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RESEARCH ARTICLE

THE ROLE OF INTERNALIZED SELF STIGMA ON SELF ESTEEM AND ATTITUDE TOWARD SEEKING PROFESSIONAL PSYCHOLOGICAL HELP AMONG PSYCHIATRIC PATIENTS

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ABSTRACT

Stigmatized individuals have been found to face a variety of social and emotional consequences, including social withdrawal, loss of productivity, lowered self-esteem, and increased levels of negative affect. Stigmatization is now recognized as perhaps the central issue facing all who are attempting to understand, prevent, and treat mental illness. This study aimed to assess the extent of self-stigma level among psychiatric patients and investigate the role of self-stigma on self-esteem and attitude toward seeking professional help among psychiatric patients. This study followed a descriptive co relational design. The present study was conducted at two setting: psychiatric inpatient wards at "Tanta Mental Health Hospital", as well as in The Psychiatric Inpatient Ward of "Tanta University Hospital.The target population, a convenience sample of 85 psychiatric inpatients were recruited at inpatient psychiatric wards . Three tools were used to collect data for the study, Internalized Stigma of Mental Illness Scale, Rosenberg Self Esteem Scale and Attitudes Toward Seeking Professional Psychological Help Scale. Results of the study indicated that 70% of studied patients have problematic internalized stigma, patients reported moderate to severe level and self-stigma played a detrimental role in undermining self-esteem, attitude toward seeking professional psychological help among studied subjects in which patients whose higher score in internalizes self - stigma were more likely to have lower Self-Esteem and have tendency toward negative Attitudes toward Seeking Professional psychological Help. The study recommended that there is an urgent need to develop anti-stigma campaigns dealing with mental illness.

INTRODUCTION

Stigma against mental illness has devastating consequences for individuals with mental illness, their families and caregivers further increasing the impact of mental illness on society. Empirical findings and qualitative evidence indicate that stigma against mental illness remains rampant in many nations and cultures, constituting a significant barrier to successful treatment, reducing key life opportunities, and predicting poor outcomes over and above the effects of mental illness per se. So the stigmatization of mental illness is currently considered to be one of the most important issues facing the mental health field. Although individuals with mental illness suffer from a wide range of negative effects and impairments related to the disorder itself, these outcomes are exacerbated by stigmatization of their illness. In fact, harsh stigmatization of mental illness occurs across nations and cultures around the world, creating significant barriers to personal development and receipt of treatment (Corrigan, 2002; Roe *et al.,* 2012). Stigma refers to a visible or cancelable mark that is considered by the majority of a given social group to indicate deviance or immorality.

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It also signifies the social judgment and discrimination the majority places on out group members who possess such a mark, as well as the great potential for internalization and shame on the part of the individuals who are devalued and castigated (Stier and Stephen, 2007; Mueller *et al.,* 2006). Literature highlights the existence of two dimensions of stigma namely, public stigma and self/ internalized stigma. Within each of these two areas, stigma is further broken down into three elements: stereotypes, prejudice and discrimination. This is revised in the definition of (Thornicroft *et al.,* 2010) in which stigma includes three elements: problems of knowledge (ignorance or misinformation), problems of attitudes (prejudice), and problems of behavior (discrimination).

First, public stigma constitutes the reactions of the public to people with mental illness. Stereotypes about them range from "people with mental illness are dangerous ' to " they are to blame for their illness ' to they need constant care and sympathy' are dependent and that their condition will never improve. The second dimension consists of self- stigma wherein, the person turns the stereotypes, prejudice and discrimination regarding mental illness, inwards and is the focus of the current paper (Thornicroft *et al.,* 2010; Thornicroft and Henderson, 2009).

Self-stigma implies that people with mental illness are not only aware of public stereotypes, but also agree with them and apply them to themselves, resulting in low self-esteem. Corrigan stated that, self-stigma has been described as an internal form of stigma, wherein one labels oneself as unacceptable because of having a mental health concern. An extended definition of self-stigma is the product of internalization of shame, blame, hopelessness, guilt and fear of discrimination associated with mental illness (Corrigan, 2002; Corrigan, 2004; Amy *et al.,* 2007).

