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INTERNALIZED STIGMA AS A PREDICTOR OF DEPRESSION AMONG PATIENTS WITH PSYCHOTIC DISORDERS IN SELECTED NEUROPSYCHIATRIC SETTINGS IN SOUTH-EAST NIGERIA

*Okafor, D.A.[1] & Onyemaechi, C.I.[2]

[1&2]Department of Psychology, Chukwuwemeka Odumegwu Ojukwu University Igbariam Campus, Anambra Nigeria

*Corresponding author email: onyitechub@gmail.com

ABSTRACT

Internalized stigma is a significant psychosocial concern among people with psychotic disorders and may be associated with depressive symptoms. This study examined internalized stigma as a predictor of depression among patients with psychotic disorders in selected Neuropsychiatric settings in South-East Nigeria. A cross-sectional correlational design was adopted among 210 patients with psychotic disorders aged 16 years and above, selected using purposive sampling. Data were collected using the 25-item Internalized Stigma of Mental Illness Scale (ISMI) and the Patient Health Questionnaire-9 (PHQ-9). Pearson Product-moment correlation and hierarchical multiple regression were used for data analysis. Internalized Stigma was significantly and positively associated with depression ($r = .438$, $p < .01$). Hierarchical multiple regression showed that internalized stigma significantly predicted depression after accounting for age and relapse prevention ($\beta = .439$, $t = 6.906$, $p < .001$). The final model explained 19.4% of the variance in depression ($R^2 = .194$). The findings indicate that internalized stigma is an important psychosocial factor associated with depressive

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symptoms among patients with psychotic disorders. Incorporating stigma-reduction strategies and routine assessment of depressive symptoms into psychiatric care may improve psychological well-being among this population.

Keywords: internalized stigma; depression; psychotic disorders; mental illness; Nigeria.

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INTRODUCTION

Psychotic disorders are severe mental health conditions associated with considerable impairment in functioning and quality of life. In addition to the clinical manifestations of illness, people with Psychotic disorders frequently experience stigma, discrimination, social rejection, and internalized negative beliefs about themselves. Evidence indicates that self-stigma remains a significant problem among people with schizophrenia-spectrum disorders across different cultural settings (Sarraf, L., Lepage, M., & Sauve, G. (2022). In Africa, a recent systematic review and meta-analysis estimated the pooled prevalence of internalized stigma among people with mental illness at 29.05%, with psychosis-specific estimates being higher (Alemu et al., 2023).

Internalized stigma may have important consequences for the psychological well-being of individuals with psychotic disorders. A systematic review and meta-analysis involving 8,925 participants from 22 countries found that self-stigma was moderately and positively associated with depressive symptoms ($r = .49$, $p < .001$), while also being associated with poorer functioning, quality of life, and self-esteem (Buizza et al., 2023). Depression is itself an important comorbidity among people with schizophrenia, a systematic review of studies from Africa reported that approximately one in four people with schizophrenia screened positive for depression (Ntsame et al., 2023).

The Nigerian context is particularly important because stigma has been identified as a barrier to mental healthcare and treatment engagement. Evidence from Nigerian psychiatric settings has demonstrated the presence of self-stigma among people with schizophrenia and stigma-related barriers to accessing care (James et al., 2019; Mosanya et al., 2014). In addition to the

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symptoms of illness, individuals with psychotic disorders frequently experience stigma and discrimination, which may contribute to social exclusion, reduced quality of life, and difficulties in accessing and sustaining appropriate mental healthcare (World Health Organization (WHO). 2022,, 2025). Stigma remains a major barrier to recovery and social reintegration among people living with severe mental disorders. However, despite evidence linking stigma with adverse psychological outcomes internationally, there remains limited research examining whether Internalized stigma predicts depression specifically among patients with psychotic disorders in southeastern Nigeria.

Therefore, this study investigates internalized stigma as a predictor of depression among patients with psychotic disorders in selected neuropsychiatric settings in south-east Nigeria. Findings from the study may provide evidence for integrating stigma-reduction and depression-focused interventions into the comprehensive management and rehabilitation of patients with psychotic disorders.

Theoretical Framework

This study is anchored on Becker's Labeling Theory and Beck's Cognitive Theory of Depression. Becker's Labeling Theory (1963) explains how social reactions and labels attached to individuals can influence their social identity and experiences. Applied to psychotic disorders, negative labels such as "Mentally Ill", "Mad", or "Dangerous" may promote stereotyping, rejection, discrimination, and social exclusion. Repeated exposure to these experiences may contribute to reduced self-worth and psychological distress among affected individuals.

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Beck's Cognitive Theory of Depression (Beck, 1976) proposes that depression is associated with negative patterns of thinking about the self, the world, and the future. In the context of this study, persistent stigmatization may expose patients with psychotic disorders to negative social experiences that influence their self-perceptions and contribute to thoughts of worthlessness, hopelessness, and inadequacy, thereby increasing vulnerability to depressive symptoms.

