PERCEIVED STIGMA AND MENTAL HEALTH ISSUES AMONG MALE PATIENTS WITH SUBSTANCE USE DISORDER

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ABSTRACT
The study aimed to investigate the impact of perceived stigma on depression, anxiety, and stress as mental health problem among male patients with substance use disorder and the role of demographic variables i.e., marital status and age etc., among male patients with substance use disorder. The study highlights the perceived stigma among male patients with substance use, focusing on the role of depression, anxiety, and stress as mental health problem. It aims to understand how depression, anxiety, and stress contribute to perceived stigma in male patients. The research utilizes the Erving Goffman Theory and Phelan Theory of Stigma to explore these influences. The research was quantitative, correlation study using a cross-sectional research design. Data was collected from rehabilitation centers. The findings of the present study have shown that the correlation among variables were significant positive i.e., p < .05 while the study did not show any significant difference with respect to demographic variable. It has been noted that recognizing the impact of perceived stigma on the mental health of patients with substance use disorders is critical. Creating safe and stigma-free environments where individuals can discuss mental health concerns without fear of judgment can foster social support networks. This can significantly aid in maintaining good mental health and supporting recovery. The need for public education initiatives focusing on reducing fundamental feelings of rejection and intolerance, which form the core of stigma. Overall, it emphasizes the nuanced impact of perceived stigma on mental health and the complex interplay between societal perceptions, self-stigmatization, and help-seeking behaviors among males dealing with substance use and mental health issues.
Keywords: *Perceived stigma, mental health issues, stress, anxiety, and depression.*

INTRODUCTION

The study explores the relationship between perceived stigma and mental health issues among male patients with substance use disorder (SUD). Stigma involves negative attitudes and behaviors that

lead to discrimination or avoidance of individuals seen as different. Perceived stigma (PS) is the fear of being discriminated against or feeling disgrace, stemming from society's beliefs. Individuals with SUD may internalize these prejudices, leading to negative feelings about themselves and shame regarding their mental illness (Chang et al., 2020; Agterberg et al., 2020).

Healthcare providers must consider stigma as it significantly impacts various populations, including those facing weight-related challenges (Moore et al., 2023). Common mental disorders among individuals with SUD include schizophrenia, bipolar disorder, major depressive disorder, anxiety, and stress, often leading to a dual diagnosis. This dual diagnosis results in severe clinical disruptions, including increased suicide risk, severe symptoms, and poorer prognosis (Pérez-Pedrogo et al., 2022). Patients with dual diagnoses also face more frequent relapses and lower quality of life, posing challenges for treatment providers (Cloyd & Diekhoff, 2021).

In comparison to those with bipolar disorder and general population norms, individuals with both schizophrenia and major depressive disorder exhibit lower physical functioning and vitality, struggling with everyday activities and experiencing more frequent fatigue (Duffy & Baldwin, 2013). Mental health issues among males involve a complex interplay of biological, psychological, social, and cultural factors. Traditional gender roles and societal expectations often discourage males from expressing vulnerability or seeking help, exacerbating mental health problems and substance use (Brady & Randall, 1999).

Males who lack healthy emotional coping mechanisms may perpetuate emotional suppression and stigma to their children. Substance use disorders are widespread, particularly in high-income countries, and are linked to significant mortality and disease burden. Despite this, treatment for alcohol use disorders is often inadequate due to social stigma and lack of systematic screening in primary healthcare (Prescott et al., 2006). Effective psychosocial and pharmacological interventions exist, and primary healthcare providers should take responsibility for regular screening and a gradual treatment approach (Compton et al., 2005).

Mental health disorders and substance use disorders frequently co-occur in males, known as dual diagnosis or comorbidity. Emotional dysregulation may lead to depression, anxiety, impulsive behaviors, and increased suicide risk (Shahzad et al., 2022). A study involving in-person interviews with 36 participants in Hyderabad found that the top three substances used by young individuals were alcohol, heroin, and methamphetamines (Ghazal, 2019). Mental health issues can lead to social withdrawal, relationship challenges, decreased productivity, and job loss, significantly impacting quality of life.

Behavioral addictions, although not directly impacting brain neurotransmitters like substances do, share mechanisms contributing to their persistence. Substance use disorders impact family dynamics, perpetuating SUDs and emotional distress across generations (Lipari et al., 2016). Mental health challenges manifest physically, affecting sleep, appetite, and energy levels, similar to chronic health conditions like hypertension and diabetes (Rudolf et al., 2022).

