliate Stigma Scale, initially developed by Mak and Chung in 2008 and adapted into Hindi by Verma et al., comprises 22 items rated on a 4-point Likert scale, with total scores ranging from 22 to 88, specifically designed to assess affiliate stigma. Additionally, the study utilized the "Inventory of Attitudes Toward Seeking Mental Health Services" (IASMHS), a 24-item questionnaire that evaluates attitudes toward mental health services across three subscales: "Psychological Openness," "Help-Seeking Propensity," and "Indifference to Stigma."

The sample included 60 patients, equally divided between males and females, each making up 50% of the group. The majority of participants (96.7%) identified as Hindu, with a small percentage (3.3%) identifying as Muslim. Most patients (93.3%) were from non-tribal backgrounds, while 6.7% belonged to tribal communities. Geographically, 83.3% resided in rural areas, whereas 16.7% lived in urban settings. Regarding marital status, 50% were married, while the other 50% were unmarried. The study also revealed that 58.3% of patients lived in nuclear families, while 41.7% were part of joint families. In terms of education, 55% had completed primary education, 20% had secondary education, 15% had education beyond secondary school, and 10% were illiterate. These demographic factors are significant as they can influence mental health experiences and treatment-seeking behaviors. Similar studies, such as those by Ghosh et al. (2022) and Patel et al. (2021), have shown that socio-economic and cultural factors play a crucial role in shaping mental health perceptions and access to services. Understanding the backgrounds of these patients is essential for designing mental health interventions tailored to their specific needs.

The study revealed an equal gender distribution among caregivers, with 50% male and 50% female participants. A significant majority (96.7%) identified as Hindu, while 3.3% identified as Muslim. Most caregivers (93.3%) came from non-tribal backgrounds, with 6.7% from tribal communities. Geographically, 83.3% resided in rural areas, compared to 16.7% who lived in urban settings. In terms of marital status, 73.3% were married and 26.7% were unmarried. Regarding family structure, 58.3% lived in nuclear families, while 41.7% were part of joint families. Educational attainment showed that 65% of caregivers had completed high school, 11.7% had reached the Intermediate level, and 23.3% had obtained higher education, such as a degree. Employment data indicated that 35% were in the private sector, 3.3% were government employees, and 61.7% were engaged in

various other occupations. An analysis of socioeconomic status revealed that 81.7% of caregivers fell into the lower socioeconomic category, 15% were in the middle category, and 3.3% belonged to the higher socioeconomic bracket. These findings are consistent with research by Singh et al. (2023), which highlighted how socioeconomic factors influence caregivers' mental health and coping strategies. Understanding the demographics of caregivers is vital for developing interventions aimed at enhancing support systems and improving caregiver well-being. This is further supported by Kumar et al. (2022), who emphasized the importance of social support for caregivers' mental health.

The analysis also found a negative correlation between affiliate stigma and attitudes toward seeking mental health services. This suggests that as affiliate stigma increases, caregivers' attitudes toward seeking these services become more negative. This relationship may be influenced by deeply rooted socio-cultural practices in the region, where individuals often seek help from faith healers for mental health issues. One significant reason for this is the prevalent lack of awareness regarding mental health disorders. Historically, such conditions have been perceived as manifestations of spirit possession or karmic imbalance, leading many to believe that only faith healers can offer effective treatment. Consequently, the notion that these symptoms might indicate mental health disorders requiring professional care is not well understood among a large portion of the population.

Economic factors also play a significant role in sustaining this stigma. According to a World Economic Forum survey from July 26, 2024, approximately 34.4 million people in India live below the poverty line, with 15% of this group suffering from mental health disorders and lacking access to proper services. This lack of access reinforces negative attitudes toward mental health care, as individuals often have limited exposure to these services and do not fully understand how they work. Moreover, there is a prevalent belief that mental health disorders are incurable, leading many to think they must endure their conditions indefinitely. This misconception further perpetuates negative views toward mental health services. Similar patterns of stigma and barriers have been observed in research by Hoge et al. (2004), which indicated that soldiers with mental health issues were more likely to hold negative attitudes toward seeking treatment. Exploratory factor analysis suggests that affiliate stigma can be understood as a single, multifaceted construct, consistent with earlier theories proposed by Link and Phelan (2001) and Pachankis (2007), which argue that stigma encompasses interconnected aspects of caregivers' thoughts, feelings, and behaviors.