The two theories therefore provide a complementary explanation for the proposed relationship between the study variables. Becker's theory explains the social process through which stigmatization occurs, while Beck's theory explains how negative experiences may contribute to depressive symptoms. Together, they provide a theoretical basis for examining internalized stigma as a predictor of depression among patients with psychotic disorders.

Empirically, previous studies have demonstrated a significant relationship between internalized stigma and depression among individuals with psychotic disorders. Pellet et al. (2019) conducted a longitudinal study among people with schizophrenia-spectrum disorders and found that higher levels of self-stigma were associated with greater depressive symptoms over time.

Similarly, Komatsu et al. (2021), using a cross-sectional design among patients with schizophrenia-spectrum disorders, reported that self-stigma was significantly related to depressive symptoms and recovery outcomes.

Furthermore, Sarraf et al. (2022), in a systematic review and meta-analysis, found a moderate positive association between self-stigma and depressive symptoms across different cultural settings. These studies suggest that internalized stigma is an important psychological factor associated with depression among individuals with psychotic disorders and provide empirical

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support for the present study. Having reviewed the above studies, therefore, this work tested this particular hypothesis:

1. Internalized stigma will significantly predict depression among patients with psychotic disorders in selected neuropsychiatric settings in South-East Nigeria.

Method

A cross-sectional correlational design was employed to examine the relationship between internalized stigma and depression among patients with psychotic disorders in selected neuropsychiatric settings in South-East Nigeria. The mental health facilities include; Federal Neuropsychiatric Hospital, Enugu, Enugu State, State Neuropsychiatric Hospital, Nawfia, Anambra State, and Amaudo Integrated Community Mental Health Foundation, Itumbuzo, Abia State.

Participants and Sampling

The study involved 210 patients consisting of 124 males and 86 females aged 16 years and above who had been diagnosed with psychotic disorders. Participants were selected using purposive sampling technique. Eligible participants were adults with a diagnosis of a psychotic disorder who were able and willing to provide informed consent and complete the study instruments.

Measures

Data were collected using the 25-item Internalized Stigma of Mental Illness (ISMI) Scale developed by Ritsher et al., (2003) and Patient Health Questionnaire-9 (PHQ-9) developed by

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Kroenke et al., (2001). The ISMI was used to assess internalized stigma associated with mental illness, while the PHQ-9 was used to assess depressive symptoms.

The ISMI demonstrated good internal consistency, with a reported Cronbach's alpha of approximately .90 and a coefficient of .80, while the pilot study conducted for the research reported a Cronbach's alpha of .98. The PHQ-9 has also demonstrated good internal consistency, with reported Cronbrach's alpha values ranging from .86 to .89 and a coefficient of approximately .84; the pilot study reported a Cronbach's alpha of .88.

Data Collection Procedure

Ethical approval was obtained from the appropriate ethics committee of the selected neuropsychiatric settings before commencement of the study. Eligible participants were informed about the purpose and procedures of the study and informed consent was obtained before data collection. Participants were assured that the information provided would be treated confidentially and used solely for research purposes.

Data Analysis

Data were analyzed using descriptive and inferential statistical procedures. Descriptive statistics, including means and standard deviations, were used to summarize the study variables. Pearson Product-moment correlation was used to examine the relationship between internalized stigma and depression. A hierarchical multiple regression analysis was conducted to determine whether internalized stigma predicted depression after accounting for age and relapse prevention. Statistical significance was set at $P<.05$.

Results

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Descriptive Statistics

A total of 210 patients with psychotic disorder participated in the study. Participants ranged in age from 16 to 69 years, with a mean age of 32.54 years (SD = 9.52). The mean score for internalized stigma was 69.52 (SD = 15.12), while the mean depression score was 5.63 (SD = 5.10).

Table 1

Descriptive Statistics of Study Variables

Variable	M	SD	Minimum	Maximum
Age	32.54	9.52	16	69
Internalized Stigma	69.52	15.12	25	111
Depression	5.63	5.10	0	22

Note: M = Mean, SD = Standard Deviation

Relationship between Internalized Stigma and Depression

Pearson product-moment correlation analysis revealed a significant positive relationship between internalized stigma and depression among patients with psychotic disorders, $r = .438$, $P < .01$. Thus, higher levels of internalized stigma were associated with higher levels of depressive symptoms.

Table 2

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Correlation between Internalized Stigma and Depression

	Variables	1	2
1	Internalized Stigma	-	
2	Depression	.438**	-

Note: P < .01 (two tailed)

Predictive Effect of Internalized Stigma on Depression

A hierarchical multiple regression analysis was conducted to determine whether internalized stigma significantly predicted depression after accounting for age and relapse prevention. Age was entered at step 1, internalized stigma was added at step 2, and relapse prevention was entered at step 3.

