

Level of Discrimination and Stigma for Individuals with Mental Illness: A Cross-Sectional Study



By

Nazmul Hossain

February 2025

*This thesis is submitted in total fulfilment of the requirements for the subject
RESEARCH 2 & 3 and partial fulfilment of the requirements for the degree of*

Bachelor of Science in Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

Faculty of Medicine

University of Dhaka

Thesis completed by:**Nazmul Hossain**4th year, B.Sc. in Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

.....

Centre for the Rehabilitation of the Paralysed (CRP)

Signature

Chapain, Savar, Dhaka: 1343

Supervisor's Name, Designation, and Signature**Kaniz Fatema**

Lecturer

Department of Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

.....

Centre for the Rehabilitation of the Paralysed (CRP)

Signature

Chapain, Savar, Dhaka: 1343

Head of the Department's Name, Designation, and Signature**Prof. Sk. Moniruzzaman**

Professor & Head

Department of Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

.....

Centre for the Rehabilitation of the Paralysed (CRP)

Signature

Chapain, Savar, Dhaka: 1343

Board of Examiners

Prof. Sk. Moniruzzaman

Professor and Head

Department of Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

Centre for the Rehabilitation of the Paralysed (CRP)

Chapain, Savar, Dhaka: 1343


.....
Signature**Dr. Md. Shakhaoat Hossain, PhD**

Chairman & Associate Professor

Department of Public Health and Informatics

Jahangirnagar University

Savar, Dhaka-1342, Bangladesh.


.....
Signature

Statement of Authorship

Except where it is made in the text of the thesis, this thesis contains no material published elsewhere or extracted in whole or in part from a thesis presented by me for any other degree or seminar. No other person's work has been used without due acknowledgement in the main text of the thesis. This thesis has not been submitted for the award of any other degree in any other tertiary institution. The ethical issue of the study has been strictly considered and protected. In case of dissemination of the findings of this project for future publication, the research supervisor will be highly concerned, and it will be duly acknowledged as an undergraduate thesis.

Nazmul Hossain

4th year, B.Sc. in Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

Centre for the Rehabilitation of the Peralysed (CRP)

Chapain, Savar, Dhaka: 1343

.....

Signature

Acknowledgement

First and foremost, I express my deepest gratitude to the Almighty Allah for granting me the strength, patience, and ability to complete this study. I am sincerely thankful to my family members for their continuous support, encouragement, and inspiration throughout the entire research process. I would like to extend my heartfelt appreciation to all individuals who contributed to the successful completion of this research. My sincere thanks go to the Institutional Review Board Committee for granting permission to conduct the study.

I am profoundly grateful to my honorable supervisor, Kaniz Fatema, Lecturer, BHPI, for her invaluable guidance, constructive feedback, and unwavering support at every stage of the research. I sincerely appreciate Prof. Sk. Moniruzzaman, Professor & Head of the Department, for fostering an academic environment conducive to research. A special thanks to Arifa Jahan Ema Ma'am for her inspiring teaching in Research Methodology, which provided me with essential research skills. I also wish to acknowledge the authority of the National Institute of Mental Health (NIMH) for allowing me to collect data from the selected study area. My special thanks to Md. Saddam Hossain, Assistant Professor, BHPI, for his assistance during the data analysis phase. Finally, I extend my sincere gratitude to all the participants whose cooperation made this study possible.

Dedication

Dedicated to future researcher, with the hope that it inspires continued exploration, critical thinking, and meaningful contributions to the field. May this study act as a foundation for future research, encouraging fresh insights and significant advancements in the field.

Table of Contents

Board of Examiners	III
Statement of Authorship	IV
Acknowledgement	V
Dedication	VI
List of Tables.....	X
List of Figures.....	XI
List of Abbreviations.....	XII
Abstract.....	XIII
CHAPTER I: INTRODUCTION	1
1.1 Background	1
1.2 Justification of the Research	2
1.3 Operational Definition.....	3
<i>1.3.1 Mental Health & Mental Illness</i>	<i>3</i>
<i>1.3.2 Discrimination</i>	<i>3</i>
<i>1.3.3 Stigma</i>	<i>4</i>
<i>1.3.4 Discrimination & Stigma in Mental Illness</i>	<i>4</i>
1.4 Aim of the Study.....	4
CHAPTER II: LITERATURE REVIEW	5
2.1 Overview of Mental Illness.....	6
2.2 Sociodemographic Traits	7
<i>2.2.1 Age</i>	<i>7</i>
<i>2.2.2 Gender.....</i>	<i>7</i>
<i>2.2.3 Education and Occupation</i>	<i>7</i>
<i>2.2.4 Geographical Context.....</i>	<i>8</i>
2.3 Impact on Social Well-being	8
<i>2.3.1 Social Relationships.....</i>	<i>8</i>
<i>2.3.2 Employment.....</i>	<i>9</i>
<i>2.3.3 Community Integration</i>	<i>9</i>
2.4 Emotional and Psychological Consequences	10
<i>2.4.1 Self-Esteem and Self-Efficacy</i>	<i>10</i>
<i>2.4.2 Recovery and Treatment-Seeking Behavior</i>	<i>10</i>

2.5 Cultural Influences on Stigma	11
2.6 Key Gaps in the Studies.....	12
CHAPTER III: METHODS AND MATERIALS	13
3.1 Study Question, Aim and Objectives.....	13
3.1.1 Study Question	13
3.1.2 Aim	13
3.1.3 Objectives.....	13
3.2 Study Design	14
3.2.1 Study Method	14
3.2.2 Study Approach	14
3.3 Study Setting and Period.....	15
3.3.1 Study Setting.....	15
3.3.2 Study Period.....	15
3.4 Study Participant	15
3.4.1 Study Population.....	15
3.4.2 Sample Size	15
3.4.3 Sampling Techniques.....	16
3.4.4 Inclusion Criteria.....	16
3.4.5 Exclusion Criteria	16
3.5 Ethical Considerations	17
3.5.1 Ethical Clearance	17
3.5.2 Informed Consent.....	17
3.5.2 Unequal Relationship.....	17
3.5.3 Risk and Beneficence	17
3.5.4 Confidentiality.....	17
3.6 Data Collection Process	18
3.6.1 Participant Recruitment Process	18
3.6.2 Data Collection Method.....	18
3.6.3 Data Collection Instrument.....	18
3.6.4 Field Test.....	19
3.7 Data Management and Analysis	20
3.8 Quality Control and Quality Assurance	20
CHAPTER IV: RESULTS.....	21

4.1 Sociodemographic Characteristic.....	21
4.2 Currently Receiving Treatment status	24
4.3 Comorbidity Disease Status	24
4.4 Frequency Distribution of the Respondents' on Perceived Discrimination, Anticipated Discrimination, Overcoming Stigma and Positive Treatment	25
4.5 Level of Discrimination and Stigma Status among the Respondents'	29
4.6 Association between Sociodemographic Factors and Perceived Discrimination, Anticipated Discrimination, Overcoming Stigma and Positive Treatment.....	30
4.7 Linear Regression Assessing the Association between Sociodemographic Factors and Perceived Discrimination, Anticipated Discrimination, Overcoming Stigma and Positive Treatment	33
CHAPTER V: DISCUSSION.....	37
CHAPTER VI: CONCLUSION	40
6.1 Strengths and Limitations	40
<i>6.1.1 Strengths.....</i>	<i>40</i>
<i>6.1.2 Limitations</i>	<i>40</i>
6.2 Practical Implication	41
<i>6.2.1 Recommendation for Further Practice</i>	<i>41</i>
<i>6.2.2 Recommendation for Future Research.....</i>	<i>41</i>
6.3 Conclusion	42
CHAPTER VII: LIST OF REFERENCE.....	43
APPENDICES.....	48
Appendix A: Ethical Approval Form	48
Appendix B: Permission Letter for Scale	49
Appendix C: Permission Letter for Data Collection.....	50
Appendix D: Information Sheet and Consent Form (English Version).....	52
Appendix E: Information Sheet and Consent Form (Bangla Version)	58
Appendix F: Questionnaire (English Version)	63
Appendix G: Questionnaire (Bangla Version).....	71
Appendix H: Supervision Records	79

List of Tables

Serial No	Name of the Table	Page No
Table 4.1	Sociodemographic characteristic of the respondents'	21
Table 4.2	Currently Receiving Treatment status	24
Table 4.3	Comorbidity disease status	24
Table 4.4	Frequency distribution of the respondents' response based on perceived discrimination	25
Table 4.5	Frequency distribution of the respondents' response based on anticipated discrimination	27
Table 4.6	Frequency distribution of the respondents' response based on overcoming stigma	28
Table 4.7	Frequency distribution of the respondents' response based on positive treatment	28
Table 4.8	Level of Discrimination and Stigma status among the respondents'	29
Table 4.9	Association between Sociodemographic Factors and Perceived Discrimination	30
Table 4.10	Association between Sociodemographic Factors and Anticipated Discrimination	31
Table 4.11	Association between Sociodemographic Factors and Overcoming Stigma	32
Table 4.12	Association between Sociodemographic Factors and Positive Treatment	32
Table 4.13	Linear regression assessing the association between Marital Status and Perceived Discrimination, Anticipated Discrimination and Positive Treatment	33
Table 4.14	Linear regression assessing the association between Current Occupational Status & Anticipated Discrimination	34
Table 4.15	Linear regression assessing the association between Type of Mental Illness and Overcoming Stigma	35
Table 4.16	Linear regression assessing the association between Duration of Mental Illness and Perceived Discrimination	36

List of Figures

Serial No	Name of the Figure	Page No
Figure 2.1	Overview of literature findings	5
Figure 3.6.1	Overview of participants recruitment process	18

List of Abbreviations

ADLs	Activities of Daily Living
APA	American Psychiatric Association
BHPI	Bangladesh Health Professions Institute
BMD	Bipolar Mood Disorder
CI	Confidence Interval
CRP	Centre for the Rehabilitation of the Paralysed
DISC-12	Discrimination and Stigma Scale-12
DSM	Diagnostic and Statistical Manual of Mental Disorders
IRB	Institutional Review Board
IQR	Interquartile Range
MDD	Major Depressive Disorder
MPHs	Mental Health Professionals
NIMH	National Institute of Mental Health
OCD	Obsessive Compulsive Disorder
OT	Occupational Therapy/ Occupational Therapist
PD	Personality Disorder
SPSS	Statistical Package of Social Science
WHO	World Health Organization

Abstract

Background: Mental illness is a critical global health issue, with stigma and discrimination significantly impacting those affected. Individuals with mental health disorders often face societal exclusion, which exacerbates their conditions and hinders recovery. In Bangladesh, despite improvements in mental health awareness, stigma and discrimination remain prevalent, adversely affecting mental health treatment and social integration.

Aim: To find out the level of discrimination and stigma experienced by individuals with mental illness and its impact on their social, emotional, and psychological well-being.

Methods: Cross-sectional study was conducted with 140 participants diagnosed with mental illnesses. Discrimination and Stigma Scale-12 was used to collect data among individual with mental illness. The data was analyzed using the Statistical Package of Social Science (SPSS) 20 version for descriptive and inferential analysis.

Results: The study focused on the socio-demographic characteristics of the participants and assessed the levels of discrimination and stigma experienced. The majority of participants were aged between 18 and 31 years (61.4%) and resided in rural areas (55.7%). The most common diagnoses were schizophrenia (40.7%) and bipolar disorder (25.7%). The data revealed significant levels of discrimination across various life domains, including work, housing, and social participation. Moreover, perceived and anticipated discrimination were prominent issues, with a notable association between higher educational levels and increased reported stigma. The study further indicated that individuals with mental illness faced both public stigma and self-stigma, which affected their emotional, social, and psychological well-being.

Conclusion: The findings underscore the persistent challenge of stigma and discrimination faced by individuals with mental illness in Bangladesh. Despite treatment availability, individuals continue to encounter social exclusion, which exacerbates their conditions and hinders recovery. This study highlights the urgent need for policy reforms and targeted interventions to address the stigma associated with mental illness. Occupational therapy practices, in particular, must integrate strategies to reduce stigma, promote inclusion, and improve the quality of life for individuals with mental disorders.

Keywords: Mental Health, Mental Illness, Stigma, Discrimination, Occupational Therapy.

CHAPTER I: INTRODUCTION

1.1 Background

Mental illness represents a vital public health challenge which comprises 13% of global health burdens. People face a decrease in life expectancy of about 20 years because mental health realities combine with persistent diseases. Survival scores lower when someone is suffering from mental illness (Hossain et al., 2014).

All over the world, stigma and discrimination are the pandemics that ride on the coattails of mental diseases. There're two battles that people who suffer any kind of mental illness need to wage. In their attempts to publicise mental illness, mental health advocates might also fail to address human rights abuses, which adversely affects both the prevention and treatment of mental illnesses, as well as the rehabilitation and protection of the wellbeing of individuals with mental disorders (Kapungwe et al., 2010).

According to World Health Organization (WHO), 40 million people worldwide have serious mental illnesses, such as dementia and schizophrenia. Less severe mental and neurological problems disable another 200 million. It is even higher when counting issues of drug and alcohol treatment or mental disorders are secondary to physical illness. According to research in wealthy countries such as the United States, Australia and England, 15 to 25 percent of the general population suffers from psychiatric disorders. Prevalence rates for psychiatric diseases were reported to be 20% in Uganda 57% in Brazil 25% in Chile 50% in Nicaragua 66% in Sudan 31% in India and 25% in Spain (Karim et al., 2011).

The National Institute of Mental Health (2021) conducted a nationwide survey revealing that men face increased stigma from mental health issues than women (37.6% to 98.2%) and stigma affect individuals across Bangladesh. All patients across Bangladesh experienced the same level of discrimination regardless of their geographic location (Roy & Chowdhury, 2024).

Although stigma and discrimination are now acknowledged as major obstacles to full social inclusion for people with mental illness across the world (Semrau et al., 2014). Stigma and discrimination impact not only the lives of patients but also those of their families, relatives, and mental health professionals (MHPs). It is viewed as a burden that affects both the personal and social aspects of patients' lives. As a result, patients and their family members may hesitate to seek treatment for mental illness, which can lead to a worsening of their psychological conditions (Roy & Chowdhury, 2024).

1.2 Justification of the Research

This study focuses on discrimination and stigma against individuals with mental illness, a global concern. One out of every four people in the world suffers from some form of mental illness, with estimates in the United States alone placing the number at about 59.3 million (Merikangas et al., 2010). Stigma and discrimination are widespread societal issues that harm those suffering from mental health problems by isolating, excluding, and devaluing these individuals (Ahad et al., 2023).

OT which aims to improve individuals' ability to engage in meaningful activities and participate fully in society, is directly affected by stigma and discrimination. This research contributes to occupational therapy by enhancing client-centered practice, improving therapeutic relationships, advancing holistic care, promoting social

inclusion, and enhancing professional development (McNamara, n.d.; Vanpuymbrouck et al., 2024). The study also advances science, society and policy by contributing to building the scientific literature on stigma and discrimination in mental health, raising awareness and furthering the science–policy interface and evidence informed policymaking. It further enhances mental health service delivery and care integration (Bolster-Foucault et al., 2021). By addressing the critical issue of stigma and discrimination, this study has the potential to drive meaningful change in mental health care and occupational therapy practice.

