The Association between Self-stigma and Quality of Life of Adults Living with Depression: A Systematic Review

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Introduction

Self-stigma of mental illness describes when an individual with a mental illness internalises the negative attitudes and beliefs that society holds about their mental condition into themselves. Self-stigma is prevalent among people with depression, which might lead to significant harm and negatively impact on their lives. Approximately 20% of patients with depression have experienced a moderate to high level of self-stigma (Brohan et al., 2011).

The Review Question & Objectives:

Question: "What is the association between self-stigma and quality of life (QoL) in adult patients with depressive disorders?"

Objectives:
1- Identify the factors associated with self-stigma.
2- Investigate the association between self-stigma and quality of life in cases of physical comorbidity with depression.

Methods

A systematic review was conducted following the guidelines for PRISMA and Joanna Briggs Institute (JBI). COSMIN tool was used to assess the self-stigma scales used in the included studies. The review was registered on Prospero (CRD42024500276). The search process was performed via nine research databases. Quantitative or mixed methods studies, observational studies and Randomized Controlled Trials (RCTs) were included if they sampled adults aged eighteen and above of both genders, who had been clinically diagnosed with depression. Studies were included if they measure the exposure 'Self-stigma of mental illness' with psychometrically validated scale. Studies were included if they specifically examine the relationship between self-stigma of mental illness and QoL. Three reviewers participated in screening process and assessing the risk of bias. Narrative synthesis was used to aggregate the findings.

Results

Seven studies were included in this review with a total of 1,244 participants diagnosed with depression.

Figure 1: PRISMA flow diagram of studies identification.
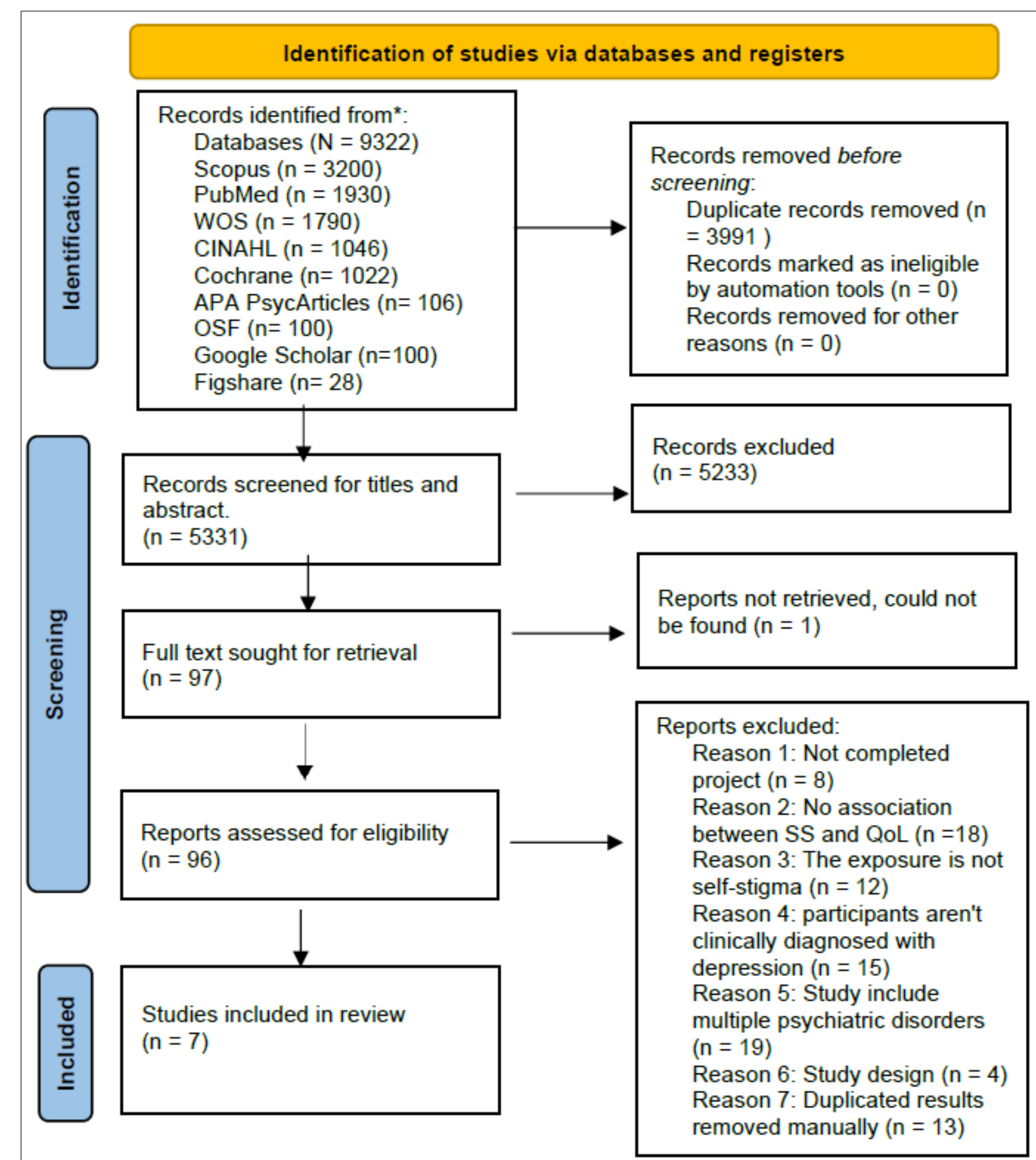
Across all studies, self-stigma was associated with a reduced QoL for patients with depression. Self-stigma of depression was identified to be associated with specific factors: a) Sociodemographic factors, b) Clinical factors and c) Psychosocial factors.