In step 1, age explained 0.6% of the variance in depression (R^2 = .006). The addition of internalized stigma at step 2 increased the explained variance to 19.2% (R^2 = .192; ΔR^2 = .186). Internalized stigma was a significant positive predictor of depression (β = .438, t = 6.899, P < .001).

In the final model, comprising age, internalized stigma, and relapse prevention, 19.4% of the variance in depression was explained (R^2 = .194). Internalized stigma remained a significant positive predictor of depression (β = .439, t = 6.906, P < .001, t = .019, P = .985) nor relapse prevention (β = .047, t = .756, p = .451) significantly predicted depression.

Table 3

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Hierarchical Multiple regression Predicting Depression

Predictor	**B**	**t**	**P**
Step 1 Age	-.080	-1.162	.247
Step 2 Age	-.001	-.015	.988
Internalized Stigma	.438	6.899	< .001
Step 3 Age	.001	.019	.985
Internalized Stigma	.439	6.906	< .001
Relapse Prevention	-.047	-.756	.451

Note: Step 1: R^2 = .006, Step 2: R^2 = .192

ΔR^2 = .186, Step 3: R^2 = .194, ΔR^2 = .002

β = Standard regression coefficient.

Discussion

This study examined internalized stigma as a predictor of depression among patients with psychotic disorders. The findings showed a significant positive relationship between internalized stigma and depression, with higher levels of internalized stigma associated with greater depressive symptoms. Furthermore, internalized stigma significantly predicted depression after controlling for age and relapse prevention, with the final model explaining 19.4% of the variance in depression.

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The finding is consistent with previous studies such as Pellet et al. (2019), Komatsu et al. (2021), and Sarraf et al. (2022), which reported that internalized stigma, had a significant positive effect on depression. A systematic review and meta-analysis found a moderate positive association between self-stigma and depressive symptoms among individuals with schizophrenia-spectrum disorders, suggesting that greater internalized stigma is associated with poorer psychological well-being (Sarraf et al., 2022). Evidence from Africa has similarly demonstrated that internalized stigma is prevalent among people with mental illness, while depression is also common among individuals with schizophrenia (Alemu et al., 2023; Ntsame et al., 2023). The present findings therefore adds to the growing evidence that stigma constitutes an important psychological burden among people with psychotic disorders.

The finding can also be understood within Becker's Labeling Theory, which suggests that negative social labels can influence how individuals are perceived into their self-identity. Repeated experiences of rejection, discrimination, and negative stereotyping may consequently contribute to psychological distress. The finding is also consistent with Beck's Cognitive Theory of Depression, which proposes that negative experiences may contribute to negative beliefs about the self, the world, and the future. These findings therefore suggest that internalizing negative stereotypes and experiencing feelings of shame, worthlessness, and social devaluation may reinforce feelings of hopelessness, and inadequacy, thereby increasing vulnerability to depressive symptoms among individuals with psychotic disorders.

Interestingly, relapse prevention did not significantly predict depression in the final model, whereas internalized stigma remained a significant predictor. This suggests that stigma may

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represent an important psychosocial factor in understanding depressive symptoms among patients with psychotic disorders.

The finding highlights the need for mental-health services to incorporate stigma-reduction and routine assessment of depressive symptoms into the management of patients with psychotic disorders. Interventions aimed at improving self-esteem, challenging internalized negative beliefs, strengthening social support, and reducing discriminatory experiences may be beneficial in improving psychological well-being.

Conclusion

Internalized stigma was significantly associated with and predicted depression among patients with psychotic disorders in selected Neuropsychiatric settings in South-East Nigeria. The findings suggest that internalized stigma represents an important psychosocial factor associated with depressive symptoms in this population. Integrating stigma-reduction strategies and routine assessment of depressive symptoms into psychiatric care may therefore contribute to improved psychological well-being and overall treatment outcomes among patients with psychotic disorders.

Clinical Implications and Recommendations

The findings have important implications for the management of patients with psychotic disorders. Mental-health professionals should routinely assess internalized stigma and depressive symptoms as part of comprehensive psychiatric care. Stigma-reduction interventions, psychoeducation, supportive psychotherapy, and strategies that promote positive self-perception and social connectedness should be incorporated into treatment and

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rehabilitation programmes. Families and caregivers should also be educated about the harmful effects of stigmatizing attitudes and discriminatory behaviours.

Mental-health services should strengthen collaborative approaches that address both the clinical and psychosocial needs of patients with psychotic disorders. Early identification and management of depressive symptoms among patients experiencing significant internalized stigma may improve treatment engagement and overall psychological well-being.

Limitations

The study has some limitations. First, the cross-sectional design limits the ability to establish causal relationships between internalized stigma and depression. Second, the study was conducted in selected neuropsychiatric settings in South-East Nigeria, which may limit the generalizability of the findings to patients with psychotic disorders in other regions. Third, the use of self-report measures may have introduced response or social-desirability bias. Future studies using longitudinal designs and multiple study sites are recommended to further examine the relationship between stigma and depression among people with psychotic disorders.

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