1.3 Operational Definition

1.3.1 Mental Health & Mental Illness

According to WHO, mental health is a state of mental well-being that enables people to cope with the stresses of life, realize their abilities, learn and work well, and contribute to their community. Mental illness is any diagnosable mental problem that causes substantial changes in thought, emotion, and/or behavior and distress or impairment in social, vocational, or other crucial areas of functioning (Tawiah et al., 2015).

1.3.2 Discrimination

Discrimination is the unfair or unequal treatment of individuals or groups based on certain characteristics such as mental illness, disability, race, gender, religion, or age. In the context of mental health, discrimination often involves negative attitudes, behaviors, or institutional practices that disadvantage people with mental illness. Discrimination refers to the behavioral manifestation of stigma, resulting in the unfair treatment of individuals based on their membership in a stigmatized group (Thornicroft et al., 2009).

1.3.3 Stigma

Stigma is a negative attitude or belief that society holds about a person or group based on certain characteristics, such as mental illness, disability, race, gender, or social status. Stigma is one of the most profound barriers to the full social inclusion and community participation of persons with mental illness (Ritsher et al., 2003).

1.3.4 Discrimination & Stigma in Mental Illness

Individuals with mental illness often struggle a doubleedged sword battle. Coping with the symptoms of the condition itself is already difficult enough whilst misperceptions of the condition create further complications such as suffering negative connotations - 'stigma' – and discrimination. Stigma and discrimination are also suggested to be significant barriers to mental health help seeking, mental health recovery and social inclusion (Hanafiah & Van Bortel, 2015).

1.4 Aim of the Study

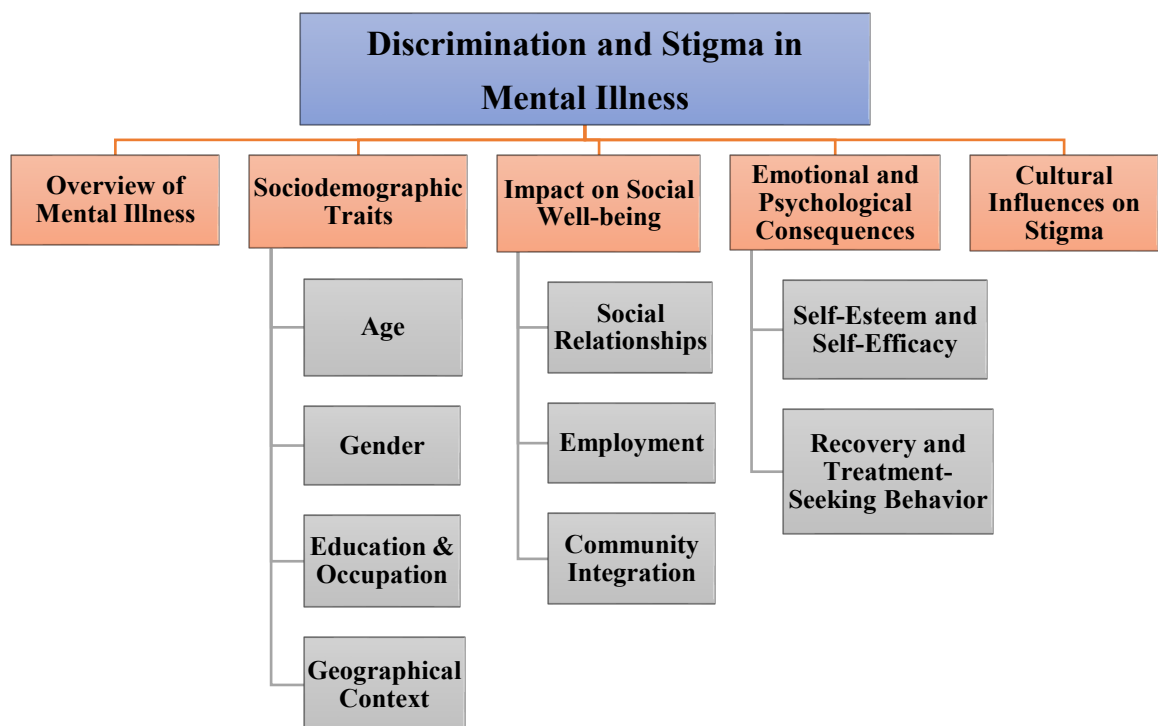
To find out the level of discrimination and stigma experienced by individuals with mental illness and its impact on their social, emotional, and psychological well-being.

CHAPTER II: LITERATURE REVIEW

This chapter covers information on discrimination and stigma faced by individuals with mental illness. It includes findings from existing literature on the prevalence and nature of stigma, as well as cultural variations in stigma. Additionally, the chapter discusses the discrimination and stigma experienced by individuals with mental illness and examines the impact of these factors on their emotional, psychological, and social well-being.

Figure 2.1

Overview of literature findings



2.1 Overview of Mental Illness

Mental illness is a serious public health issue worldwide with immense implications for individuals, communities, and health systems everywhere that affect mood, thinking, and behavior. Mental illnesses are the outcome of complex interactions between biological, psychological, and social factors (Sathyanath M et al., 2023).

About one billion individuals worldwide suffer from mental health illnesses in one form or another, with the most common being depression, anxiety, and bipolar disorder, according to the World Health Organization. Mental illness has a substantial impact on family and community welfare in addition to individual wellbeing. Globally, mental health issues are estimated to result in yearly economic losses of approximately \$1 trillion, mostly from lower productivity and higher medical costs. Despite rising prevalence rates and growing social impacts, stigma remains pervasive in many societies (Machenyue, 2025).

Stigma brings widespread damage in individual and social spheres. Stigma discourages help seeking, delays treatment, and exacerbates mental illness (Clement et al., 2015). Discrimination leads to isolation, reduced education and employment opportunities, and economic deprivation. Self-stigma has been associated with poorer recovery, increased depression, and reduced quality of life (Nica et al., 2016). Stigma and discrimination aid in worsening poor treatment-seeking behavior, with studies indicating that 56% of people afflicted with mental illness are discriminated against (Raosaheb & Sreedevi, 2018).

In Bangladesh, a very large proportion of people with disorders do not receive treatment, and social determinants (poverty, gender inequality, low literacy) and cultural beliefs about mental illness fuel stigma and discrimination. These findings underscore the importance of measuring both individual-level stigma and structural

drivers (service availability, policy) when studying discrimination in Bangladesh (Roy & Chowdhury, 2024).

2.2 Sociodemographic Traits

2.2.1 Age

A Cross-sectional study was conducted among persons with mood and anxiety disorders in Portugal, where the sample size was 3849. This study aimed to characterize the association between perceived stigma and mental disorders. The study shows that retired participants had 2.48 (95% CI: 1.24-4.94) higher odds of reporting stigma when compare to those working or students (Antunes et al., 2022).

2.2.2 Gender

In Kenya, a study reported that females (Mean: 10) had experienced high level of discrimination as compared to male. Females reported an overall higher experienced discrimination than males (Mean: 7.7). In this study females reported significantly higher experienced discrimination (unfair treatment subscale) in finding and keeping a job, in housing, and in their personal safety and security while men experienced more discrimination in being shunned or avoided by people who know that they have a mental health problem, in their education, and by the police (Ebuenyi et al., 2019).

2.2.3 Education and Occupation

A cross-sectional study was conducted in Nigeria from January 2010-December2010, where the sample size was 103. The study shows that a higher proportion of patients with tertiary education compared with those with secondary or lower level of education showed experienced stigma (78.0 vs 51.1 %; $p=0.005$, Fisher's exact test). The multiple logistic regression model showed that these associations remained significant, with younger people with higher educational level more likely reporting to experience

discrimination (OR = 3.16 95 % CI 1.27–7.90 for age\40 vs C 40; OR = 3.23 95 % CI 1.32–8.33 for tertiary vs secondary or lower education) (Oshodi et al., 2014).

Another cross-sectional study was conducted in England from 2008-2011, where the sample size was 3579. This study shows that older people reporting lower levels of discrimination. People in employment or who had retired reported significantly lower levels of discrimination compared to people who were unemployed or currently studying or volunteering.

Moreover, according to Ebuenyi et al., 2019, this study shows that unemployed participants 81.6% (n=40) had slightly increased rates of experienced and anticipated discrimination compared to employed participants 71.0% (n=32).

2.2.4 Geographical Context

A Cross-sectional study was conducted in Ethiopia from December 2014 to July 2015, where the sample size was 300. In this study they used Discrimination and Stigma Scale. This study find out urban residents were significantly more likely to have experienced unfair treatment from friends ($\chi^2(1) = 4.80$; $p = 0.028$), the police ($\chi^2(1) = 11.97$; $p = 0.001$), in keeping a job ($\chi^2(1) = 5.43$; $p = 0.020$), and in safety ($\chi^2(1) = 5.00$; $p = 0.025$), and had a significantly higher than those living in rural areas (Forthal et al., 2019).

2.3 Impact on Social Well-being

2.3.1 Social Relationships

A qualitative study was conducted in United Kingdom among young people (age: 17-25 years) with depression symptoms (n=22). The study shows that stigma is a major factor that can interfere with social relationships for those with mental illness. People with mental health problems are often misunderstood and judged by others, which makes them feel lonely and social isolated. Public stigma, or prejudice and

discrimination by society, often leads to social exclusion and a lack of empathy from social relations such as peers, family and partners (Prizeman et al., 2023).

2.3.2 Employment

In Netherlands, a narrative Study showed that individuals with mental illness often experience significant challenges in the workplace due to discrimination. Mental illness is one of the most stigmatized disabilities, leading to exclusion from employment opportunities. This study also reflected how negative stereotypes, such as assumptions of incapacity or unpredictability, prevent individuals with mental illness from gaining employment. Furthermore, even if employed, individuals may face prejudice, reduced opportunities for advancement, and hostile work environments, all of which contribute to job instability and lower income levels (Brouwers, 2020).

2.3.3 Community Integration

A mixed method study was conducted in United Kingdom, where participants was 144. This study shows that community integration is another critical area affected by stigma. Mental health stigma can limit social participation, leading to isolation (Clement et al., 2015). According to Link & Phelan, 2001, the process of stigma involves labeling, stereotyping, separation, and discrimination, all of which can marginalize individuals with mental illness from community networks. This lack of integration not only affects social relationships but also reduces access to social support, which is essential for recovery. *Goffman (1963)* suggests that stigma contributes to a "spoiled identity," making it difficult for individuals to establish connections outside of therapeutic settings (Link & Phelan, 2001).

In contrast, A narrative study shows that public attitudes often reflect fear, misunderstanding, and a desire for social distance, leading to social exclusion and isolation. This can manifest in various forms, such as resistance to housing initiatives

for individuals with mental illness, reluctance to engage in social interactions, and negative reactions from neighbors (Schomerus & Angermeyer, 2008).

2.4 Emotional and Psychological Consequences

2.4.1 Self-Esteem and Self-Efficacy

According to, Watson et al., 2007, the internalization of stigma can have severe effects on self-esteem. As individuals face societal rejection, their perception of self-worth can diminish. Internalized stigma is strongly associated with lower self-esteem and higher levels of self-blame. The importance of self-efficacy in overcoming adversity and achieving personal goals. However, discrimination and stigma can undermine self-efficacy by fostering a sense of helplessness and reduced aspiration

2.4.2 Recovery and Treatment-Seeking Behavior

A Cross-sectional study was conducted in Spain which revealed the psychological impacts of stigma, in particular internalized stigma, can adversely affect mental illness recovery. Research implies that self-stigma is a mediator in the correlation between recovery and symptomatology, thus tackling self-stigma could facilitate recovery (Penas et al., 2024).

A Systemic review was conducted with the aim to evaluate the effect of stigmatization on psychiatric illness outcomes, particularly its influence on treatment adherence, treatment-seeking behavior, and care outcomes. Finally, this study reviews 39 studies published between 2010 and 2024, focusing on the effects of stigmatization on psychiatric illness outcomes. Stigma in psychiatric illness is significantly linked to illness duration (mean effect size = 0.42, $p < 0.05$), reduced clinic attendance (mean reduction = 2.3 visits/year), and psychotic disorders (OR = 1.78, 95% CI: 1.20–2.65). It arises from misinformation, prejudice, and discrimination, creating major barriers to treatment access and adherence. Consequently, stigma contributes to delayed help-

seeking, poor medication compliance, worsened symptoms, reduced self-efficacy, lower quality of life, and overall negative psychiatric outcomes. Its impact also extends to caregivers and healthcare providers, further complicating care. These findings underscore the need for comprehensive, evidence-based anti-stigma strategies particularly educational interventions to improve treatment engagement and mental health service outcomes (Chukwuma et al., 2024).

In contrast, another cross-sectional study was conducted in Serbia, where the sample size was 52. The study showed that the majority of participants reported no discrimination in medical treatment, in contact with staff in institutions for mental and physical health, in realms of personal safety and security (Milacic Vidojevic et al., 2015).

2.5 Cultural Influences on Stigma

According to Abdullah & Brown, 2011, In many Eastern societies, mental illness is often seen as a moral failure, whereas in the West, it is more likely to be viewed as a medical condition, resulting in comparatively lower stigma and greater access to professional treatment.

Another cross-sectional study was conducted in Bangladesh, where the sample size was 349, This study reflects that, stigma is strongly influenced by cultural narratives and social norms. Strong social norms surrounding family reputation and honor often lead individuals to hide mental health problems to avoid perceived shame. Consequently, people with mental illness frequently encounter discrimination in both social and professional settings, particularly in rural areas where traditional beliefs and stigma are more deeply rooted (Faruk & Rosenbaum, 2023).

2.6 Key Gaps in the Studies

- Around 20 related articles were extracted from 2001 to 2025. However, most of the articles were concentrated in the 2010 and early 2020s.
- The majority of studies focused on adults, particularly those aged 17-50. In contrast, youth (under 18) and elderly individuals (above 60) were less frequently included in the research. Few studies specifically targeted adolescents or older adults, and gender-focused investigations on either females or males were also limited.
- Most of the studies followed cross-sectional & qualitative design, however there is limited longitudinal research and experimental design that could offer insights into the effectiveness of anti-stigma interventions.
- The majority of research focused on urban populations or young adults, with less emphasis on rural communities, which may face different forms of stigma.
- The research was conducted in countries such as the United States, Kenya, Portugal, Nigeria, and the United Kingdom among others. However, there is comparatively less research in the South Asian context, particularly in countries like Bangladesh.

CHAPTER III: METHODS AND MATERIALS

3.1 Study Question, Aim and Objectives

3.1.1 Study Question

What are the levels of discrimination and stigma experienced by individuals with mental illness?