Stigma, particularly perceived stigma, plays a critical role in mental health. Perceived stigma involves internalized beliefs about being judged or discriminated against due to one's condition. This can lead to social isolation, reduced opportunities, and lower quality of life (Oakman et al., 2020). Addressing perceived stigma involves raising awareness, promoting empathy, and challenging societal attitudes to create supportive environments (Drew & Martin, 2021).

Erving Goffman's theory of stigma provides a foundational understanding, categorizing individuals into those considered "normal" and those with stigmatized attributes. Goffman identifies three types of stigma: physical, character, and group identity, emphasizing the social consequences of stigmatization (Goffman, 1963). This theory has been influential in sociology, psychology, and disability studies.

Effective coping mechanisms for individuals with SUD and mental health issues include providing tailored support, promoting help-seeking behavior, and educating the public about mental health and substance used to reduce stigma. Understanding and addressing the complexities of mental health and substance use disorders, especially among males, are crucial for improving overall well-being and reducing the negative impact of stigma (WHO, 2005; Adan et al., 2017; Lander et al., 2013).

Substance abuse often intertwines with mental health conditions like depression, anxiety, and bipolar disorder, forming a detrimental cycle where each exacerbates the other (Bahji et al., 2019). Symptoms of depression frequently coexist with eating disorders such as anorexia nervosa or bulimia nervosa due to overlapping features (Bahji et al., 2019).

The influential conceptualization of stigma by Link and Phelan sheds light on its impact on individuals and communities, guiding strategies for reducing stigma and promoting social inclusion (Yang et al., 2007). Perceived stigma plays a significant role in shaping males' attitudes toward seeking help for mental health issues coupled with substance use (Rosenfield, 1997).

The bidirectional relationship between mental illness and substance use underscores the importance of addressing both simultaneously (Buchan et al., 2021). Males, pressured to suppress emotions, may turn to substance abuse, escalating the risk of mental health issues and suicide (Wiedemer et al., 2007). Depression, anxiety, and stress, when prolonged, can lead to debilitating consequences, hindering daily functioning and exacerbating substance use disorders (Wang et al., 2017; Miller & Massie, 2006; Laijawala et al., 2020).

Encouraging self-acceptance, challenging negative beliefs, and teaching healthy coping mechanisms are essential in recovery from substance use disorders (Orth & Robins, 2014). Genetic predispositions, adverse environments, and coping mechanisms contribute to the development of mental health issues and substance use disorders (Keyes, 2000). In conclusion, understanding the complex interplay of mental health, substance abuse, and stigma is crucial for effective intervention and support. Integrating approaches and addressing societal attitudes are pivotal in promoting holistic well-being and reducing stigma in diverse communities.

Substance addiction often intertwines with prevalent mental health issues, notably anxiety and depression, persisting even after detoxification and cessation of addictive behavior (Mohamed et al., 2020). Individuals with substance use disorder (SUD) commonly experience heightened levels of anxiety and sadness, indicating a correlation between addiction severity and concurrent mental health symptoms (Mohamed et al., 2020). Moreover, the co-occurrence of epilepsy and depression significantly impacts an individual's quality of life, exacerbating symptomatology and functional impairment (Sequeira & Silva, 2019).

Studies highlight the complex interplay between epilepsy and mental health, with anxiety often arising from seizure attacks, social alienation, and diminished self-worth (Sequeira & Silva, 2019). Despite the prevalence of psychological disorders among individuals with epilepsy, the focus on addiction in this population has been limited (Wang et al., 2017). Nevertheless, research suggests that some individuals resort to substance misuse to alleviate epilepsy-related challenges, underscoring the importance of addressing psychological well-being alongside physical symptoms (Wang et al., 2017). In conclusion, substance abuse intertwines with mental health issues, cognitive impairments, and familial dynamics, emphasizing the need for comprehensive interventions addressing physical, psychological, and social aspects of addiction.

Objectives
1. To examine the relationship of perceived stigma on depression, anxiety, and stress as mental health problem among male patients with substance use disorder.
2. To examine the role of demographic variables i.e., marital status and age etc., among male patients with substance use disorder.