Researchers pointed out that self- stigma as a key variable in understanding the course of illness and outcomes of people who have psychiatric disabilities. Self – stigmatized persons can experience diminished self-esteem, self- efficacy and limited prospects for recovery. Self-stigma comprises both a negative attitude toward mental illness and low self -esteem, such that a person who explicitly self-stigmatizes might say; People with mental illness are bad and therefore I am bad too. Internalized stigma has been known to erode a person's self -esteem, leave the person feeling disempowered and reduce the overall quality of life. It also has adverse effects on employment and housing opportunities and renders the person helpless. Self-stigmatized persons assume they will be rejected socially and so believe they are not valued. As a result self-stigmatized persons are unable to overcome negative expectations and stereotypes about mental illness and they constrict their social networks, stay isolated and frequently avoid treatment (Amy *et al.,* 2007 and Corrigan *et al.,* 2009).

It is widely recognized that stigmatization of mental disorders leads stigmatized individual to avoid treatment altogether or discontinuation treatment. Many people who experiencing mental health concerns never seek psychological help, In fact a large scale epidemiological studies have found that less than 40 % of individual with mental health concerns seek any type of professional help and the percentage of those with mental health concerns who actually seek help from a counselor or mental health professional is noticeably smaller (Alonso, 2009; Berge and Ranney, 2005).In this respect (vogel *et al.,* 2006), repoted that, the most cited reason for not seeking professional help among people with mental illness was self- stigma and the self-stigma attached to having a mental illness inhibits the decision to seek professional services. Self- stigma leads to decreased treatment, seeking through a variety of pathways, e.g., avoidance of the institutions (mental health setting) that mark one as a member of a stigmatizes group in an effort to avoid or deny that status (Vogel *et al.,* 2006).

Therefore, this awareness of the 'mark ' and passive acceptance of it invariably leads to reduced self -esteem among individuals with mental illness. They believe themselves to be unworthy, alienate themselves from society, are reluctant to disclose their illness and on many occasions avoid seeking treatment altogether. Therefore, today and oncoming years, stigmatization is recognized as perhaps the central issue facing all who are attempting to understand, prevent, and treat mental illness (Rusch *et al.,* 2010; Deborah *et al.,* 2011). So, this study aimed to ascertain whether self -stigma exists among persons with mental illness and further explore the relationship between self -stigma and self -esteem and seeking professional psychological help levels.

Aim of the study

This study aimed to

Assess the extent of self-stigma levels among psychiatric patients.
Investigate the role of self-stigma on self-esteem and attitude toward seeking professional psychological help among psychiatric patients.

Research Questions

Does self –stigma have a role on self-esteem and attitude toward seeking professional psychological help among psychiatric patients?

MATERIALS

Study design

This study followed a descriptive –co relational design.
Setting

The present study was conducted at two settings: psychiatric inpatient wards at "Tanta Mental Health Hospital", which is affiliated to the Ministry of Health. The capacity of the hospital is 75 beds (three wards for men including 50 beds, and two wards for women including 25 beds), and provides health care services to Gharbya, Menofia, and kafr Elsheikh governorates as well as in The Psychiatric Inpatient Wards of "Tanta University Hospital".

Subjects

A convenience sample of 85 psychiatric inpatients was recruited at inpatient psychiatric ward who meet the following Inclusion criteria

Being at least 18 years old.
Having duration of illness at least of 3 years.
Hospitalized twice or more.
Willing to participate in the study.
Agree to participate in the study.

Exclusion criteria

Having physical disability, chronic physical disease and substance abuse which itself may be source of stigma.

Tools of the study

Three tools were used to collect data for the study, Internalized Stigma of Mental Illness Scale (ISMIS), Roesnberge Self Esteem Scale and Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS).

Tool one:- Internalized Stigma of Mental Illness Scale (ISMIS) (Risher *et al.,* 2003)

Internalized stigma of mental illness scale was developed by Risher *et al.* (2003). It aimed to measure self stigma of mental illness among persons with mental illness. It composed of twenty-nine items which are grouped into five subscales reflecting, Alienation, Stereotype endorsement, Perceived discrimination, social withdrawal, and stigma resistance.

The alienation subscale, with six items, measures the subjective experience of being less than a full member of society. The Stereotype endorsement, with seven items measures, the degree to which respondents agreed with common stereotypes about people with a mental illness. The discrimination experience subscale, with five items measures respondents perception of the way they tend to be treated by others. The social withdrawal subscale with six items, measures aspects of social withdrawal such as: I don't talk about myself much because I don't want to burden others with my mental illness. The stigma resistance subscale, with five items, measures a person's ability to resist or be unaffected by internalized stigma.

