Self-labelling and stigma as predictors of attitudes towards help-seeking among people at risk of psychosis: 1 year follow-up

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Outline

• Introduction
• Methods
• Results
• Summary
• Clinical implication
• Future work
Introduction

DUP = duration of untreated psychosis

Seek care

DUP

Clinical outcome


Introduction

• Attitudes towards help-seeking
  – Perceived public stigma
  – Stigma stress
    • the cognitive appraisal of stigma as a stressor
  – Self-labeling
    • Facilitate service use
    • Coupled with stigma

Methods-Participants

• Inclusion criteria
  – high-risk status of psychosis
  – ultra-high risk status of psychosis
  – risk of bipolar disorder

• Exclusion criteria
  – schizophrenic, substance-induced or organic psychosis, bipolar disorder, current substance or alcohol dependence
  – age<13 or >35 years
  – low intellectual abilities with IQ<80
Methods-Participants

**Baseline**
- N=172

**1-year follow-up**
- N=23; 14%
- N=35; 20%
- N=47; 27%
- N=67; 39%

- interviewed
- completed
- unable to be contacted/interviewed
- with incompletely data
- decided to discontinue
Methods-Measurements

• Help-seeking attitudes
  – psychiatric medication
  – psychotherapy

• Self-labelling

• Perceived stigma: PDDQ (Link, 1987)

• Stigma Stress: SSC (Rüsch, 2009)

• Positive and negative symptoms: PANSS (Kay, 1987)
Statistical Analysis

• t-test or chi square test
• Multiple linear regressions
Results

• difference between dropouts and completers
  – completers were younger than dropouts \((p=0.008)\)
  – dropouts perceived more stigma than completers \(s(p=0.03)\)
## Results

- **Multiple linear regressions**
  - *psychiatric medication*

<table>
<thead>
<tr>
<th>Dependent variable</th>
<th>Independent variables</th>
<th>Beta</th>
<th>t</th>
<th>p</th>
<th>Adjusted $R^2$</th>
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<tbody>
<tr>
<td>Positive attitudes towards psychiatric medication after one year</td>
<td>Change of self-labelling as ‘mentally ill’</td>
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<td>2.85</td>
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<td>Change of stigma stress</td>
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<td>-0.83</td>
<td>0.43</td>
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<tr>
<td></td>
<td>Change of positive symptoms</td>
<td>0.03</td>
<td>0.26</td>
<td>0.80</td>
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<tr>
<td></td>
<td>Change of negative symptoms</td>
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<td>-2.10</td>
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<td>Anxiety disorder (0=no, 1=yes)</td>
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<td>Gender (1=male, 2=female)</td>
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<td>-1.05</td>
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<tr>
<td></td>
<td>Age</td>
<td>-0.03</td>
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<td>Positive attitudes towards psychiatric medication at baseline</td>
<td>0.55</td>
<td>4.92</td>
<td>&lt;0.001</td>
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## Results

- **Multiple linear regressions**
  - psychotherapy

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<td>0.03</td>
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Summary

• self-labelling
  – willingness to take psychiatric medication

• perceived stigma and stigma
  – reluctance to seek psychotherapy
Summary

• Label avoidance
• Disclosure concerns
• stress-coping models

Limitations

• High attrition
• Unmeasured factors
• help-seeking attitudes Vs. behaviours
Clinical implication

• Increase non-stigmatising self-awareness
• Interventions to reduce public stigma
• Reduce stigma stress

Future work

- Qualitative work
- Examine moderator or mediator variables
- Explore specialized anti-stigma interventions
Thanks for your attention!

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