The categorization of the observed effect sizes established according to specific reference standards:

Effect sizes	Degree of association		
	Small	Medium	large
• Cohen's *d*	0.2	0.5	0.8
• Pearson's *r* • Spearman's rho • beta β coefficient	± 0.2	± 0.5	± 0.8
• The coefficient of determination R^2	0.04	0.25	0.64
• The adjusted odd ratio	1.5	3.5	9.0

● **The Association Between QoL and Self-stigma**

- Different strength of associations between QoL and self-stigma varied from small to large associations with the weaker association reported from the studies that controlled for potential confounders.
- The physical health and psychological domains were the strongest associated QoL domains with self-stigma.

● **Sociodemographic Factors Associated with Self-stigma**

Factors	Strength of association	Reported studies
Age	Small	3
Low level of income	Small	1
Low educational level	Medium	1
Gender (female)	Small to Medium	2
Marital status (single)	Small to Medium	2
Unemployment status	Small and Large	2

● **Clinical Factors Associated with Self-stigma**

Factors	Strength of association	Reported studies
Physical comorbidity	Small	1
Increased number of psychiatric hospitalizations	Small	1
Age at the onset of the illness	Small	1
History of suicidal attempts	Medium	1
Non-adherence to treatment	Medium	1
Increased illness severity	Small to Medium	3
Duration of illness	Small to Medium	3

● **Psychosocial Factors Associated with Self-stigma**

Factor	Strength of association	Reported studies
Poor social support	Large	1

Discussion & Conclusions

The review showed that the experience of self-stigma was negatively associated with QoL, indicating that higher levels of self-stigma were associated with lower QoL. Importantly, substantially smaller associations were observed in studies that controlled for other variables, pointing to potential confounding factors or mediators. As a main limitation, all included studies were cross-sectional and none of them explicated a causal model, highlighting a need for further research uncovering the potential impacts of self-stigma on QoL. Further, only one study addressed the association between physical comorbidity and self-stigma, and it did not specify the physical comorbidities involved, providing a vague answer based on the limited data available. The review offers recommendations that will contribute to clinical healthcare settings and public health field by educating the clinicians about the formation, risk factors and consequences of self-stigma. In addition to encourage them to use the self-stigma scale routinely for patients diagnosed with depression to determine if they are developing self-stigma to prepare enrolling them into anti-stigma programs such as, the Coming Out Proud (COP) program which found to be beneficial in helping patients with mental illness to overcome harmful consequences of self-stigma. Moreover, public health is responsible for increasing public awareness regarding mental illness issues. This involves introducing the public to the topic of mental illness stigma, explaining the associated risks, and how public stigma can lead to self-stigma.

References

Scan the QR code for references and contact details