3.1.2 Aim

To find out the level of discrimination and stigma experienced by individuals with mental illness and its impact on their social, emotional, and psychological well-being.

3.1.3 Objectives

- To find out the sociodemographic characteristics among the participants.
- To assess the extent of experienced discrimination and stigma in various areas of life (e.g., social participation, including work, marriage, parenting, housing, leisure and religious activity) among individuals with mental illness.
- To assess the level of discrimination and stigma (perceived discrimination, anticipated discrimination, overcoming stigma and positive treatment) among the participants.
- To identify the association between sociodemographic information and levels of experienced stigma & discrimination.

3.2 Study Design

3.2.1 Study Method

A quantitative study was suitable for this research because it allowed for the objective measurement of levels of discrimination and stigma. This method was crucial when examining extensive issues like mental health stigma and discrimination. Quantitative research methods delivered fast and efficient data collection with analysis of sizeable datasets that occurs within reduced timeframes (Williams, 2021). The structured design of quantitative research allowed the study to be replicated with consistent results, supporting the validation of findings and the development of reliable knowledge in mental health stigma research. The systematic investigation of mental health discrimination as well as stigma benefited from quantitative research methods because it produced efficient results (Gajdošová & Janičová, 2021). Overall, quantitative research proved to be an effective and efficient approach for understanding the complex dynamics of discrimination and stigma in mental health.

3.2.2 Study Approach

A Cross-sectional study was suitable for this research because this study approach facilitated data collection at a single point in time, providing a snapshot of the current state of mental health stigma and discrimination (Oudejans et al., 2021). This approach was efficient for estimating prevalence and identifying associations. According to research aim, a cross-sectional approach allowed to assess the current levels of discrimination and stigma without the need for long-term follow-up.

Cross-sectional studies were particularly important for measuring the prevalence of conditions and associated factors in a particular population (Oudejans et al., 2021). This approach helped quantify the current levels of discrimination and stigma experienced by individuals with mental illness, providing a clear picture of the extent

of the problem. The cross-sectional design was also cost-effective and allowed the assessment of multiple variables simultaneously (Oudejans et al., 2021). The research aim aligned well with this approach because it enabled study of discrimination and stigma intensity together with their effects on emotional and psychological well-being.

3.3 Study Setting and Period

3.3.1 Study Setting

The data was collected from National Institute of Mental Health (NIMH) which is located at Sher-E-Bangla Nagar, Dhaka, CRP - Rabia Noor Mental Health Day Centre in Nabinagar, Savar, Dhaka.

3.3.2 Study Period

The study period was from June 2025 to December 2025, and the data collection period was from August 2025 to September 2025.

3.4 Study Participant

3.4.1 Study Population

The study involved people with mental illness who were admitted to the National Institute of Mental Health (NIMH), CRP - Rabia Noor Mental Health Day Centre.

3.4.2 Sample Size

According to Cochran's formula, $n = \frac{Z^2 \cdot P \cdot q}{d^2}$

Here, n= required sample size

z= standard normal deviation; usually set at 1.96 which corresponds to a 95% Confidence Interval (CI).

p= 0.187, q= (1-p) = (1-0.187) = 0.813

d= degree of accuracy desire, usually set at 0.05

Then, $z = 1.96$, $p = 0.187$, $q = 0.813$ and $d = 0.05$

$$\text{Sample size, } n = \frac{1.96^2 \cdot 0.187 \cdot 0.813}{0.05^2}$$

$$= 234 + 10\% = 257 \text{ (10\% non-response rate would be added)}$$

Because of the short time, the student researcher reached 140 participants and collected data from them.

3.4.3 Sampling Techniques

In this research, the student researcher used a convenience sampling. This type of sampling allowed to easily accessible, cost-effective (Ahmed, 2024), time-efficient, provided preliminary insights, and was feasible in the mental health context. This approach facilitated the recruitment of a larger sample size, which ensured adequate statistical power, and enabled rapid data collection, making it suitable for a cross-sectional quantitative design (Stratton, 2021). In addition, it reduced research costs by permitting quick data collection when time was limited.

3.4.4 Inclusion Criteria

- Diagnosed with a mental illness (e.g., schizophrenia, BMD, MDD, PD, Depression, Anxiety disorder, OCD, Substance Use Disorder, Eating Disorder etc.) by a qualified psychiatrist or mental health professional.
- Having at least partial insight into their mental condition and capable of reflecting on personal experiences of discrimination and stigma.
- Both male and female who are at 18 or above 18 years old

3.4.5 Exclusion Criteria

- Currently experiencing an acute psychiatric episode (e.g., severe psychosis, mania) that impairs the ability to understand and respond to the questionnaire.
- Severe cognitive impairment (e.g., dementia or profound intellectual disability).

3.5 Ethical Considerations

3.5.1 Ethical Clearance

Ethical approval was obtained from the Institutional Review Board (IRB) at the Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI). The IRB form number is CRP-BHPI/IRB/07/2025/1088 **(see in details appendix-A)**. Permission was also obtained from the Head of the Occupational Therapy department, BHPI, to collect data from the National Institute of Mental Health (NIMH) & CRP - Rabia Noor Mental Health Day Centre. **(see in details appendix-C)**.

3.5.2 Informed Consent

The student researcher provided an information sheet explaining the aim, objective, and purpose of the study, consent form and withdrawal form to the participants **(see in details appendix-D)**.

3.5.2 Unequal Relationship

There was no personal relationship between the student researcher and the participant. Before data collection, the data collector did not know the participants.

3.5.3 Risk and Beneficence

Participants had no risk in participating in this study. There was no personal or financial benefit between the participants and the student researcher.

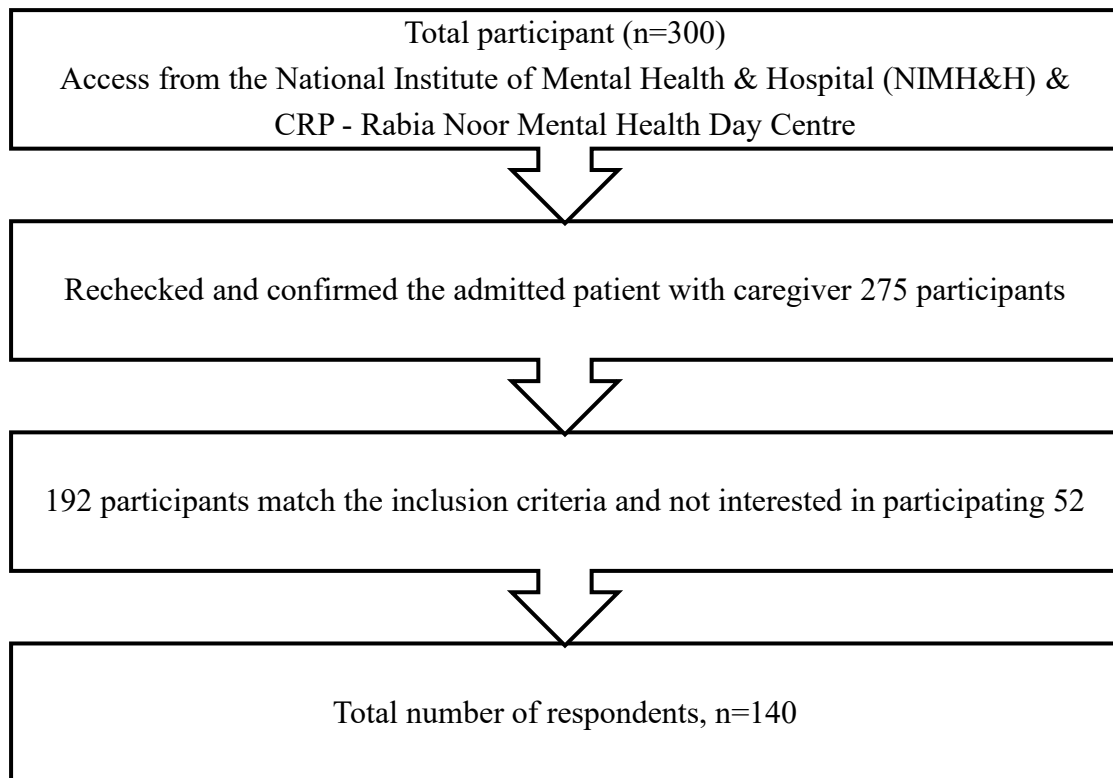
3.5.4 Confidentiality

The student researcher-maintained confidentiality regarding all the participants throughout the research procedure. The student researcher ensured and maintained the confidentiality of participants. Only the student researcher and responsible supervisor had access to the data, and that information was clearly stated in the information sheet and provided before collecting the data.

3.6 Data Collection Process

3.6.1 Participant Recruitment Process

Figure 3.6.1 overview of participants recruitment process



3.6.2 Data Collection Method

The data collected by face-to-face survey through a socio-demographic questions, and the Discrimination and Stigma Scale (DISC-12) questionnaire. The student researcher physically presented and the (DISC-12) questionnaire was conducted by the student researcher. Face-to-face survey maintained the quality of data and decreased the potential biasness (Doyle, 2005).

3.6.3 Data Collection Instrument

- A self-administrated semi-structured questions was developed based on collecting socio-demographic information from the respondents (**see details in Appendix F**).
- **Discrimination and Stigma Scale (DISC-12):** Discrimination and Stigma Scale (DISC-12) ask participants about the experiences of discrimination in various areas

of life including employment; mental health care; and interactions with friends, neighbors, and family (Kumar et al., 2020). The scale consists of 32 items, four subscales and scores on a 4-point scale from 0 (not at all) to 3 (a lot). The four DISC-12 subscales are as follows: patient experienced discrimination (Item 1–21), defined as unfair treatment and unjust distinction in how different people are being treated by others. A higher score indicates greater experienced discrimination. Anticipated discrimination (Item 22–25), refers to the extent to which the patients limit their involvement in important aspects of daily life, such as intimate relationships and work, because of anticipation that stigma might occur. A higher score indicates greater limitation in their daily life. Two items on overcoming stigma (Item 26–27), assess the coping mechanisms patients use to overcome discrimination. A higher score indicates more methods know to overcome discrimination. Positive treatment due to the mental illness (Item 28–32), meaning reported positive treatment received by others as a result of their mental illness. A higher positive treatment score indicates more positive treatment being reported (Li et al., 2017)

3.6.4 Field Test

The student researcher, with the help of the supervisor and an expert in formal Bengali writing, translated the questionnaire into Bengali, which is the native language of Bangladesh. To identify potential problems with the questionnaire, it was pretested between two respondents who were similar to the study population but outside the study area. After pretesting, the questionnaire was finalized with the necessary corrections for the study.

3.7 Data Management and Analysis

Statistical analysis was conducted using IBM SPSS Statistics (version 20.0; IBM Corporation, Armonk, NY, USA). Descriptive statistics including the mean, median, IQR, standard deviation (SD), frequency and proportion were used to summarize the demographics, subscale scores and mean scores of rating scales. Item-total correlations were calculated with Kruskal-Wallis Test. Linear regression was used to assess the association of relative factors with stigma and discrimination. Unstandardized Coefficients (B) and 95% confidence intervals (95% CI) were calculated. Statistical significance was set at the level $P < 0.05$.

3.8 Quality Control and Quality Assurance

All data was done accurately under the supervision of the respected supervisor and followed all the instructions. Before selecting the study methodology, it was ensured that it may fulfil the study purpose. The data was collected by using the “Bangla version” question. The question was selected from the published research, the name of the scale was Discrimination and Stigma Scale (DISC-12). The scale was already translated into Bangla. After the field test, the question was modified to match our cultural perspective to get wider information and make it understandable.

CHAPTER IV: RESULTS

A cross-sectional study was conducted on the Level of Discrimination and Stigma for Individuals with Mental Illness. This chapter presents the study's findings in tables, with an emphasis on the socio-demographic information, level of discrimination, stigma, perceived discrimination, anticipated discrimination, overcoming stigma, positive treatment of individual with mental illness in Bangladesh.

4.1 Sociodemographic Characteristic

Table 4.1

Sociodemographic Characteristic

Variable	Category	Frequency (n=140)	Percentage (%)
Sex	Male	67	47.9
	Female	73	52.1
Age	18-31 years	86	61.4
	32-45 years	40	28.6
	>45 years	14	10.0
	Median = 28 years, Median (IQR) = (23-36) years, Minimum= 18 years, Maximum = 68 years		
Religion	Islam	132	94.3
	Hinduism	6	4.3
	Others (Christianity, Buddhism)	2	1.4
Current Residence	Urban	62	44.3
	Rural	78	55.7
Educational Qualification	Signature	10	7.1
	Primary education	37	26.4
	Secondary education/ Dakhil	43	30.7
	Higher Secondary/ Alim	26	18.6
	Graduate/Fazil	22	15.7
	Others (Postgraduate/ Kamil)	2	1.4
Marital Status	Unmarried	60	42.9
	Married	62	44.3
	Divorced	8	5.7
	Separated	9	6.4
	Others (Widowed)	1	0.7
Current Occupational Status	Employed (Full time/ Part-time)	17	12.1

	Unemployed (Looking for job)	14	10.0
	Unemployed (Not looking for job)	25	17.9
	Student	29	20.7
	Homemaker	39	27.9
	Business	11	7.9
	Others (Farmer, Driver, Freelancer, Retired)	5	3.6
Type of Housing	Owned	105	75.0
	Rented	35	25.0
Family Member	<3 Persons	30	21.4
	3-5 Persons	80	57.1
	>5 Persons	30	21.4
Monthly Family Income	<15000 Taka	48	34.3
	15000-32000 Taka	51	36.4
	33000-50000 Taka	28	20.0
	>50000 Taka	13	9.3
	Median = 20000 BDT, Median (IQR) = (15000-40000) BDT, Minimum= 5000 BDT, Maximum = 90000 BDT		
Primary Caregiver	Father	8	5.7
	Mother	82	58.6
	Brother	9	6.4
	Sister	5	3.6
	Husband	3	2.1
	Wife	15	10.7
	Son	5	3.6
	Daughter	7	5.0
	Paid Caregiver	5	3.6
	Others (Neighbor)	1	0.7
Type of Mental illness	Schizophrenia	57	40.7
	Bipolar Disorder	36	25.7
	Major Depressive Disorder	11	7.9
	Personality Disorder	5	3.6
	OCD	7	5.0
	Substance Related Disorder	17	12.1
	Others (Anxiety, Depression, Schizoaffective Disorder)	7	5.0
Duration of Mental Illness	<2.0 years	49	35.0
	2.0-4.0 years	29	20.7
	5.0-7.0 years	33	23.6
	>7.0 years	29	20.7
Median = 4 years, Median (IQR) = 4 (2.0-6.75) years, Minimum= 0.5 years, Maximum = 15.0 years			

Table 4.1 portrays an overview of the socio-demographic details of 140 individuals with mental illness. The findings show that females 52.1% (n=73) slightly more than males

47.9% (n=67). Most respondents were young adults, with 61.4% (n=86) aged between 18–31 years, and the median age was 28 years (IQR: 23–36). The majority of participants were Muslims 94.3% (n=132), while 4.3% (n=6) were Hindu and 1.4% (n=2) belonged to other religions. Most of the respondents resided in rural areas 55.7% (n=78), while the remaining 44.3% (n=62) lived in urban locations. Regarding education, 30.7% (n=43) had completed secondary education. Regarding marital status, 44.3% (n=62) were married and 42.9% (n=60) were unmarried, with only a few being divorced, separated, or widowed. Among the respondents 27.9% (n=39) were homemakers, followed by students 20.7% (n=29), unemployed individuals not seeking work 17.9% (n=25) and only 12.1% (n=17) were employed. Most of the respondents lived in owned houses 75% (n=105) and came from families with 3–5 members 57.1% (n=80). Among the respondents, 36.4% (n=51) reported a monthly family income range of 15,000–32,000 BDT and 34.3% (n=48) earning below 15,000 BDT. Furthermore, the median income was 20,000 BDT (IQR: 15000-40000). Mothers served as the primary caregivers for the majority of respondents 58.6% (n=82), followed by wives, brothers, and other family members. Regarding clinical diagnosis, schizophrenia was the most prevalent condition, followed by bipolar disorder, substance-related disorders, major depressive disorder, OCD, personality disorders, and other disorders (e.g., anxiety or schizoaffective disorder), with their respective frequencies being 40.7% (n=57), 25.7% (n=36), 12.1% (n=17), 7.9% (n=11), 5% (n=7), 3.6% (n=5) and 5% (n=7). Among the respondents, 35% (n=49) had an illness for less than 2 years, while 20.7% (n=29) had a duration exceeding 7 years, but the median duration of illness was 4 years (IQR: 2.0-6.750).