Hypotheses
H1: There would be significant relationship between depression, anxiety, and stress as mental health problem among male patients with substance use disorder.
H2: Perceived stigma will be a positive predictor of depression, anxiety, and stress as mental health problem among male patients with substance use disorder.

Theoretical Framework
Link and Phelan theory of stigma
stigma isn't simply an individual property or normal for an individual however a social cycle that includes the naming, generalizing, and segregation of people or gatherings in view of specific qualities or traits that are considered unwanted or freak by society. The hypothesis places that disgrace emerges from the

collaboration between people with the slandered condition and the bigger social setting where they reside (Wiley & Carter, 2021).

Erving Goffman theory of stigma
Erving Goffman was a prominent sociologist who presented the hypothesis of stigma in his powerful book named "Stigmae: Notes on the Administration of Ruined Character," distributed in 1963. In this work, Goffman investigates how society marks people with specific attributes as "deviant " or " different, " prompting pessimistic social discernments and ramifications for those people. The focal thought of Goffman's hypothesis of stigma is that society sorts individuals into two gatherings in view of their apparent social characters (Goffman, 1963).

Conceptual Framework

Figure 1: Shows the Conceptual Framework of the Study Variables

Figure 1 explained the conceptual framework of the research, which suggested perceived stigma as independent variable. Here, perceived stigma predicted depression, anxiety, and stress as mental health problems among participants having substance use disorder.

Material and Methods
The research was quantitative, correlation study using a cross-sectional research design. Data was obtained from rehabilitation centers.

Depression, Anxiety and Stress Scale - 21 Items (DASS-21)
The DASS-21 is the short form of the DASS-42, a self-report scale designed to measure the negative emotional states of depression, anxiety, and stress. Studies have shown that the DASS-21 has good internal consistency reliability (Cronbach's alpha ranged between 0.74 and 0.93) in both clinical and non-clinical samples (Ali & Green, 2019)

i. **Depression.** Dysphoria, hopelessness, devaluation of life, self-deprecation, lack of interest / involvement, anhedonia, and inertia. (Items 3, 5, 10, 13, 16, 17, 21)

ii. **Anxiety.** Autonomic arousal, skeletal muscle effects, situational anxiety, and subjective experience of anxious affect. (Items 2, 4, 7, 9, 15, 19, 20)

iii. **Stress.** Levels of chronic nonspecific arousal, difficulty relaxing, nervous arousal, and being easily upset / agitated, irritable / over-reactive and impatient. (Items 1, 6, 8, 11, 12, 14, 18)

Perceived Stigma of Drug Addiction
The Perceived Stigma of Drug Addiction Scale (PSAS; α = .71; Luoma et al., 2010) is an eight-item questionnaire measuring perceptions of the prevalence of stigmatizing beliefs toward substance use. This scale provides a single total score. Reversed scored items are 1, 2, 3, 4, 6, and 8.

Results
This chapter presents the findings of the study examining the relationship between perceived stigma and mental health outcomes among individuals with substance use disorders (SUDs). As stigma significantly impacts both the psychological well-being and treatment of these individuals, understanding its effects is essential for developing effective interventions. The results are organized into sections covering demographic characteristics, the correlation between perceived stigma and mental health indicators such as anxiety and depression, and notable unexpected findings. By analyzing this data, we aim to shed light on the complex interplay between stigma and mental health, offering insights that can inform clinical practice and future research efforts.

Table 1: *Demographic Characteristics of Variables (N = 300)*

Variables	n	%	M	SD
Age	100	100	31.66	8.46
Gender				
Male	300	100		
Marital Status				
Married	140	46.7		
Single	160	53.3		
Education				
Graduate	10	3.3		
Intermediate	46	15.3		
Matric	72	24.0		
Undergraduate	13	4.3		
Under Matric	88	29.3		
Uneducated	71	23.7		
Drug Use	300	100		
Cannabis (Marijuana)	77	25.7		
Opiates (Powder, Heroin)	46	15.3		
Poly drug abuse	100	33.3		
Stimulants (ICE. Cocaine)	77	25.7		

Note. n = Frequency; % = Percentage; M = Mean; SD = Standard Deviation.