All items were measured on a 4-point Likert- type agreement scale (1=strongly disagree to 4=strongly agree)

Tool two: Rosenberg Self Esteem Scale (Rosenberg, 1965)

The Rosenberg Self-Esteem Scale is the most widely-used self-esteem measure. It was developed by Rosenberg, 1965. The scale consisted of 10 items in which five of them are positive (1,2,4,6,7) and others are negative (3,5,8,9,10). Each item was measured in 4-point Likert –type from strongly agree to strongly disagree. To score the items, assign a value to each of the 10 items as follows:

For items 1,2,4,6,7: Strongly Agree=3, Agree=2, Disagree=1, and Strongly Disagree=0.

For items 3,5,8,9,10 (which are reversed in valence): Strongly Agree=0, Agree=1, Disagree=2, and Strongly Disagree=3.The scale ranges from 0-30, with 30 indicating the highest score possible.

Tool three: Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPHS). (Whittlesey *et al.,* 2001). It is adapted from (Whittlesey *et al.,* 2001).It used to measure the attitude of persons with mental problems toward seeking professional psychological help. It consists of 10 items. Each item was measured in 4-point Likert –type from 0= disagree to 3=agree. Reverse score items 2, 4, 8, 9, and 10, then add up the ratings to get a sum. Higher scores (indicating more positive treatment attitudes) were associated with less treatment-related stigma, and greater intentions to seek treatment in the future. The tools of the study was supported by the Socio-demographic and clinical data Questionnaire. It was designed by the researchers. It elicits data about socio-demographic characteristics of the studied subjects such as sex, age, marital status, occupation, level of education, residence, income and Cohabitation as well as clinical data which include duration of illness, number of previous admission, mode of current admission and symptoms of current admission.

METHODS

The tools of the study were translated by the researchers to Arabic language and was validated by a jury to ensure the content validity of the translated version by original one. The jury consisted of five experts in the psychiatric medicine and psychiatric nursing fields. The required correction and modifications were carried out accordingly. Tools of the study were tested for reliability. Test–retest reliability was applied on 10 studied subjects and reapplied after 2 weeks to ascertain the reliability (r= 0,884,0, 892,0,884 respectively).

Before starting the study, an official letter was addressed from the dean of the faculty of nursing to the directors of the identified study settings to request their permission and cooperation to collect data in the selected setting. Before embarking on the actual study, a pilot study was carried out. The purpose of the pilot study was to test the clarity, applicability, and feasibility of the tools. In addition, it served to estimate the approximate time required for interviewing the participants as well as to find out any problem or obstacle that collection. The pilot study was conducted on ten patients after explanation the purpose of the study and their right to agree or refuse to participate in the study. These patients were selected randomly and excluded later from the actual study sample. The pilot study took nearly 5 days. After its implementation and according to its results, the necessary modifications were made. Every study subject was invited to participate in this study on a voluntary basis .Participants were informed about the purpose of the study and oral consent to participate in it was obtained before their inclusion . Anonymity, right to withdraw from the study at any time and confidentiality of data collected were assured. The patients were interviewed by the research to fill the tools of the study in individual basis. The time of filling the questionnaire was ranged from 30-45 minutes depend on patient's understanding. Data of the study was collected over period of three months (October to December 2013).

Statistical analysis

Statistical presentation and analysis of the present study was conducted, using SPSS V18.

RESULTS

Table 1 represented the distribution of the studied patients by their socio-demographic characteristics. This table shows that, about half of studied patients (55.29 %) were male with mean age 35.882 ±11.671 years. Concerning the patients' marital status, those who were married represent the highest percentage of the study sample, (54.12%). In relation to patients' educational level, about one third of patients had primary school (32.94%). Concerning their residence, most of the studied patients were from rural area (68.24 %). About half of patients were non occupied (51.77%). Regarding co-habituation, 58.82 % of the patients live with their family.

Table 2 represents clinical characteristics of studied patient's. The results revealed that the majority of studied patients admitted to hospital less than five times (80%) with mean (3.541±2.767). Regarding duration of psychiatric disease,

about one half of patient had psychiatric illness from less than five years. As for family history of mental illness, the most of the studied patients (76.47 %) haven't family history of mental illness. The extent of internalized self-stigma among psychiatric patients by using Internalized Stigma of Mental Illness Scale (ISMIS) was illustrated in Table 3. One can notice that, about one half of patients(50.59%) suffering from moderate internalized self -stigma and 20% of studied patients can be characterized as severe self-stigma with total mean score (63.505±13.792).