4.2 Currently Receiving Treatment status

Table 4.2

Currently Receiving Treatment status among the respondents

Variable	Category	Response	
		Frequency (n=140)	Percent of Cases (n=140)
Currently Receiving Treatment	Medication	140	100.0%
	Therapy	105	75.0%
	Counseling	129	92.1%
	In Patient Hospitalization	135	96.4%

Table 4.2 represents that most of the respondents receive multiple treatment services. Among the respondents, 100% (n=140) were receiving medication and the majority also received counseling 92.1% (n=129). Additionally, 75.0% (n=105) were received in occupational therapy, while 96.4% (n=135) had experienced in-patient hospitalization.

4.3 Comorbidity Disease Status

Table 4.3

Comorbidity disease status among the respondents

Variable	Category	Response	
		Frequency (n=140)	Percent of Cases (n=140)
Comorbidities	No existing comorbidities	91	65.0%
	Heart Disease	4	8.2%
	High Blood Pressure	45	91.8%
	Diabetes	14	28.6%
	High Cholesterol	11	22.4%
	Obesity	4	8.2%

Table 4.3 displays the participants' responses to comorbid disease. 65.0% (n=91) reported no comorbid diseases, while 91.8% (n=45) had high blood pressure, 28.6% (n=14) had diabetes and 22.4% (n=11) had high cholesterol.

4.4 Frequency Distribution of the Respondents' on Perceived Discrimination, Anticipated Discrimination, Overcoming Stigma and Positive Treatment

Table 4.4

Frequency distribution of the respondents' on perceived discrimination

Variable	Category				
	Not at all % (n)	A little % (n)	Moderately % (n)	A lot % (n)	Not Applicable % (n)
1. Have you been treated unfairly in making or keeping friends?	24.3% (34)	5.0% (7)	7.1% (10)	47.9% (67)	15.7% (22)
2. Have you been treated unfairly by the people in your neighbourhood?	29.3% (41)	2.9% (4)	22.1% (31)	45.7% (64)	- -
3. Have you been treated unfairly in dating or intimate relationships?	30.0% (42)	18.6% (26)	17.1% (24)	27.9% (39)	6.4% (9)
4. Have you been treated unfairly in housing?	23.6% (33)	6.4% (9)	10.7% (15)	50.0% (70)	9.3% (13)
5. Have you been treated unfairly in your education?	15.0% (21)	4.3% (6)	7.1% (10)	24.3% (34)	49.3% (69)
6. Have you been treated unfairly in marriage or divorce?	25.0% (35)	5.0% (7)	3.6% (5)	18.6% (26)	47.8% (67)
7. Have you been treated unfairly by your family?	29.3% (41)	6.4% (9)	17.1% (24)	46.4% (65)	0.8% (1)
8. Have you been treated unfairly in finding a job?	3.6% (5)	1.4% (2)	7.1 (10)	16.4% (23)	71.5% (100)
9. Have you been treated unfairly in keeping a job?	5.7% (8)	2.9% (4)	2.1% (3)	16.4% (23)	72.9% (102)
10. Have you been treated unfairly when using public transport?	87.9% (123)	5.0% (7)	- -	1.4% (2)	5.7% (8)

11. Have you been treated unfairly in getting welfare benefits or disability pensions?	2.1% (3)	- -	0.7% (1)	- -	97.2% (136)
12. Have you been treated unfairly in your religious practices?	70.0% (98)	15.7% (22)	5.0% (7)	5.0% (7)	4.3% (6)
13. Have you been treated unfairly in your social life?	21.4% (30)	7.9% (11)	26.4% (37)	43.6% (61)	0.7% (1)
14. Have you been treated unfairly by the police?	88.6% (124)	0.7% (1)	- -	2.9% (4)	7.8% (11)
15. Have you been treated unfairly when getting help for physical health problems?	87.1% (122)	5.7% (8)	3.6% (5)	3.6% (5)	- -
16. Have you been treated unfairly by mental health staff?	92.9% (130)	4.3% (6)	1.4% (2)	1.4% (2)	- -
17. Have you been treated unfairly in your levels of privacy?	96.4% (135)	1.4% (2)	- -	2.1% (3)	- -
18. Have you been treated unfairly in your personal safety and security?	55.0 % (77)	13.6% (19)	8.6% (12)	22.9% (32)	- -
19. Have you been treated unfairly in starting a family or having children?	26.4% (37)	1.4% (2)	5.0% (7)	23.6% (33)	43.6% (61)
20. Have you been treated unfairly in your role as a parent to your children?	15.7% (22)	2.9% (4)	5.7% (8)	27.1% (38)	48.6% (68)
21. Have you been avoided or shunned by people who know that you have a mental health problem?	12.1% (17)	13.6% (19)	14.3% (20)	60.0% (84)	- -

Table 4.4 shows that many respondents reports experiencing discrimination “a lot” in making or keeping friends 47.9% (n=67), housing 50.0% (n=70), neighbourhood

interactions 45.7% (n=64), social life 43.6% (n=61), and being avoided due to mental illness 60.0% (n=84). In contrast, most of the participants reports no discrimination (“Not at all”) in mental health care settings 92.9% (n=130), physical health services 87.1% (n=122), police interactions 88.6% (n=124), and public transport 87.9% (n=123).

Table 4.5

Frequency distribution of the respondents on anticipated discrimination

Variable	Category				
	Not at all % (n)	A little % (n)	Moderately % (n)	A lot % (n)	Not Applicable % (n)
22. Have you stopped yourself from applying for work?	12.1% (17)	5.7% (8)	0.7% (1)	12.9% (18)	68.6% (96)
23. Have you stopped yourself from applying for education or training courses?	14.3% (20)	15.0% (21)	2.9% (4)	21.4% (30)	46.4% (65)
24. Have you stopped yourself from having a close personal relationship?	29.3% (41)	32.9% (46)	7.1% (10)	27.1% (38)	3.6% (5)
25. Have you concealed or hidden your mental health problem from others?	56.4% (79)	13.6% (19)	12.1% (17)	17.9% (25)	- -

Table 4.5 shows that a significant proportion of respondents restricted their activities due to fear of stigma. Specifically, 21.4% (n=30) stopped themselves “a lot” from applying for education or training, and 27.1% (n=38) avoided close personal relationships. Additionally, 17.9% (n=25) hiding their mental health illness “a lot,” while 12.1% (n=17) did so “moderately.”

Table 4.6*Frequency distribution of the respondents on overcoming stigma*

Variable	Category				
	Not at all % (n)	A little % (n)	Moderately % (n)	A lot % (n)	Not Applicable % (n)
26. Have you made friends with people who don't use mental health services?	79.3% (111)	6.4% (9)	4.3% (6)	9.3% (13)	0.7% (1)
27. Have you been able to use your personal skills or abilities in coping with stigma and discrimination?	56.4% (79)	18.6% (26)	7.1% (10)	11.4% (16)	6.5% (9)

Table 4.6 shows that most respondents have not actively engaged in overcoming stigma. 79.3% (n=111) reported “not at all” making friends outside mental health service users and 56.4% (n=79) stated they had not been able to use personal skills or abilities to cope with stigma. Only a small proportion reported to moderately 7.1% (n=10) and a lot 11.4% (n=16) engagement in stigma-coping activities.

Table 4.7*Frequency distribution of the respondents on positive treatment*

Variable	Category				
	Not at all % (n)	A little % (n)	Moderately % (n)	A lot % (n)	Not Applicable % (n)
28. Have you been treated more positively by your family?	25.0% (35)	17.1% (24)	15.0% (21)	42.1% (59)	0.8% (1)
29. Have you been treated more positively in getting welfare benefits or disability pensions?	1.4% (2)	0.7% (1)	- -	- -	97.9% (137)
30. Have you been treated more positively in housing?	32.1% (45)	16.4% (23)	10.0% (14)	29.3% (41)	12.2% (17)

31. Have you been treated more positively in your religious activities?	9.3% (13)	19.3% (27)	9.3% (13)	60.7% (85)	1.4% (2)
32. Have you been treated more positively in employment?	16.4% (23)	1.4% (2)	1.4% (2)	2.1% (3)	78.7% (110)

Table 4.7 shows that respondents report experiencing positive treatment in family and religious contexts. Many respondents reported being treated more positively “a lot” by their family 42.1% (n=59) and in religious activities 60.7% (n=85). Additionally, most of the participants reports “not applicable” in employment 78.7% (n=110) and welfare benefits 97.9% (n=137) which indicating had not experience in these areas.

4.5 Level of Discrimination and Stigma Status among the Respondents'

Table 4.8

Level of Discrimination and Stigma status among the respondents

Subscale	Level of Discrimination & Stigma					Mean $\pm$ SD
	Not at all % (n)	A little % (n)	Moderately % (n)	A lot % (n)	Not Applicable % (n)	
Perceived Discrimination	30.7% (43)	64.3% (90)	5.0% (7)	-	-	1.1843 $\pm$.57874
Anticipated Discrimination	16.4% (23)	36.4% (51)	20.0% (28)	5.7% (8)	21.5% (30)	1.2077 $\pm$.88041
Overcoming Stigma	52.9% (74)	22.1% (31)	4.3% (6)	4.3% (6)	16.4% (23)	.5857 $\pm$.81121
Positive Treatment	7.1% (10)	33.6% (47)	25.0% (35)	22.1% (31)	12.2% (17)	1.7345 $\pm$.95897

Table 4.8 illustrates the level of discrimination and stigma experienced or anticipated by respondents across four subscales. For perceived discrimination, most respondents experience it only “a little” 64.3% (n=90), with a mean score of (1.18 $\pm$ 0.58), reflecting minimal perceived discrimination. Anticipated discrimination also remains low but slightly higher than perceived discrimination, with 36.4% (n=51) reporting a little and a mean of (1.21 $\pm$ 0.88). For overcoming stigma, 52.9%, (n=74) report “not at all,” and

only small proportions report moderate or high levels 4.3% (n=6). The low mean score of (0.59 ± 0.81) shows that most respondents experience minimal barriers to overcoming stigma. In contrast, positive treatment shows comparatively higher scores. While 33.6% (n=47) reported “a little,” substantial proportions report moderate 25.0% (n=35) and high 22.1% (n=31) levels of positive treatment. The mean of (1.73 ± 0.96) is the highest among all subscales, reflecting that respondents experience positive social interactions more frequently than discriminatory ones.

4.6 Association between Sociodemographic Factors and Perceived Discrimination, Anticipated Discrimination, Overcoming Stigma and Positive Treatment

Table 4.9

Association between Sociodemographic Factors and Perceived Discrimination

Variable	Perceived Discrimination					
		Frequency	Mean Rank	χ^2	df	<i>P</i> value
Marital status	Unmarried	60	70.29	20.263	4	0.000
	Married	62	61.02			
	Divorced	8	86.25			
	Separated	9	123.94			
	Others (Widowed)	1	64.00			
Duration of mental illness	<2.0 years	49	58.71	9.193	3	0.027
	2.0-4.0 years	29	74.33			
	5.0-7.0 years	33	70.15			
	>7.0 years	29	86.98			

Table 4.9 shows the Kruskal–Wallis test reveals a statistically significant difference in perceived discrimination across marital status groups (p-value = 0.000) and duration of mental illness groups (p-value = 0.027), which are <0.05).

Table 4.10*Association between Sociodemographic Factors and Anticipated Discrimination*

Variable	Anticipated Discrimination				
		Frequency (n=140)	Mean Rank	χ^2	df
Marital Status	Unmarried	60	73.22	11.305	4
	Married	62	62.45		
	Divorced	8	103.19		
	Separated	9	85.28		
	Others (Widowed)	1	12.00		
Current Occupational Status	Employed (Full time/ Part-time)	17	67.59	15.255	6
	Unemployed (Looking for job)	14	73.86		
	Unemployed (Not looking for job)	25	87.96		
	Student	29	76.53		
	Homemaker	39	66.56		
	Business	11	34.00		
	Others (Farmer, Driver, Freelancer, Retired)	5	59.70		

Table 4.10 shows the Kruskal–Wallis test results a statistically significant difference in anticipated discrimination across marital status groups (p-value = 0.023) and current occupational status groups (p-value = 0.018), which are <0.05).

Table 4.11*Association between Sociodemographic Factors and Overcoming Stigma*

Variable	Overcoming Stigma			χ^2	df	P value
		Frequency (n=140)	Mean Rank			
Type of Mental illness	Schizophrenia	57	58.25	19.924	6	0.003
	Bipolar Disorder	36	69.82			
	Major Depressive Disorder	11	84.86			
	Personality Disorder	5	93.10			
	OCD	7	97.14			
	Substance Related Disorder	17	92.03			
	Others (Anxiety, Depression, Schizoaffective Disorder)	7	56.14			

Table 4.11 shows the Kruskal–Wallis test reveals a statistically significant difference in overcoming stigma across type of mental illness groups (p-value = 0.003), which is <0.05).

Table 4.12*Association between Sociodemographic Factors and Positive Treatment*

Variable	Positive Treatment			χ^2	df	P value
		Frequency (n=140)	Mean Rank			
Marital status	Unmarried	60	71.20	12.123	4	0.016
	Married	62	78.29			
	Divorced	8	45.06			
	Separated	9	36.56			
	Others (Widowed)	1	54.50			

Table 4.12 shows the Kruskal–Wallis test results a statistically significant difference in positive treatment across marital status groups (p-value = 0.016), which is <0.05).