Table 2: Correlation among Perceived Stigma and Mental Health Issues of Male patients with substance use disorder (N = 300)

Varriables	M	SD	1	2	3	4
Perceived Stigma	21.69	3.39	-	-.09	.03	.03
Stress	7.46	3.71	-	-	.541**	.592**
Anxiety	7.93	3.45	-	-	-	.630**
Depression	7.33	3.57	-	-	-	-

** $p < .01$

Table 3: Summary of Linear Regression Analysis with stress, anxiety, and depression among male patients with substance use disorder (N = 300)

Predictor	R	R^2	Adj.R^2	F	df	Sig.
Perceived stigma	.13	.01	.01	5.55	298	.01

$p < .05$

In the table no 4.3, the findings shows that perceived stigma has significant impact on psychological/mental problems among male patients with substance use disorder. The P value is .01 which is less than the .05. The R value is .13 and predictor R^2 .01 and Adjusted R .01.

Table 4: Summary of Linear Regression Analysis with stress, anxiety, and depression among male patients with substance use disorder (N = 300)

Model	Sum of squire	df	Mean Square	F	Sig
Regression	55.21	1	55.21	5.55	.019
Residual	2961.03	298	9.93		
Total	3016.25	299			

a. Dependent Variable:
b. Predictors: (Constant), scores, scores

Table shows the regression model through analysis of variance which signifies that the regression model is significant. This elaborates that perceived stigma in drug users do predict depression, stress, and anxiety as mental health problems. The F value is 5.55 with the value of P as .019 which is significant because it is less than .05.

Table 5: Coefficients Summary of Linear Regression Analysis with stress, anxiety, and depression among male patients with substance use disorder (N = 300)

Model	Unstandardized Coefficients		Standardized Coefficients	T	Sig.
	β	SE	B		
Constant	16.41	.488		33.63	.000
Mental Health Problems	-.04	.02	-.13	-2.35	.019

P<.05.

Independent variable is perceived stigma. The dependent variables are stress, anxiety, and depression as mental health problems. Coefficient summary of Linear Regression analysis shows that stress, anxiety, and depression as mental health problems among male patients with substance use disorder. It has been shown that perceived stigma predicted mental health problems while the t value is -2.35 and p value is .01.

Discussion

In this section, we will address the results of this research and the underlying reasons for them. The analysis of these findings clarifies the significant factors contributing to the observed outcomes. Our results align with previous research and explore the relationship between perceived stigma and mental health issues among male patients with substance use disorders (SUDs). Perceived stigma refers to negative beliefs and behaviors that lead individuals to be dismissed, avoided, or feared because they are perceived as different. It encompasses the fear of discrimination or systemic disgrace stemming from societal beliefs (Chang et al., 2020).

Stigma and the underreporting of mental health issues often result in prolonged undiagnosed or untreated conditions in males, potentially exacerbating symptoms and leading to more severe mental health problems. A significant proportion of individuals with late-onset psychosis face diagnostic challenges due to the overlap with substance use disorders. Approximately 60% of older adults experiencing new-onset psychosis have secondary psychosis associated with substance use (Reinhardt & Cohen, 2015).

Creating support networks and safe spaces for men to discuss their mental health concerns without judgment can reduce stigma and promote help-seeking behaviors. Families can benefit from understanding how SUDs impact their children, motivating parents to engage in open discussions about the effects of substance use on family dynamics and encourage continuous dialogue regarding emotions and concerns (Liebling & Greene, 2021). Additional strategies include establishing regular family routines and activities, which can help assess children who may be struggling with psychiatric disorders or SUDs (Eddie & Kelly, 2019).

Our first hypothesis posited that perceived stigma would significantly correlate with mental health issues among patients with SUDs. Contrary to expectations, our results indicated that perceived stigma was not significantly associated with stress, anxiety, or depression. This complexity in the relationship suggests that many males with SUDs develop coping strategies to navigate perceived stigma, often resorting to unhealthy behaviors like concealment or denial of their condition. While some may experience negative impacts, others find resilience in their struggles and may even become advocates for mental health awareness, challenging stereotypes (Latalova & Prasko, 2014).

Our findings contrast with those of other studies suggesting that perceived stigma positively predicts mental health issues. Beliefs of being stigmatized can lead to increased psychological distress, contributing to shame, low self-esteem, and isolation. This, in turn, may worsen symptoms of anxiety and depression. Additionally, perceived stigma often deters individuals from seeking treatment, as the fear of judgment may prevent them from accessing necessary mental health services (Pyne & Sullivan, 2004; Chien & Chan, 2014). Compared to females, males with substance use may withdraw from social interactions to avoid stigma,

ultimately leading to a lack of social support critical for maintaining mental health (Perlick et al., 2001).