Table 1. Socio Demographic Characteristics of Studied Patient

Socio demographic Characteristics	Studied Patients (n=85)	%
Sex		
Male	47	55.29
Female	38	44.71
Age (Years)		
<25	12	14.12
25-	30	35.29
35-	25	29.41
45-	18	21.18
Range	18-68	
Mean ±SD	35.882 ±11.671	
Marital status		
Single	28	32.94
Married	46	54.12
Detached	7	8.24
Widowed	4	4.71
Level of Education		
Illiterate	10	11.76
Primary school	28	32.94
Secondary school	24	28.24
University school	23	27.06
Occupation		
Occupied	41	48.23
Non occupied	44	51.77
Residence		
Urban	27	31.76
Rural	58	68.24
Income		
Sufficient	45	52.94
in sufficient	40	47.06
Cohabitation		
Live with family	50	58.82
Live alone	35	41.18

Table 2. Clinical Characteristics of Studied Patients

Clinical characteristics	Studied Patients (n=85)	%
Number of previous admission		
<5	68	80.00
>5	17	20.00
Range (Mean± SD)	2-15(3.541±2.767	
Duration of illness (Years):		
<5	44	51.76
5-15	22	25.88
>15	19	22.35
Range (Mean± SD)	3-30(7.641± 6.761)	
Mode of current admission		
Voluntary	39	45.88
Involuntary	46	54.12
Awareness of mental illness		
Yes	47	55.29
No	38	44.71
Family history of mental illness		
Present	20	23.53
Absent	65	76.47

Data analysis of distribution of the studied patients according to range and mean scores of internalizes stigma scale subscales was presented in Table 4. The results indicate that, among internalizes self stigma scale subscales, Stereotype subscale was represented by the highest mean score15.176 ±4.223 meanwhile the lowest mean score 10.953±3.680was presented by Resistance subscale.

Table 3. The Extent of Internalized Self-Stigma Among Psychiatric Patients By Using Internalized Stigma of Mental Illness Scale (ISMIS)

Extent of Internalized Self-Stigma	Studied Patients (n=85)	%
Mild	25	29.41
Moderate	43	50.59
Severe	17	20.00
Range	15-86	
(Mean± SD)	(63.505±13.792)	

Table 4. Distribution of the Studied Patients According to Range and Mean Score of Internalized Stigma of Mental Illness Scale (ISMIS) Subscale

Internalized Stigma of Mental Illness Scale Subscales	Range			Mean	±	SD
Alienation	1.000	-	22.000	12.612	±	3.745
Stereotype	0.000	-	23.000	15.176	±	4.223
Discrimination	0.000	-	17.000	11.376	±	3.028
Social withdrawal	8.000	-	21.000	13.388	±	3.259
Stigma Resistance	0.000	-	18.000	10.953	±	3.680

Table 5. Correlation between Internalized Stigma of Mental Illness Scale and Rosenberg Self-Esteem and Attitudes toward Seeking Professional Psychological Help

Internalized Stigma of Mental Illness Scale		Rosenberg Self-Esteem	Attitudes toward Seeking Professional Psychological Help
	R	-0.801	-0.775
	P-value	<0.001*	<0.001*

Table 5 shows the correlation between Internalized Stigma of Mental Illness Scale and Rosenberg Self-Esteem and Attitudes toward Seeking Professional Psychological Help. It can notice that there is a significant negative correlation between Internalized Stigma of Mental Illness Scale and both Rosenberg Self-Esteem and Attitudes toward Seeking Professional Psychological Help (r=-0.801, -0.775 at level of p <0.001) respectively in which patients whose higher score in Internalized Stigma of Mental Illness Scale were more likely to have lower score in Rosenberg Self-Esteem and at the same time has tendency toward negative Attitudes toward Seeking Professional Help.

DISCUSSION

Mental illnesses are medical conditions that disrupt a person's thinking, feeling, mood, ability to relate to others and daily functioning. Stigmatized individuals have been found to face a variety of social and emotional consequences, including social withdrawal, loss of productivity, lowered self-esteem, and increased levels of negative affect. Stigmatization is now recognized as perhaps the central issue facing all who are attempting to understand, prevent, and treat mental illness (Hinshaw and Cicchetti, 2000; Rusch *et al.,* 2010).