4.7 Linear Regression Assessing the Association between Sociodemographic Factors and Perceived Discrimination, Anticipated Discrimination, Overcoming Stigma and Positive Treatment

Table 4.13

Linear regression assessing the association between Marital Status and perceived discrimination, anticipated discrimination and positive treatment

Predictor	Perceived Discrimination		Anticipated Discrimination		Positive Treatment	
Marital Status	B (95% CI)	P value	B (95% CI)	P value	B (95% CI)	P value
Unmarried	Reference		Reference		Reference	
Married	-.045(-.143, .054)	.374	-.126(-.278, .027)	.105	.096(-.071, .262)	.257
Divorced	.090(-.047, .227)	.196	.234 (.022, .445)	.031	-.209(-.072, .229)	.075
Separated	.175 (.077, .272)	.001	.079(-.072, .229)	.302	-.206 (-.370, -.042)	.014
Others (Widowed)	.007(-.213, .228)	.947	-.254(-.593, .086)	.142	-.048(-.418, .322)	.798

**Note: B= Unstandardized Coefficients, CI=Confidence Interval

Table 4.13, In regression output, separated group unstandardized coefficient is 0.175 which means separation is 0.175 times higher the perceived discrimination with a range (.077 to .272) than unmarried and it is statistically significant. Moreover, separated group is 0.206 times lower the positive treatment with a range (-.370, -.042) and divorced group 0.234 times higher the anticipated discrimination with a range (.022, .445) than the unmarried group and it is statistically significant.

Table 4.14

Linear regression assessing the association between Current Occupational Status and Anticipated Discrimination

Predictor	Anticipated Discrimination	
Current Occupational Status	B (95% CI)	P value
Employed (Full time/ Part-time)	Reference	
Unemployed (Looking for job)	.068 (-.236, .371)	.659
Unemployed (Not looking for job)	.138 (-.038, .315)	.123
Student	.045 (-.083, .174)	.489
Homemaker	-.009 (-.107, .089)	.851
Business	-.123 (-.231, -.014)	.027
Others (Farmer, Driver, Freelancer, Retired)	-.033 (-.155, .090)	.598

****Note:** B= Unstandardized Coefficients, CI=Confidence Interval

Table 4.14 in regression output, business group is 0.123 times lower the anticipated discrimination with a range (-.231 to 0.014) than the employed group and it is statistically significant. Moreover, looking for job group, looking for no job group and student group is 0.068, 0.138 and 0.045 times higher the anticipated discrimination than the employed group but it is not statistically significant. In contrast, homemaker, others occupational status group is 0.009 times and 0.033 times lower the anticipated discrimination but it is statistically not significant.

Table 4.15

Linear regression assessing the association between Type of Mental Illness and Overcoming Stigma

Predictor Types of Mental Illness	Overcoming Stigma	
	B (95% CI)	P value
Schizophrenia	Reference	
Bipolar Disorder	.120 (-.048, .287)	.160
Major Depressive Disorder	.144 (-.029, .317)	.101
Personality Disorder	.154 (-.030, .337)	.100
OCD	.151 (.025, .277)	.019
Substance Related Disorder	.068 (-.004, .140)	.066
Others (Anxiety, Depression, Schizoaffective Disorder)	-.014 (-.104, .076)	.753

****Note:** B= Unstandardized Coefficients, CI=Confidence Interval

Table 4.15 in regression output, OCD group is 0.151 times higher the overcoming stigma with a range 0.025 to 0.277 than the group of schizophrenia and it is statistically significant. Moreover, bipolar disorder, major depressive disorder, personality disorder, substance related disorder is (0.120, 0.144, 0.154, 0.068) times higher the overcoming stigma than the schizophrenia group but it is statistically not significant. However, others mental illness 0.014 times lower the overcoming stigma than the schizophrenia but it is statistically not significant.

Table 4.16

Linear regression assessing the association between Duration of Mental Illness and Perceived Discrimination

Predictor Duration of Mental Illness	Perceived Discrimination	
	B (95% CI)	P value
<2.0 years	Reference	
2.0-4.0 years	.121 (-.010, .252)	.069
5.0-7.0 years	.058 (-.026, .142)	.174
>7.0 years	.101 (.035, .166)	.003

**Note: B= Unstandardized Coefficients, CI=Confidence Interval

Table 4.16 in regression output, >7 years mental illness duration group 0.101 times higher the perceived discrimination than the <2 years mental illness group with a range 0.035 to 0.166. Moreover, 2-4 years, 5-7 years mental illness group (0.121 ,0.058) times higher the perceived discrimination than the <2 years group but it is statistically not significant.

CHAPTER V: DISCUSSION

The study aimed to the level of discrimination and stigma experienced by individuals with mental illness in Bangladesh and examined how these experiences influence their social, emotional, and psychological well-being. Although individuals face noticeable discrimination in various social contexts, the overall pattern of stigma varies across sociodemographic and clinical characteristics. The results further reflect that stigma remains a persistent challenge, deeply shaped by the cultural, familial, and social environment of Bangladesh.

This study indicated that respondents encountered discrimination primarily in social and interpersonal spheres, particularly within friendships, neighbourhood relations, and general social life. Clement et al., 2015 emphasized that social exclusion and reduced participation are common manifestations of stigma. Similar findings were reported by Prizeman et al., 2023 who observed that individuals with mental illness frequently face loneliness, misunderstanding, and rejection. The present results also align with the conceptual framework of Link & Phelan, 2001 which describes stigma as a cycle of labeling, stereotyping, and discrimination, ultimately leading to social withdrawal.

Anticipated discrimination also emerged as a significant concern among participants. Many respondents avoided applying for work or education and concealed their mental illness due to fear of rejection. Watson et al., 2007 highlighted that internalized stigma reduces self-esteem and self-efficacy, thereby limiting individuals' willingness to pursue opportunities. Similarly, Brouwers, 2020 emphasized that anticipated stigma can negatively affect employment and personal development. These findings suggest that the fear of being discriminated against can be just as impactful as actual discriminatory events, reflecting a global trend where perceived social judgment

becomes a barrier to participation.

The study also identified important associations between discrimination and sociodemographic factors such as marital status, occupation, and illness duration. Participants who were separated or divorced experienced higher levels of stigma. Antunes et al., 2022 reported that vulnerable social groups often experience greater discrimination. Employment status also played a role, echoing the findings of Ebuenyi et al., 2019 who noted employment-related variations in stigma experiences. Additionally, differences in stigma-coping abilities were observed across mental illness types, with participants diagnosed with OCD exhibiting stronger coping abilities compared to those with schizophrenia. Nica et al., 2016 found that psychotic disorders tend to be more heavily stigmatized than other conditions.

Few of the studies from various countries have reported high levels of stigma from healthcare workers, police, and institutional settings (Forthal et al., 2019), respondents in this study reported minimal discrimination in these areas. This difference may be attributed to the treatment-seeking nature of the sample, as participants likely had established trust with healthcare providers. Moreover, mental health professionals in tertiary care settings in Bangladesh may be more sensitive to stigma-related issues, and long-term family-centred care models may foster supportive therapeutic relationships.

The study found that participants experienced significant positive treatment from family members and within religious settings. This contrasts with Western studies where stigma can weaken family support. In the Bangladeshi context, strong cultural norms emphasizing family responsibility, particularly the caregiving role of mothers and close relatives, may contribute to this supportive environment. Religious institutions also often promote compassion and acceptance, serving as protective

factors. These findings highlight that cultural context can soften the impact of stigma by fostering supportive family dynamics.

Overall, the study highlights that stigma remains a pervasive issue affecting individuals with mental illness in Bangladesh, particularly in the realms of social relationships, community engagement, and emotional well-being. The findings demonstrate that interpersonal rejection and internalized fear continue to serve as critical barriers to integration and recovery. However, unlike many international settings, treatment environments and family structures in Bangladesh appear to be comparatively supportive, partly due to the cultural values of collectivism and family cohesion. These contextual differences underscore the importance of considering cultural influences when interpreting stigma and its impact on individuals with mental illness.

CHAPTER VI: CONCLUSION

6.1 Strengths and Limitations

6.1.1 Strengths

- The student researcher was permitted to use the tool.
- The student researcher used a forward and backward Bengali translated questionnaire to align it with the cultural context and did two field tests.
- The study conducted a face-to-face survey that maintained the quality of the data and decreased potential biases.
- The study directly links stigma and discrimination to social participation, emotional well-being, and psychological health, which are core outcomes of occupational therapy practice.
- The Discrimination and Stigma Scale provided a structured and reliable way to measure multiple dimensions of stigma, including perceived discrimination, anticipated discrimination, overcoming stigma, and positive treatment.

6.1.2 Limitations

There are some limitations of the study. There are,

- The study was not time-effective. The sample size was 257, but the student researcher collected 140 data only due to the time limit of data collection duration.
- The participants were taken from a selected hospital which did not generalize for country perspective
- The quantitative approach did not allow in-depth exploration of personal experiences, meanings, and coping strategies related to stigma and discrimination.

- The study included only individuals aged 18 years and above and excluded those with severe cognitive impairment or acute psychiatric episodes, limiting insights into these populations

6.2 Practical Implication

6.2.1 Recommendation for Further Practice

- Occupational therapists should work closely with mental health professionals to integrate occupation-based approaches into comprehensive mental health services, ensuring holistic care.
- Training programs for occupational therapists should strengthen competencies related to stigma reduction, psychosocial rehabilitation, and community mental health practice.
- Policymakers should recognize occupational therapy as a key profession in mental health promotion, social inclusion, and rehabilitation planning.

6.2.2 Recommendation for Future Research

- Conduct qualitative studies to explore in-depth lived experiences of stigma and their impact on occupational roles and identity.
- Conduct longitudinal and mixed-method designs to explore changes in stigma and discrimination over time and to evaluate the effectiveness of anti-stigma interventions.
- Further research should focus on rural populations, older adults, and adolescents, who remain underrepresented in stigma research.
- Conduct comparative studies across different cultural and service contexts in Bangladesh would strengthen evidence-informed OT practice.

6.3 Conclusion

The primary objective of this study was to assess the level of discrimination and stigma (perceived discrimination, anticipated discrimination, overcoming stigma and positive treatment) among the participants in Bangladesh and examined its impact on their social, emotional, and psychological well-being. The findings revealed that stigma and discrimination remain widespread and continue to affect multiple areas of life, including employment, social participation, family relationships, and community integration. The study showed that sociodemographic factors such as age, employment status, education, and duration of illness influenced experiences of stigma and discrimination. Despite receiving medical treatment and counseling, stigma remains a significant barrier to recovery and quality of life. The study also suggested that Comprehensive anti-stigma interventions, increased public awareness, inclusive policies, and client-centered mental health services are essential to reduce discrimination and promote recovery, dignity, and social participation.

CHAPTER VII: LIST OF REFERENCE

- Abdullah, T., & Brown, T. L. (2011). Mental illness stigma and ethnocultural beliefs, values, and norms: An integrative review. *Clinical Psychology Review*, 31(6), 934–948. <https://doi.org/10.1016/j.cpr.2011.05.003>
- Ahad, A. A., Sanchez-Gonzalez, M., & Junquera, P. (2023). Understanding and Addressing Mental Health Stigma Across Cultures for Improving Psychiatric Care: A Narrative Review. *Cureus*. <https://doi.org/10.7759/cureus.39549>
- Ahmed, S. K. (2024). How to choose a sampling technique and determine sample size for research: A simplified guide for researchers. In *Oral Oncology Reports* (Vol. 12). Elsevier Ltd. <https://doi.org/10.1016/j.oor.2024.100662>
- Antunes, A., Silva, M., Azeredo-Lopes, S., Cardoso, G., & Caldas-de-Almeida, J. M. (2022). Perceived stigma and discrimination among persons with mood and anxiety disorders: Results from the WHO World Mental Health Survey Portugal. *European Journal of Psychiatry*, 36(4), 280–287. <https://doi.org/10.1016/j.ejpsy.2022.06.001>
- Bolster-Foucault, C., Fane, B. H. M., & Blair, A. (2021). Structural determinants of stigma across health and social conditions: A rapid review and conceptual framework to guide future research and intervention. *Health Promotion and Chronic Disease Prevention in Canada*, 41, 85–115. <https://doi.org/10.24095/HPCDP.41.3.03>
- Brouwers, E. P. M. (2020). Social stigma is an underestimated contributing factor to unemployment in people with mental illness or mental health issues: Position paper and future directions. *BMC Psychology*, 8(1), 1–8. <https://doi.org/10.1186/s40359-020-00399-0>
- Chukwuma, O. V., Ezeani, E. I., Fatoye, E. O., Benjamin, J., Okobi, O. E., Nwume, C. G., & Egberuare, E. N. (2024). A Systematic Review of the Effect of Stigmatization on Psychiatric Illness Outcomes. *Cureus*, 16(6). <https://doi.org/10.7759/cureus.62642>
- Clement, S., Schauman, O., Graham, T., Maggioni, F., Evans-Lacko, S., Bezborodovs,

- N., Morgan, C., Rüsch, N., Brown, J. S. L., & Thornicroft, G. (2015). What is the impact of mental health-related stigma on help-seeking? A systematic review of quantitative and qualitative studies. *Psychological Medicine*, 45(1), 11–27. <https://doi.org/10.1017/S0033291714000129>
- Doyle, J. K. (2005). Face-to-Face Surveys. In *Encyclopedia of Statistics in Behavioral Science*. Wiley. <https://doi.org/10.1002/0470013192.bsa215>
- Ebuenyi, I. D., Regeer, B. J., Ndeti, D. M., Bunders-Aelen, J. F. G., & Guxens, M. (2019). Experienced and anticipated discrimination and social functioning in persons with mental disabilities in Kenya: Implications for employment. *Frontiers in Psychiatry*, 10(APR), 1–9. <https://doi.org/10.3389/fpsyt.2019.00181>
- Faruk, M. O., & Rosenbaum, S. (2023). Mental illness stigma among indigenous communities in Bangladesh: a cross-sectional study. *BMC Psychology*, 11(1), 1–15. <https://doi.org/10.1186/s40359-023-01257-5>
- Forthal, S., Fekadu, A., Medhin, G., Selamu, M., Thornicroft, G., & Hanlon, C. (2019). Rural vs urban residence and experience of discrimination among people with severe mental illnesses in Ethiopia. *BMC Psychiatry*, 19(1), 4–13. <https://doi.org/10.1186/s12888-019-2345-7>
- Gajdošová, E., & Janičová, J. (2021). Social-Emotional Health and Psychological Well-Being among Church School Students. *Acta Educationis Generalis*, 11(2), 19–30. <https://doi.org/10.2478/atd-2021-0010>
- Hanafiah, A. N., & Van Bortel, T. (2015). A qualitative exploration of the perspectives of mental health professionals on stigma and discrimination of mental illness in Malaysia. *International Journal of Mental Health Systems*, 9(1), 1–12. <https://doi.org/10.1186/s13033-015-0002-1>
- Hossain, M. D., Ahmed, H. U., Chowdhury, W. A., Niessen, L. W., & Alam, D. S. (2014). Mental disorders in Bangladesh: A systematic review. *BMC Psychiatry*, 14(1), 1–8. <https://doi.org/10.1186/s12888-014-0216-9>
- Kapungwe, A., Cooper, S., Mwanza, J., Mwape, L., Sikwese, A., Kakuma, R., Lund, C., & Flisher, A. J. (2010). Mental illness - stigma and discrimination in Zambia. *African Journal of Psychiatry (South Africa)*, 13(3), 192–203.