The second hypothesis stated that perceived stigma associated with SUDs would strongly predict mental health problems among patients. Our findings confirmed that perceived stigma significantly correlated with anxiety, depression, and stress levels among individuals with SUDs. It is important to note that underreporting of stigma may occur if interviewers avoid sensitive topics out of shame (Mueser & Hintz, 2020). Although it is possible that self-perceived stigma could reflect psychopathology rather than a direct cause of mental health conditions, evidence suggests that stigma persists even after psychological symptoms subside (Mejia-Lancheros & Stergiopoulos, 2020).

Perceived stigma has been closely tied to negative mental health outcomes in those with substance abuse issues, leading to heightened anxiety, stress, and depression. Individuals often internalize societal stigma, reinforcing feelings of shame and guilt, which exacerbate their psychological distress (Livingston, 2012). Moreover, societal stigma contributes to discrimination and social isolation, worsening mental health among individuals grappling with substance use disorders (Corrigan et al., 2014).

Research indicates a robust association between perceived stigma and anxiety, with societal judgments intensifying anxiety symptoms and complicating recovery efforts (Keyes et al., 2010). Discrimination and anticipated rejection can obstruct treatment access and adherence, further impeding recovery (Corrigan & Watson, 2002). Studies also support a strong link between perceived stigma and depression, with feelings of societal rejection contributing to a negative emotional cycle (Hatzenbuehler et al., 2013; Schomerus et al., 2011).

Addressing stigma through targeted public education, destigmatization efforts in healthcare, and the promotion of support networks is crucial for improving mental health outcomes for individuals with SUDs. Interventions focusing on self-stigma and enhancing coping mechanisms can significantly alleviate the mental health burdens faced by these individuals (Livingston, 2012; Corrigan et al., 2014).

Conclusion

The text underscores the multifaceted impact of perceived stigma on mental health, especially among males with substance use disorders (SUD). It highlights that while perceived stigma may not significantly correlate with anxiety or depression, it does predict stress levels. This stigma often leads to social withdrawal and a lack of support, hindering recovery and worsening mental health issues. Empowering individuals with SUD through supportive environments and inclusive societal attitudes can improve mental health outcomes and treatment adherence. The challenges of assessing stigma, due to underreporting and the intersection of self-perceived prejudice with psychopathology, are noted. The text calls for targeted interventions to address societal perceptions, self-stigma, and masculinity norms, promoting more positive attitudes towards seeking mental health support and reducing stigma.

Limitation and Suggestion

The stigma associated with substance use disorders (SUD) can lead to social withdrawal, which hinders the social support crucial for mental health recovery. The study indicates that self-perceived prejudice and humiliation can persist even after psychological symptoms subside, complicating the understanding and assessment of stigma prevalence. It also highlights how societal norms of masculinity contribute to men's reluctance to seek professional help, fostering self-stigmatization of mental health concerns. These findings underscore the importance of addressing emotional perceptions and masculinity ideals to encourage a more positive attitude towards seeking treatment. Public education initiatives are needed to reduce the fundamental feelings of rejection and intolerance that form the core of stigma. Overall, the study emphasizes the nuanced impact of perceived stigma on mental health and the complex interplay between societal perceptions, self-stigmatization, and help-seeking behaviors among males dealing with substance use and mental health issues.

Implication of the Study

The study highlights several practical implications for addressing perceived stigma associated with substance use disorders (SUD). Reducing stigma is crucial as it discourages individuals from seeking mental health services. Efforts to lower perceived stigma can encourage more individuals with SUD to seek necessary support and treatment. Understanding coping mechanisms for perceived stigma is vital; many males

with SUD resort to unhealthy strategies, like hiding their condition or avoiding help. Tailored interventions promoting healthier coping strategies can improve mental health outcomes for this demographic. Creating safe, stigma-free environments for discussing mental health concerns can foster social support networks, aiding in maintaining good mental health and supporting recovery. Public education should focus on eradicating misconceptions and intolerant attitudes toward mental health conditions and substance use. Educating families and communities about stigma's impact can create more supportive environments.

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