The present study aimed to assess the extent of self-stigma among psychiatric patients and to investigate the role of self-stigma on self-esteem and attitude toward seeking professional psychological help among psychiatric patients. Regarding the level of internalized stigma experienced by study subjects according to the Internalized Stigma of Mental Illness Scale, the results indicated that 70% of studied patients have problematic internalized stigma, patients reported moderate to sever level. At the same time, the present study demonstrated that, among internalizes self stigma scale subscales, Stereotype subscale was represented by the highest mean especially in statements if "Stereotypes about the mentally ill apply to me, and mentally ill people tend to be violent" this may be related to, most of people believe that the mentally ill patients are severely dangerous and are not members of society. Meanwhile Stigma resistance subscale was represented as lowest mean score and most of patients strongly agree with" Living with mental illness has made me a tough survivor. Comparing the present study with results of study carried by (Drapalski *et al.,* 2013) to examine the prevalence of internalized stigma among individuals with serious mental illness and to construct and test a hypothesized model of the interrelationships among internalized stigma, self-concept, and psychiatric symptoms. The results is consistent with results of the present study in which, they found, thirty-five percent of participants reported moderate to severe levels of internalized stigma and greater internalized stigma was associated with lower levels of self-esteem, self-efficacy, and recovery orientation (Drapalski *et al.,* 2013).

Consistent with these findings, the study of Assefa *et al.* (2012) on internalized stigma among patients with schizophrenia in Ethiopia that indicated nearly all participants (97.4%) expressed agreement to at least one stigma item contained in the ISMI and 46.7% had a moderate to high mean stigma score. In the same stream, Ghanean *et al.* (2011), stated that, the experience of stigma because of mental illnesses was high in Iranian sample and the level of stigma was similar to studies from Europe. Additionally, these results are in agreement with Zartaloudi and Madianos (2010), who stated that individuals with mental illness are still being stigmatized despite modern medicine and more humane treatment (Assefa *et al.,* 2012; Zartaloudi and Madianos, 2010).

Another study conducted by Botha *et al.* (2006) who studied self-stigma in a South African, the patients reported moderate level of stigma. He stated that, 60% of the respondents in the South African sample agreed that "mentally ill people tend to be violent" and that it is linked to hopelessness, diminished self-esteem, and restricted social relationships. From this view, Yanos *et al.* (2012) argued that ignoring internalized stigma in comprehensive treatment programs for people with SMI may leave difficult roadblocks to recovery unmoved. Specifically, he that individuals with severe mental illness who accept that they have a mental illness but believe that having a mental illness means that one is incompetent and incapable of recovering may respond less well to evidence-based interventions such as supported employment and illness self-management programs (Botha *et al.,* 2006; Yanos *et al.,* 2012).

Regarding seeking psychological professional help, many studies stated that self -stigma leads stigmatized individuals to avoid treatment altogether or discontinue treatment prematurely. This comes in accordance with the results of the present study in which there was a negative relationship was found between self- stigma and patients' attitude toward seeking psychological professional help that patients whose higher score in internalizes self - stigma were more likely to have tendency toward negative Attitudes toward Seeking psychological Professional Help. This result may be attributed to the hypotheses that the more a person saw psychological help as a threat to their sense of worth, confidence or self-regard, the less likely they would be to seek out that help. Label avoidance, which stems from an individual's awareness of the public stigma and desire to avoid it, may be an additional variable influencing treatment seeking in which awareness of stereotypes held by others and internalization of these negative stereotypes deterred respondents from acknowledging the importance of informal care. In this respect Wahl, (1999) mentioned that Self stigma prevents many individuals from ever seeking treatment because they and their families are ashamed of the existence of mental illness and concerned that they may face significant discrimination and prejudice from neighbors, friends, and even mental health providers if their diagnosis is known. In an Egyptian study, Fahmy, (2003) argued that myths and stereotypy about mental illness have a negative impact on psychiatric patients as they generate stigma on a massive scale, and prevent psychiatric patients from accepting advice, asking for help, or receiving medication. From this view, for many patients, the need for seeking Professional help means that they can no longer deny their symptoms or problems. Others perceive that seeking professional help means that, they agree with the label of crazy or psychotic, regardless of whether they experience symptom relief and improved functioning as a result. Therefore, some patients think that the easiest way to alleviate stigma is to stop treatment. Thereby, it is fair to say that stigma is worse than the disease itself (Wahl, 1999; Fahmy, 2003).