- Karim, E., Alam, M., Rahman, A., Hussain, A., Uddin, M., & Firoz, A. (2011). Prevalence of Mental Illness in the Community. *TAJ: Journal of Teachers Association*, 19(1), 18–23. <https://doi.org/10.3329/taj.v19i1.3163>
- Kumar, K., Vankar, G., Goyal, A., & Sharma, A. (2020). Stigma and discrimination in patients with schizophrenia and bipolar mood disorder. *Annals of Indian Psychiatry*, 4(1), 33. https://doi.org/10.4103/aip.aip_49_19
- Li, J., Guo, Y. B., Huang, Y. G., Liu, J. W., Chen, W., Zhang, X. Y., Evans-Lacko, S., & Thornicroft, G. (2017). Stigma and discrimination experienced by people with schizophrenia living in the community in Guangzhou, China. *Psychiatry Research*, 255(36), 225–231. <https://doi.org/10.1016/j.psychres.2017.05.040>
- Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, 27(2001), 363–385. <https://doi.org/10.1146/annurev.soc.27.1.363>
- Machenyue, C. (2025). Stigma and Public Health Challenges of Mental Health. *Communications in Humanities Research*, 87(1), 146–151. <https://doi.org/10.54254/2753-7064/2025.ne29039>
- McNamara, B. (n.d.). *Combating Mental Health Stigma in Occupational Therapy*. <https://www.coremedicalgroup.com/blog/combating-mental-health-stigma-occupational-therapy>.
- Merikangas, K. R., He, J. P., Burstein, M., Swanson, S. A., Avenevoli, S., Cui, L., Benjet, C., Georgiades, K., & Swendsen, J. (2010). Lifetime prevalence of mental disorders in U.S. adolescents: Results from the national comorbidity survey replication-adolescent supplement (NCS-A). *Journal of the American Academy of Child and Adolescent Psychiatry*, 49(10), 980–989. <https://doi.org/10.1016/j.jaac.2010.05.017>
- Milacic Vidojevic, I., Dragojević, N., & Tošković, O. (2015). Experienced and anticipated discrimination among people with major depressive disorder in Serbia. *International Journal of Social Psychiatry*, 61(7), 638–644. <https://doi.org/10.1177/0020764014568325>
- Nica, R. I., Pirlog, M. C., & Chihai, J. (2016). Stigma, negative attitudes and discrimination towards mental illness: stigma as a predictor of service access, treatment and social integration. *Romanian Journal of Psychiatry and*

- Psychotherapy*, 18(3), 75–80. <https://doi.org/10.37897/rjpp.2016.3.3>
- Oshodi, Y. O., Abdulmalik, J., Ola, B., James, B. O., Bonetto, C., Cristofalo, D., Van Bortel, T., Sartorius, N., & Thornicroft, G. (2014). Pattern of experienced and anticipated discrimination among people with depression in Nigeria: A cross-sectional study. *Social Psychiatry and Psychiatric Epidemiology*, 49(2), 259–266. <https://doi.org/10.1007/s00127-013-0737-4>
- Oudejans, S. C. C., Spits, M. E., & van Weeghel, J. (2021). A cross-sectional survey of stigma towards people with a mental illness in the general public. The role of employment, domestic noise disturbance and age. *Social Psychiatry and Psychiatric Epidemiology*, 56(9), 1547–1554. <https://doi.org/10.1007/s00127-021-02111-y>
- Penas, P., Uriarte, J. J., Alvarez-Gonzalez, A., Moreno-Calvete, M. C., Garay, M. A., & Iraurgi, I. (2024). The role of personal recovery and internalised stigma on the expression of symptomatology in severe mental disorders: Mediating and moderating effects. *Journal of Psychiatric Research*, 177(March), 264–270. <https://doi.org/10.1016/j.jpsychires.2024.07.020>
- Prizeman, K., Weinstein, N., & McCabe, C. (2023). Effects of mental health stigma on loneliness, social isolation, and relationships in young people with depression symptoms. *BMC Psychiatry*, 23(1), 1–15. <https://doi.org/10.1186/s12888-023-04991-7>
- Raosaheb, D. J., & Sreedevi, M. (2018). *Stigma and Attitudes Toward Mental Illness in the Community : A Cross- Sectional Study*. 7(2), 159–162.
- Ritsher, J. B., Otilingam, P. G., & Grajales, M. (2003). Internalized stigma of mental illness: psychometric properties of a new measure. *Psychiatry Research*, 121(1), 31–49. <https://doi.org/10.1016/J.PSYCHRES.2003.08.008>
- Roy, P., & Chowdhury, K. U. A. (2024). Exploring the stigma against people with mental illness in Bangladesh. *Global Mental Health*, 11. <https://doi.org/10.1017/gmh.2024.107>
- Sathyanath M, S., Beesanahalli Shanmukhappa, S., Kakunje, A., Nath, S., & Veetil, M. V. (2023). Stigma and discrimination among persons with mental illness in a tertiary care medical institution in Southern India. *Psychiatrike = Psychiatriki*,

34(4), 312–321. <https://doi.org/10.22365/jpsych.2023.013>

- Schomerus, G., & Angermeyer, M. C. (2008). Special Articles Stigma and its impact on help-seeking for mental disorders : what do we know ? *Population (English Edition)*.
- Semrau, M., Evans-Lacko, S., Koschorke, M., Ashenafi, L., & Thornicroft, G. (2014). Stigma and discrimination related to mental illness in low- and middle-income countries. *Epidemiology and Psychiatric Sciences*, 24(5), 382–394. <https://doi.org/10.1017/S2045796015000359>
- Stratton, S. J. (2021). Population Research: Convenience Sampling Strategies. In *Prehospital and Disaster Medicine* (Vol. 36, pp. 373–374). Cambridge University Press. <https://doi.org/10.1017/S1049023X21000649>
- Tawiah, P. E., Adongo, P. B., & Aikins, M. (2015). Mental Health-Related Stigma and Discrimination in Ghana: Experience of Patients and Their Caregivers. *Ghana Medical Journal*, 49(1), 30–36. <https://doi.org/10.4314/gmj.v49i1.6>
- Thornicroft, G., Brohan, E., Rose, D., Sartorius, N., & Leese, M. (2009). Global pattern of experienced and anticipated discrimination against people with schizophrenia: a cross-sectional survey. *The Lancet*, 373(9661), 408–415. [https://doi.org/10.1016/S0140-6736\(08\)61817-6](https://doi.org/10.1016/S0140-6736(08)61817-6)
- Vanpuymbrouck, L., Chun, E. M., Hesse, E. D., Ranneklev, K., & Sanchez, C. (2024). Developing Client Self-Advocacy in Occupational Therapy: Are We Practicing What We Preach? *Occupational Therapy International*, 2024. <https://doi.org/10.1155/2024/1662671>
- Watson, A. C., Corrigan, P., Larson, J. E., & Sells, M. (2007). Self-stigma in people with mental illness. *Schizophrenia Bulletin*, 33(6), 1312–1318. <https://doi.org/10.1093/schbul/sbl076>
- Williams, T. (2021). *Why Is Quantitative Research Important?* Grand Canyon University. <https://www.gcu.edu/blog/doctoral-journey/why-quantitative-research-important>

APPENDICES

Appendix A: Ethical Approval Form



বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
 (The Academic Institute of CRP)

Ref: CRP-BHPI/IRB/07/2025/1088

Date: 21.07.2025

To
 Nazmul Hossain
 4th Year, B.Sc. in Occupational Therapy
 Session: 2020-21, Student ID: 122200424
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Subject: Approval of the thesis proposal Level of Discrimination and Stigma for Individuals with Mental Illness: A Cross-Sectional Study by ethics committee.

Dear Nazmul Hossain,
 Congratulations.

The Institutional Review Board (IRB) of BHPI has reviewed and discussed your application to conduct the above mentioned dissertation, with yourself, as the principal investigator and Kaniz Fatema, Lecturer, Department of Occupational Therapy, Bangladesh Health Professions Institute (BHPI), CRP as thesis supervisor. The Following documents have been reviewed and approved:

SL. No.	Name of the Documents
1	Research Proposal
2	Discrimination and Stigma Scale (DISC-12) (English & Bangla)
3	Information sheet & consent form

The purpose of the study is to find out the level of discrimination and stigma experienced by individuals with mental illness and its impact on their social, emotional and psychological well-being. The study involves use of a Discrimination and Stigma Scale (DISC-12) to find out the level of discrimination and stigma experienced by individuals with mental illness and its impact on their social, emotional and psychological well-being that may take 15 to 20 minutes to fill in the questionnaire and there is no likelihood of any harm to the participants. There is no benefit to the participants. The members of the Ethics committee have approved the study to be conducted in the presented form at the meeting held at 8:30 AM on 17 June, 2025 at BHPI (50th IRB Meeting).

The institutional Ethics committee expects to be informed about the progress of the study, any changes occurring in the course of the study, any revision in the protocol and patient information or informed consent and ask to be provided a copy of the final report. This Ethics committee is working accordance to Nuremberg Code 1947, World Medical Association Declaration of Helsinki, 1964 - 2013 and other applicable regulation.

Best regards,

Muhammad Millat Hossain
 Associate Professor, Project and Course Coordinator, MRS
 Member Secretary, Institutional Review Board (IRB)
 BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Appendix B: Permission Letter for Scale



Nazmul Hossain <nazmulhossain.ot@gmail.com>

Queries regarding permission and scoring of Discrimination and Stigma Scale (DISC-12).

3 messages

Nazmul Hossain <nazmulhossain.ot@gmail.com>
To: Claire.1.henderson@kcl.ac.uk

3 June 2025 at 00:14

Dear Sir,
I hope you are well. I am Nazmul Hossain, a student in the final year of a B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (an academic institute of CRP) in Bangladesh. In our course curriculum, we have to undertake undergraduate research. I am passionate about researching time use, and my research title is "Level of Discrimination and Stigma for individuals with Mental Illness: A Cross-sectional Study". I want to use the Discrimination and Stigma Scale (DISC-12) that your team developed in this research. I mailed you and you gave me permission to use the questionnaire. My title has been selected for research. Therefore, I have a question about the questionnaire. I would appreciate it if you could guide me with my following queries:

1. Can I translate it into Bengali by keeping the original meaning unchanged? Because the native language of my participants is Bengali, it will be helpful for the survey.

Your response to my queries will be beneficial to me. I have copied this email to my supervisor, Kaniz Fatema, Lecturer in Occupational Therapy Department, BHPI, CRP.

I look forward to hearing from you! Thank you very much!

Regards,
Nazmul Hossain
4th year student
B.Sc. in Occupational therapy
Sessions: 2020-21
Bangladesh Health Professions Institute,
CRP, Chapain, Savar, Dhaka-1343
Phone No: +8801884549995

Claire Henderson <claire.1.henderson@kcl.ac.uk>
To: Nazmul Hossain <nazmulhossain.ot@gmail.com>
Cc: Maria Milenova <maria.milenova@kcl.ac.uk>

3 June 2025 at 14:54

Dear Nazmul,

Thank you for your email (please note 'Sir' is only to address men).

There is some guidance for translation (including backtranslation) on the website and you may find the attached paper helpful.

If you do translate it please send me and Maria a copy so that others can use it rather than duplicate your work unnecessarily, and if you publish a paper on the translation please send this too.

Best wishes

Claire Henderson PhD FRCPsych (she/her)

Clinical Professor of Public Mental Health

Health Services and Population Research Department P029,

David Goldberg Centre, King's College London Institute of Psychiatry, Psychology and Neuroscience

De Crespigny Park

London SE5 8AF.

Appendix C: Permission Letter for Data Collection



বাংলাদেশ হেলথ প্রফেশন্স ইনস্টিটিউট (বিএইচপিআই)
Bangladesh Health Professions Institute (BHPI)
 (The Academic Institute of CRP)

CRP, Chapain, Savar, Dhaka-1343 Tel: 02-7745464-5, 7741404, Fax: 02-7745069

Date: 02/08/2025

To
 The Project Manager,
 Meaningful Social Access for Persons with Mental Health Needs
 CRP, Chapain, Savar, Dhaka-1343

Subject: Regarding permission for data collection for undergraduate research.

Sir,

With due respect I would like to draw your kind attention that I am a student of 4th Year B.Sc. in Occupational Therapy at Bangladesh Health Professions Institute (BHPI) which is an academic institute of Centre for the Rehabilitation of the Paralyzed (CRP), affiliated to Faculty of Medicine, University of Dhaka. According to my course curriculum, I have to conduct research, and my research title is “**Level of Discrimination and Stigma for Individuals with Mental Illness: A Cross-Sectional Study**” with myself & Kaniz Fatema as my thesis supervisor. The purpose of my study is to find out the level of discrimination and stigma experienced by individuals with mental illness and its impact on their social, emotional, and psychological well-being. In order to fulfill the objectives of this study, I would like to collect data from individuals who are currently receiving services from Rabia Noor Mental Health Day Centre and the data collection period is from 02/08/2025 to 15/09/2025. I assure you that collected information that will be used solely for academic purpose and confidentiality will be maintain in accordance with ethical guideline. Your permission and support would be invaluable in facilitating the successful completion of my research.

So, I therefore, pray and hope that you would be kind enough to grant me permission to collect data for my study and oblige thereby.

Sincerely yours,

Nazmul

Nazmul Hossain

4th Year, B.Sc. in Occupational Therapy

Session: 2020-21; Student ID: 122200424

BHPI, CRP, Savar, Dhaka-1343, Bangladesh

Recommendation from the Head of the Department:

[Signature]
 Prof. Sk. Moniruzzaman

Professor & Head

Department of Occupational Therapy

Bangladesh Health Professions Institute (BHPI)

CRP, Savar, Dhaka-1343

Attachments: Copy of IRB Approval Letter.