Transportation and accessibility remain significant obstacles to accessing mental health services, particularly in rural and tribal regions of India. Individuals in these areas often struggle to reach mental health facilities due to inadequate transportation options, which hinders their ability to consult with professionals typically located in urban centers. Research by Gupta et al. (2023) indicates that the interplay of stigma and accessibility issues greatly impacts caregivers' willingness to seek help. Their study underscores the necessity for targeted interventions aimed at enhancing mental health awareness and

improving access to services, especially in underserved regions. Similarly, Sharma et al. (2022) found that increasing awareness and reducing stigma could lead to higher rates of service utilization in rural communities.

CONCLUSION

The findings of this study indicate that there are no significant differences between male and female caregivers of schizophrenia patients. Conducted at the Mental Health Institute (COE) within SCB Medical College and Hospital in Cuttack, Odisha, the research involved 60 caregivers, evenly split between those caring for male and female patients. The primary objective was to investigate the relationship between affiliate stigma and attitudes toward seeking mental health services among these caregivers. This cross-sectional, hospital-based study obtained written consent from participants after thoroughly explaining the study's purpose and methodology. Descriptive statistics, including frequencies and percentages, were utilized to analyze the sample.

The socio-demographic data indicated that most caregivers identified as Hindu and belonged to non-tribal backgrounds. A significant portion were married, lived in nuclear families, and had completed high school education. Many caregivers came from lower socio-economic backgrounds and held unskilled jobs. The study revealed that higher levels of affiliate stigma were associated with more negative attitudes toward seeking mental health services. A significant relationship was established between affiliate stigma and these attitudes, with increased stigma leading to a decreased likelihood of caregivers pursuing mental health support. In summary, this study underscores the critical need to address affiliate stigma to promote more positive attitudes toward mental health services among caregivers. Enhancing awareness and reducing stigma could encourage caregivers to seek essential mental health support, which would benefit both them and the patients they care for. Future research should concentrate on strategies to improve mental health literacy and accessibility of services, particularly for socio-economically disadvantaged groups, as this may foster more positive attitudes and increased utilization of mental health resources.

LIMITATIONS, IMPLICATIONS, AND FUTURE DIRECTIONS

Limitations

To enhance the generalizability of the study's findings, a larger sample size is essential. The reliance on non-random sampling methods may have introduced bias into the results. Furthermore, the cross-sectional design of the study restricts the ability to determine causal relationships. Additionally, data collection was confined to a single tertiary care hospital in Odisha, which could limit the applicability of the findings to a broader population. Future research would benefit from gathering data across multiple sites and including a more diverse participant pool to better reflect the varied experiences and attitudes of caregivers.

Implications

The findings of this study can aid mental health professionals in developing effective psychosocial interventions. Strategies from social work can be employed to improve caregivers' attitudes toward seeking mental health services for individuals with schizophrenia. Furthermore, these interventions may help mitigate the affiliate stigma encountered by caregivers, ultimately enhancing their well-being and the quality of care provided to individuals with schizophrenia. Fostering collaboration among mental health professionals, caregivers, and community organizations can create a more comprehensive support system that addresses both stigma and service utilization.

Future Directions

Future research should focus on achieving a larger sample size to yield more reliable and generalizable results. Upcoming studies could explore additional factors, such as socio-cultural stigma and economic challenges, and their roles in shaping negative attitudes toward mental health services. It would also be valuable to investigate the challenges faced by mental health practitioners and their perceptions of mental health services. Longitudinal studies tracking changes in attitudes over time and assessing the effectiveness of various intervention strategies in reducing stigma would be beneficial. Expanding research in these areas can enhance our understanding of the complexities surrounding mental health care and stigma, leading to more effective interventions.

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Conflict of interest: Nil

Ethical Clearance: 1519 dated 23.11.2023, IEC, SCB MCH Cuttack, Odisha, India.

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