Likewise, participants in a study by Al-Darmaki, 2003in the United Arab Emirates found that participants reported greater willingness to seek help from families and religious leaders than formal mental health services due to the shame of disclosing personal and family issues to outsiders (Al-Darmaki, 2003). Additionally the results of the present study come in accordance with Schomerus and Angermeyer, 2008. On their narrative review of the recent literature on self-stigma and help-seeking for psychiatric disorders, they concluded that, there is proof of a particular stigma attached to seeking help for a mental problem and anticipated individual prejudice and discrimination qua self-stigmatization are associated with a reduced readiness to seek professional help for mental disorders. Furthermore, Clement *et al.* (2014), mentioned that self-stigma was the fourth highest ranked barrier to help-seeking, with disclosure concerns are the most commonly reported stigma barrier (Schomerus and Angermeyer, 2008; Clement *et al.,* 2014).

In study carried by Pattynetal *et al.* (2014) results indicated that respondents with higher levels of anticipated self-stigma attached less importance to care provided by general

practitioners or psychiatrists.. Reluctance in seeking mental health treatment is still a large factor in getting rid of the stigma that accompanies mental illness. The results of the Komiya *et al.* (2000), study found that a greater stigma is negatively correlated with a more favorable attitude toward seeking psychological help. Muller and Reichl (1996) indicates that people who are in need of help often fail to use helping resources because it represents an open admission of inadequacy (Pattyn *et al.,* 2014; Muller and Reichl, (1996). The stigma associated with mental illness harms the self-esteem of many people who have serious mental illnesses. An important consequence of reducing stigma would be to improve the self-esteem of people who have mental illnesses. In the present study, score on the stigma scale were negatively correlated with global self-esteem among the studied patients and this result answer our research question that self stigma has a role on self esteem among studied participants. In the study carried by Manojlovic and Popovic (2012) to investigate relationship between self sigma and self esteem, their results points to internalized stigma as important factor which influence on self esteem in patients with diagnosis of schizophrenia and self-stigmatized persons are unable to overcome negative expectations and stereotypes about mental illness (Manojlovic and Popovic, 2012).

Indeed, Corrigan *et al.* (2011) stated that the self-esteem of some people with serious psychiatric disorders may be hurt by internalizing stereotypes about mental illness and they also added that people with mental illness face a double-edged sword. Not only do they have to contend with serious, disruptive symptoms, they still have to deal with rampant stigma. Sadly, mental illness is still largely shrouded in stereotypes and misunderstanding (Corrigan *et al.,* 2011). A progressive model of self-stigma yields four stages leading to diminished self-esteem and hope: being aware of associated stereotypes, agreeing with them, applying the stereotypes to one's self, and suffering lower self-esteem. They also reported that "People with a mental illness with elevated self-stigma report low self-esteem and low self-image, and as a result they refrain from taking an active role in various areas of life, such as employment, housing and social life (Bolhari *et al.,* 2002; Geoff, 2011).

From the results of the present and previous studies, it becomes oblivious that regardless of the country or religion, Internalized stigma is a major problem and common among persons with mental illness.

Limitation of this study

There was repairing work in the study setting which leads to Limited number of admitted inpatients. There is no quite place to interviewing patients, so, researcher conducted the study in the inpatient ward. Because of this, the researcher was exposed to many interruptions by other patients, that lead to increased distractibility of the study subjects and sometimes the researcher was obliged to repeat the interview again

Conclusion

The results of the present study indicated that 70% of studied patients have problematic internalized stigma patients reported moderate to sever level and largely answered the research question that; Does self–stigma have a role on self-esteem and seeking professional psychological help among psychiatric patients? The present study stated that there is a negative relation between internalized self-stigma and self-esteem and attitude toward seeking professional psychological help in which patients whose higher score in internalizes self stigma were more likely to have lower Self-Esteem and have tendency toward negative Attitudes toward Seeking Professional psychological Help. On other words, self- stigma played a detrimental role in undermining self-esteem and attitude toward seeking professional psychological help among studied subjects.

Recommendation

The following are the main recommendations pertaining to this study:

Develop anti-stigma campaigns dealing with mental illness. Establishment and empowerment of user organizations is important as well as increasing the awareness of the problem of stigma in professional groups working with the mentally ill. Implicit and direct behavioral measures should allow a more accurate assessment of changes in stigma toward mental illness over the coming years 4-Crucially, accurate assessments of unconsciously expressed levels of stigma will allow us to verify whether stigma is improving as a result of interventions aimed toward reducing stigma

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