*Approved and permitted for data collection
 from CRP - Rabia Noor Mental Health Day Centre.
 / Rabia (2209)
 02-08-2025
 Md. Rabul Hasan
 Project Manager
 Mental Health Project-CRP*

গণপ্রজাতন্ত্রী বাংলাদেশ সরকার
পরিচালক ও অধ্যাপকের কার্যালয়
জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট ও হাসপাতাল
শের-ই-বাংলা নগর, ঢাকা- ১২০৭

স্মারক নং-এনআইএমএইচ/একাডেমিক/২০২৫/১০৮২

তারিখঃ ২৪/০৮/২৫

বরাবর

এসকে মনিরুজ্জামান
অধ্যাপক এন্ড প্রধান
অকুপেশনাল থেরাপি বিভাগ
পক্ষাঘাতগ্রস্তদের পুনর্বাসন কেন্দ্র (সিআরপি)
চাপাইন, সাভার, ঢাকা।

বিষয় : গবেষণা সংক্রান্ত তথ্য (ডাটা) সংগ্রহের অনুমতি প্রদান প্রসঙ্গে।

উপরোক্ত বিষয়ের আলোকে বাংলাদেশ হেলথ প্রফেশন ইনস্টিটিউট (বিএইচপিআই), ঢাকা এর বিএসসি চতুর্থ বর্ষের শিক্ষার্থী কে জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট, শেরে বাংলা নগর, ঢাকায় “Level of Discrimination and Stigma for Individuals with Mental Illness: A Cross-Sectional Study” বিষয়ক গবেষণা সংক্রান্ত থিসিসের তথ্য উপাত্ত (ডাটা) সংগ্রহের জন্য অনুমতি প্রদান করা হলো।

M. Zahman
23-08-2025
(অধ্যাপক ডা. মোঃ মাহবুবুর রহমান)
পরিচালক (ভারপ্রাপ্ত) ও
অধ্যাপক (চলতি দায়িত্ব), সাইকিয়াট্রি
জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট, ঢাকা।
তারিখঃ

স্মারক নং-এনআইএমএইচ/একাডেমিক/২০২৫/

অনুলিপি অবগতি ও প্রয়োজনীয় ব্যবস্থা গ্রহণের জন্য প্রেরণ করা হলো :-

- ১। সহযোগী অধ্যাপক, চাইল্ড, এডলোসেন্ট এন্ড ফ্যামিলি সাইকিয়াট্রি বিভাগ, এনআইএমএইচ, ঢাকা।।
- ২। সহযোগী অধ্যাপক, জেরিয়াট্রিক এন্ড অর্গানিক সাইকিয়াট্রি, এনআইএমএইচ, ঢাকা।
- ৩। ড. মোঃ জাহির উদ্দিন, সহকারী অধ্যাপক, ক্লিনিক্যাল সাইকোলজি, এনআইএমএইচ, ঢাকা।
- ৪। মোঃ জামাল হোসেন, সাইকিয়াট্রিক সোসাল ওয়ার্কার, এনআইএমএইচ, ঢাকা।
- ৫। রেসিডেন্ট সাইকিয়াট্রিস্ট, এনআইএমএইচ, ঢাকা।
- ৬। প্রশাসনিক কর্মকর্তা, এনআইএমএইচ, ঢাকা।
- ৭। পরিচালক মহোদয়ের ব্যক্তিগত সহকারী, জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট, ঢাকা।
- ৮। সহকারী লাইব্রেরিয়ান, এনআইএমএইচ, ঢাকা।
- ৯। অফিস কপি।

(অধ্যাপক ডা. মোঃ মাহবুবুর রহমান)
পরিচালক (ভারপ্রাপ্ত) ও
অধ্যাপক (চলতি দায়িত্ব), সাইকিয়াট্রি
জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট, ঢাকা
৬

Appendix D: Information Sheet and Consent Form (English Version)

Participants Information sheet

Research Title: “Level of Discrimination and Stigma for Individuals with Mental Illness: A Cross-Sectional Study”

Researcher: Nazmul Hossain, 4th year, Student of Bachelor of Science in Occupational Therapy, Bangladesh Health Professions Institute (BHPI), CRP- Savar, Dhaka-1343.

Supervisor: Kaniz Fatema, Lecturer, Department of Occupational Therapy, BHPI, CRP, Savar, Dhaka.

Place of research: The study will be conducted in the National Institute of Mental Health (NIMH) which is located at Sher-E-Bangla Nagar, Dhaka, CRP - Rabia Noor Mental Health Day Centre in Nabinagar, Savar, Dhaka.

Introduction:

I am Nazmul Hossain, a 4th year student of the B.Sc. in Occupational Therapy program (Session: 2020–2021) at Bangladesh Health Professions Institute under the Faculty of Medicine, University of Dhaka. To complete B.Sc. in Occupational Therapy from BHPI, conducting a research project is mandatory. This research project will be done under the supervision of Kaniz Fatema, Lecturer, Department of Occupational Therapy, BHPI. The purpose of the research project is the collection of data and how it will be related to the research and this will be presented to you in detail through this participant paper. If you are willing to participate in this research, in that case, a clear idea about the research topic will be easier for decision-making. Of course, you do not have to make sure you participate now. Before taking any decision, you can discuss it with your relatives, or guardians about this. On the other hand, after reading the information sheet if you feel a problem understanding the content or if you need to know more about something, you can freely ask.

Research Background and Objectives:

You are invited to be a part of this research because, in Bangladesh, there is no research that measures the level of discrimination and stigma faced by individuals with mental illness. This study aims to find out the level of discrimination and stigma experienced by individuals with mental illness in Bangladesh and its impact on their social, emotional and psychological well-being. Your information will be helpful to reveal the level of discrimination and stigma faced by individuals with mental illness through your voluntary participation in this study.

Let's Know about the topic related to participation in this research work:

Before signing the consent form from you, the details of managing the research project will be presented to you in detail through this participation note. If you want to participate in this study, you will have to agree to participate in the study. If you ensure participation, a copy of your consent will be given. After a representative of collection data till by the researcher will call you. At any given time taken from you by a question paper information will be collected. Your participation in this research project is optional. If you do not agree then you do not have to participate. Despite your consent, you can withdraw your participation at any time without giving any explanation to the researcher.

The Benefits and Risks of Participation:

You will not get any benefit directly to participate in this research project. Participation in this study can lead to many difficulties in your daily work. However, we are hopeful that the benefits direct from the results of this research will remove the disadvantages. Don't worry about your identity, it's request. Patient's name, address will not be included in the data analysis software to reduce the risk of uncover identity.

Confidentialities of Information:

By signing this agreement, you are allowing the research staff to study this research project to collect and use your resources. Any information gathered for this research project, which can identify you, will be confidential. The information collected about you will be able to access this information directly. Symbolic ways identified data will be used for the next data analysis. Information sheets will be kept in a locker drawer. The Electronics versions of the data analysis will be collected in BHPI's Occupational Therapy department and on the research's laptop. It is expected that the results of this research project will be published and presented in different forums. In any publication and presentation, the information will be provided in such a way that you cannot be identified in any way without your consent. Data will be initially collected over phone.

Information about Promotional Result:

The result of this study will be published in various social media, websites, conference, discussion, and reviewed journals.

Participant's Fees:

There is no stimulus and remuneration for participation in this study.

Source of Funding to Manage Research:

The cost of this research will be spent entirely by the researcher's funds. This study will be done in small areas and no money comes from an external source.

Information about Withdrawal from Participation:

Despite your consent, you can withdraw your participation within one week after giving information without giving any explanation to the researcher. If the information can be used after the cancellation, its permission will be mentioned in the participant's withdrawal letter (application only volunteer withdrawal).

Contact Address with the Researcher:

If you have any questions about the research, you can ask me now or latter. If you wish to ask a question later, you may contact any of the following: Nazmul Hossain, 4th Year, Student of B.Sc. in Occupational Therapy, Department of Occupational Therapy, BHPI, CRP, Savar, Dhaka and Cell No: 01884549995, Gmail: nazmulhossain.ot@gmail.com

Complaints:

If there is any complaint regarding the conduct of this research project, contact with the Association of Ethics (77454645). This proposal has been reviewed by the institutional Reviewed Board (IRB), Bangladesh Health Professions Institute (BHPI). CRP, Savar, Dhaka-1343, Bangladesh, which is a committee whose task it is to make sure that research participants are protected from harm. If you wish to find about more about the IRB, contact Bangladesh Health Professions Institute (BHPI), CRP, Savar, Dhaka-1343, Bangladesh.

Consent Form

(For Interview Participants)

Assalamualaikum. I am Nazmul Hossain, a 4th year student of the B.Sc. in Occupational Therapy program (Session: 2020–2021) at Bangladesh Health Professions Institute under the Faculty of Medicine, University of Dhaka. To fulfill my B.Sc. degree, I am required to conduct a research project, which is a part of my academic curriculum. The title of my research is “**Level of Discrimination and Stigma for Individuals with Mental Illness: A Cross-Sectional Study**”. The purpose of the study is to find out the level of discrimination and stigma experienced by individuals with mental illness and its impact on their social, emotional and psychological well-being. To complete my research project, I need to collect some information from you. Therefore, you may

become an esteemed participant in this study. Information will be collected through face-to-face interviews, and the conversation will last approximately 15–20 minutes.

I would like to inform you that this is purely an academic study and will not be used for any other purpose. I assure you that all information will be kept confidential. Your participation is entirely voluntary. You have the right to withdraw your consent at any time within one week of data collection. However, withdrawal will not be possible after one week from the date of data collection.

If you have any questions about this research, you may contact the researcher Nazmul Hossain or the supervisor Kaniz Fatema (Lecturer, Department of Occupational Therapy, BHPI, CRP, Savar, Dhaka).

Do you have any questions before we begin the interview?

Yes ☐ No ☐

So, may I have your consent to proceed with the interview?

Yes ☐ No ☐

Signature of the investigator and Date: _____

Signature of the participant and Date: _____

Signature of the witness and Date: _____

Participant's Withdrawal Form**(Applicable only for voluntary withdrawal)**

Participant's Name: _____

Reason for withdrawal:

Whether permission to previous information is used?

Yes / No

Signature / fingerprint of the participant and Date: _____

Signature / fingerprint of the witness and Date: _____

Appendix E: Information Sheet and Consent Form (Bangla Version)

Information Sheet Bangla

বাংলাদেশ হেলথ প্রফেশনাল ইনস্টিটিউট (বিএইচপিআই)

অকুপেশনাল থেরাপি বিভাগ

সিআরপি-চাপাইন, সাভার, ঢাকা-১৩৪৩, টেলিঃ ০২-৭৭৪৫৪৬৪-৫, ৭৭৪১৪০৪, ফ্যাক্স ০২-৭৭৪৫০৬

অংশগ্রহণকারীদের তথ্য এবং সম্মতিপত্র

গবেষণার বিষয়ঃ "মানসিক অসুস্থতায় আক্রান্ত ব্যক্তিদের প্রতি বৈষম্য এবং কলঙ্কের মাত্রা নির্ণয়ের জন্য একটি ক্রস-সেকশনাল স্টাডি"

গবেষকঃ নাজমুল হোসেন, বি.এস.সি ইন অকুপেশনাল থেরাপি (৪র্থ বর্ষ), সেশনঃ ২০২০-২১, বাংলাদেশ হেলথ প্রফেশনাল ইনস্টিটিউট (বিএইচপিআই), সিআরপি, সাভার, ঢাকা-১৩৪৩

তত্ত্বাবধায়কঃ কানিজ ফাতেমা, প্রভাষক, অকুপেশনাল থেরাপি বিভাগ, বিএইচপিআই, সিআরপি, সাভার, ঢাকা

গবেষণার স্থানঃ এই গবেষণাটি জাতীয় মানসিক স্বাস্থ্য ইনস্টিটিউট (এনআইএমএইচ), যা শেরে বাংলা নগর, ঢাকা-তে অবস্থিত, সিআরপি - রাবিয়া নূর মেন্টাল হেলথ ডে সেন্টার, নবীনগর, সাভার, ঢাকাতে পরিচালিত হবে।

ভূমিকা

আমি নাজমুল হোসেন, ঢাকা বিশ্ববিদ্যালয়ে চিকিৎসা অনুষদের অধীনে বাংলাদেশ হেলথ প্রফেশনাল ইনস্টিটিউটে বি.এস.সি ইন অকুপেশনাল থেরাপি বিভাগের ৪র্থ বর্ষের ছাত্র হিসেবে (২০২০-২১) সেশনে অধ্যয়নরত আছি। বিএইচপিআই থেকে অকুপেশনাল থেরাপি বি.এস.সি শিক্ষা কার্যক্রমটি সম্পূর্ণ করার জন্য একটি গবেষণা প্রকল্প পরিচালনা করা বাধ্যতামূলক। এ গবেষণা প্রকল্পটি বাংলাদেশ হেলথ প্রফেশনাল ইনস্টিটিউটের এর অকুপেশনাল থেরাপি বিভাগের প্রভাষক কানিজ ফাতেমা এর তত্ত্বাবধায়নে সম্পন্ন করা হবে। এ অংশগ্রহণকারী তথ্যপত্রের মাধ্যমে গবেষণার প্রকল্পটির উদ্দেশ্য, উপাত্ত সংগ্রহের প্রণালী গবেষণাটির সাথে সংশ্লিষ্ট বিষয়ে কিভাবে রক্ষিত হবে তা বিস্তারিত ভাবে আপনার কাছে উপস্থাপন করা হবে। যদি এই গবেষণায় অংশগ্রহণ করতে আপনি ইচ্ছুক থাকেন, সে ক্ষেত্রে এ গবেষণার সম্পৃক্ত বিষয় সম্পর্কে স্বচ্ছ ধারণা থাকলে সিদ্ধান্তগ্রহণ সহজতর হবে। অবশ্য এখন আপনার অংশগ্রহণ আমাদের নিশ্চিত করতে হবে না, যেকোনো সিদ্ধান্ত গ্রহণের পূর্বে, যদি চান আপনার আত্মীয়-স্বজন বন্ধু অথবা আত্মভাজন যে কারো সাথে এই ব্যাপারে আলোচনা করে নিতে পারেন। অপরপক্ষে, অংশগ্রহণকারী তথ্যপত্রটি পড়ে, যদি কোনো বিষয়বস্তু বুঝতে সমস্যা হয় অথবা যদি কোন কিছু সম্পর্কে আরও বেশি জানা প্রয়োজন হয় তবে নির্দিধায় প্রশ্ন করতে পারেন।

গবেষণার প্রেক্ষাপট ও উদ্দেশ্যঃ

আপনাকে এই গবেষণার অংশ হওয়ার জন্য আমন্ত্রণ জানানো হচ্ছে কারণ, বাংলাদেশে, মানসিক অসুস্থতায় আক্রান্ত ব্যক্তিদের প্রতি বৈষম্য ও কলঙ্কের মাত্রা নির্ণয়ের উপর কোন গবেষণা নেই। এটি বাংলাদেশের মানসিক অসুস্থতায় আক্রান্ত ব্যক্তিদের প্রতি বৈষম্য ও কলঙ্কের মাত্রা নির্ণয় করতে এবং এই অভিজ্ঞতা তাদের সামাজিক, আবেগ ও মানসিক সুস্থতার

উপর কতটুকু প্রভাব ফেলে তা বিশ্লেষণ করতে সহায়তা করবে। আপনার তথ্য এই গবেষণায়, আপনার সেচ্ছায় অংশগ্রহণের মাধ্যমে মানসিক অসুস্থতায় আক্রান্ত ব্যক্তিদের প্রতি বৈষম্য ও কলঙ্কের মাত্রা নির্ণয় করতে সহায়ক হবে বলে আমরা আশাবাদী।

এই গবেষণা কর্মটিকে অংশগ্রহণের সাথে সম্পৃক্ত বিষয় সমূহ কি সেই সম্পর্কে জানা যাকঃ

আপনার থেকে অনুমতি পত্রে স্বাক্ষর নেবার আগে, এই অংশগ্রহণকারী তথ্যপত্রের মাধ্যমে গবেষণা প্রকল্পটির পরিচালনা করার তথ্যসমূহ বিস্তারিত ভাবে আপনার কাছে উপস্থাপন করা হবে। আপনি যদি এই গবেষণায় অংশগ্রহণ করতে চান, তাহলে সম্মতিপত্রে আপনাকে স্বাক্ষর করতে হবে। আপনি যদি স্বাক্ষর জ্ঞান সম্পন্ন না হন বা অন্য কোনো কারণে স্বাক্ষর প্রদানের ব্যর্থ হন, সে ক্ষেত্রে আপনার কাছ থেকে একজন সাক্ষীর উপস্থিতিতে বৃদ্ধাঙ্গুলির ছাপ সম্মতি পত্রে নেওয়া হবে। আপনি অংশগ্রহণ নিশ্চিত করলে, আপনার সংরক্ষণের জন্য সম্মতিপত্রটির একটি অনুলিপি দিয়ে দেওয়া হবে। পরবর্তীতে গবেষক কর্তৃক গঠিত তথ্য-উপাত্ত একটি দলের প্রতিনিধি আপনার কাছে যাবে। আপনার থেকে চেয়ে নেওয়া যে কোন একটি নির্দিষ্ট সময়ে একটি প্রশ্নপত্রের মাধ্যমে তথ্য সংগ্রহ করা হবে। এই গবেষণার প্রকল্পে আপনার অংশগ্রহণ ঐচ্ছিক। যদি আপনি সম্মতি প্রদান না করেন তবে আপনাকে অংশগ্রহণ করতে হবে না। আপনি সম্মতি প্রদান করা সত্ত্বেও যে কোনো সময় গবেষককে কোন ব্যাখ্যা প্রদান করা ছাড়াই নিজের অংশগ্রহণ প্রত্যাহার করতে পারবেন।

অংশগ্রহণ এর সুবিধা ও ঝুঁকিসমূহ কি?

গবেষণা প্রকল্পটিতে অংশগ্রহণের জন্য আপনি সরাসরি কোনো সুবিধা পাবেন না। এই গবেষণায় অংশগ্রহণে আপনার দৈনন্দিন কাজে সাময়িক অসুবিধার কারণ হতে পারে। তবে আমরা আশাবাদী যে, এ গবেষণার ফলাফল থেকে প্রাপ্ত উপকারিতা এই অসুবিধাকে অতিক্রম করবে। যে সমস্ত প্রশ্নের মাধ্যমে আপনার পরিচয় সম্পর্কে অন্যরা জানতে পারে সেই বিষয়ে উদ্বেগ না হবার জন্য অনুরোধ করা হচ্ছে। অংশগ্রহণকারীর নাম, ঠিকানা উপাত্ত বিশ্লেষণের সফটওয়্যারে উল্লেখ না করে পরিচয় উন্মুক্ত হবার ঝুঁকি কমানো হবে।

তথ্যের গোপনীয়তা কি নিশ্চিত থাকবে?

এ সম্মতি পত্রের স্বাক্ষর করার মধ্য দিয়ে, আপনি এই গবেষণা প্রকল্পের অধ্যয়নরত গবেষণা কর্মীকে আপনার ব্যক্তিগত তথ্য সংগ্রহ ও ব্যবহার করার অনুমতি দিয়েছেন। এই গবেষণা প্রকল্পের জন্য সংগৃহীত যেকোনো তথ্য, যা আপনাকে শনাক্ত করতে পারে তা গোপনীয় থাকবে। শুধুমাত্র এর সাথে সরাসরি সংশ্লিষ্ট গবেষক ও তার তত্ত্বাবধায়ক এই তথ্যসমূহে প্রবেশাধিকার পাবেন। সাংকেতিক উপায়ে চিহ্নিত উপাত্ত সমূহ পরবর্তী উপাত্ত বিশ্লেষণের কাজে ব্যবহৃত হবে। তথ্য পত্রগুলো তালাবদ্ধ দ্রয়ার এ রাখা হবে। বিএইচপিআই এর অকুপেশনাল থেরাপি বিভাগে ও গবেষকের ব্যক্তিগত ল্যাপটপে উপাত্ত সমূহের ইলেকট্রনিক ভার্সন সংগৃহীত থাকবে। প্রত্যাশা করা হচ্ছে যে, এই গবেষণা প্রকল্পের ফলাফল বিভিন্ন ফোরামে প্রকাশিত এবং উপস্থাপিত হবে। যেকোনো ধরনের প্রকাশনা ও উপস্থাপনার ক্ষেত্রে তথ্যসমূহ এমন ভাবে সরবরাহ করা হবে, যেন আপনার সম্মতি ছাড়া আপনাকে কোনো ভাবেই সনাক্ত করা না যায়। তথ্য-উপাত্ত প্রাথমিকভাবে কাগজপত্র সংগ্রহ করা হবে।

ফলাফল প্রচার সম্পর্কিত তথ্যঃ

এই গবেষণার ফলাফল বিভিন্ন সামাজিক মাধ্যম, ওয়েবসাইট, সম্মেলন, আলোচনা সভায় এবং পর্যালোচিত জার্নালে প্রকাশ করা হবে।

অংশগ্রহণকারীর পারিশ্রমিকঃ

এই গবেষণায় অংশগ্রহণের জন্য কোন উদ্দীপনা ও পারিশ্রমিক দেওয়ার ব্যবস্থা নেই।

গবেষণা পরিচালনার ব্যয়কৃত অর্থের উৎসঃ

এই গবেষণাটি খরচ সম্পূর্ণ গবেষকের নিজস্ব তহবিল থেকে ব্যয় করা হবে। এই গবেষণাটি ছোট পরিসরে করা হবে এবং এখানে কোন অর্থ বহিরাগত উৎস থেকে আসবে না।

অংশগ্রহণ থেকে প্রত্যাহার সম্পর্কিত তথ্যসমূহঃ

আপনি সম্মতি প্রদান করা সত্ত্বেও তথ্য দেওয়ার এক সপ্তাহের মধ্যে যে কোনো সময় গবেষককে কোনো ব্যাখ্যা প্রদান করা ছাড়াই নিজের অংশগ্রহণ প্রত্যাহার করতে পারবেন। বাতিল করার পর তথ্যসমূহ কি ব্যবহার করা যাবে কি যাবে না তার অনুমতি অংশগ্রহণকারীর প্রত্যাহারপত্রে (শুধুমাত্র স্বেচ্ছায় প্রত্যাহারকারীর জন্য প্রযোজ্য) উল্লেখ করা থাকবে।

গবেষকের সাথে যোগাযোগের ঠিকানাঃ

গবেষণা প্রকল্পটির বিষয়ে যোগাযোগ করতে চাইলে অথবা গবেষণা প্রকল্পটির সম্পর্কে কোন প্রশ্ন থাকলে, এখন অথবা পরবর্তীতে যেকোনো সময়ে তা জিজ্ঞাসা করা যাবে। সেক্ষেত্রে আপনি গবেষকের সাথে উল্লিখিত নাম্বারে (০১৮৮৪৫৪৯৯৯৫, নাজমুল হোসেন) অথবা ইমেইলে (nazmulhossain.ot@gmail.com) যোগাযোগ করতে পারেন।

অভিযোগ

এই গবেষণা প্রকল্প পরিচালনার বিষয়ে কোন অভিযোগ থাকলে, এসোসিয়েশন অফ এথিক্স (৭৭৪৫৪৬৪-৫) এর সাথে যোগাযোগ করুন। এই প্রস্তাবটি ইনস্টিটিউশনাল রিভিউ বোর্ড (আইআরবি), বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট (বিএইচপিআই), সিআরপি, সাভার, ঢাকা-১৩৪০, বাংলাদেশ দ্বারা পর্যালোচনা করা হয়েছে, যেটি একটি কমিটি যার কাজ হল গবেষণায় অংশগ্রহণকারীদের ক্ষতি থেকে রক্ষা করা নিশ্চিত করা। আপনি যদি আইআরবি সম্পর্কে আরও জানতে চান, তাহলে বাংলাদেশ হেলথ প্রফেশনস ইনস্টিটিউট, সিআরপি, সাভার, ঢাকা-১৩৪৩, বাংলাদেশ-এ যোগাযোগ করুন।

Consent Form Bangla

সম্মতিপত্র

(যারা ইন্টারভিউতে অংশ নিচ্ছেন তাদের জন্য)

আসসালামু আলাইকুম। আমি নাজমুল হোসেন, ঢাকা বিশ্ববিদ্যালয়ে চিকিৎসা অনুষদের অধীনে বাংলাদেশ হেলথ প্রফেশনস ইন্সটিটিউটে বি.এস.সি ইন অকুপেশনাল থেরাপি বিভাগের ৪র্থ বর্ষের ছাত্র হিসেবে (২০২০-২১) সেশনে অধ্যয়নরত আছি। আমার বি.এস.সি ডিগ্রী সম্পন্ন করতে, আমাকে একটি গবেষণা প্রকল্প পরিচালনা করতে হবে এবং এটি আমার অধ্যয়নের একটি অংশ। আমার গবেষণার শিরোনাম হলো "মানসিক অসুস্থতায় আক্রান্ত ব্যক্তিদের প্রতি বৈষম্য এবং কলঙ্কের মাত্রা নির্ণয়ের জন্য একটি ক্রস-সেকশনাল স্টাডি"। আমার গবেষণার লক্ষ্য হলো - মানসিক রোগে আক্রান্ত ব্যক্তিরা যে মাত্রার বৈষম্য ও কলঙ্কের সম্মুখীন হন তা নির্ণয় করা এবং এই অভিজ্ঞতা তাদের সামাজিক, আবেগ ও মানসিক সুস্থতার উপর প্রভাব বিশ্লেষণ করা। আমার গবেষণার প্রকল্পটি পূরণ করতে, ডেটা সংগ্রহ করার জন্য আমার আপনার কাছ থেকে কিছু তথ্য দরকার। সুতরাং, আপনি এই গবেষণার একজন সম্মানিত অংশগ্রহণকারী হতে পারেন। সামান্য সামান্য কথা বলার মাধ্যমে তথ্যগুলো সংগ্রহ করা হবে এবং কথোপকথনের সময় হবে ১৫-২০ মিনিট।

আমি আপনাকে জানাতে চাই যে এটি একটি সম্পূর্ণরূপে একাডেমিক অধ্যয়ন এবং অন্য কোন উদ্দেশ্যে ব্যবহার করা হবে না। আমি আশ্বাস দিচ্ছি যে সমস্ত তথ্য গোপন রাখা হবে। আপনার অংশগ্রহণ স্বেচ্ছায় হবে। ডেটা সংগ্রহের এক সপ্তাহের মধ্যে যে কোন সময় আপনার সম্মতি প্রত্যাহার করার অধিকার থাকতে পারে। তবে ডেটা সংগ্রহের এক সপ্তাহ পরে প্রত্যাহার করতে পারবেন না।

এই গবেষণা সম্পর্কে আপনার কোন প্রশ্ন থাকলে, আপনি গবেষক নাজমুল হোসেন অথবা সুপারভাইজার কানিজ ফাতেমা (প্রভাষক, অকুপেশনাল থেরাপি বিভাগ, বিএইচপিআই, সিআরপি, সাভার, ঢাকা) এর সাথে যোগাযোগ করতে পারেন।

তথ্য প্রদান শুরু করার আগে আপনার কোন প্রশ্ন আছে?

হ্যাঁ ☐ না ☐

তাহলে, ইন্টারভিউ নেওয়ার জন্য আমি কি আপনার সম্মতি পেতে পারি?

হ্যাঁ ☐ না ☐

গবেষকের স্বাক্ষর এবং তারিখ : _____

অংশগ্রহণকারীর স্বাক্ষর / আঙ্গুলের ছাপ এবং তারিখ : _____

স্বাক্ষর / আঙ্গুলের ছাপ এবং তারিখ : _____

অংশগ্রহণকারীর প্রত্যাহার পত্র

(শুধু মাত্র স্বেচ্ছায় প্রত্যাহারকারীর জন্য প্রযোজ্য)

অংশগ্রহণকারীর নাম : _____

প্রত্যাহার করার কারণ

পূর্ববর্তী তথ্য ব্যবহারের অনুমতি থাকবে কিনা?

হ্যাঁ / না

অংশগ্রহণকারীর স্বাক্ষর / আঙ্গুলের ছাপ এবং তারিখ : _____

স্বাক্ষরকারীর স্বাক্ষর / আঙ্গুলের ছাপ এবং তারিখ : _____

Appendix F: Questionnaire (English Version)

Section 1: Sociodemographic Part

1. Participant's Name:
2. Age: _____ years
3. Address:
4. Mobile Number:
5. Date of Assessment:
6. Gender:
 1. Male
 2. Female
 3. Others: _____
7. Religion:
 1. Islam
 2. Hinduism
 3. Christianity
 4. Buddhism
 5. Others: _____
8. Educational Qualification:
 1. Signature
 2. Primary education
 3. Secondary education /
Dakhil
 4. Higher secondary / Alim
 5. Graduate / Fazil
 6. Postgraduate or above /
Kamil
9. Marital Status:
 1. Unmarried
 2. Married
 3. Divorced
 4. Widowed
 5. Separated
10. Current Occupational Status:
 1. Employed (Full-time/Part-time)
 2. Unemployed (Looking for
work)
 3. Unemployed (Not looking for
work)
 4. Student
 5. Retired
 6. Homemaker
 7. Others: _____
11. Who is the primary earner in your
family?
12. Monthly Family Income (in Taka):
 1. Less than 10,000
 2. 10,001 — 20,000
 3. 20,001 — 40,000
 4. More than 40,000
13. Area of Current Residence:
 1. Urban
 2. Rural

14. Type of Housing:

1. Owned
2. Rented
3. Family property
4. Homeless

15. Number of Family Members:

16. Who do you live with?

1. Alone
2. With spouse
3. With children
4. With parents
5. With siblings

17. Who is your primary caregiver?

18. Are you involved in any social activities?

1. Yes
2. No

If yes, please specify the type of activity: _____

19. Type of Mental Illness (As diagnosed by a doctor):

1. Depression
2. Schizophrenia
3. Bipolar Disorder
4. Major Depressive Disorder
5. Anxiety Disorder
6. Personality Disorder
7. Others: _____

20. Duration of Mental Health Problem:

1. Less than 1 year
2. 1–3 years
3. 3–5 years
4. More than 5 years

21. Are you currently receiving mental health services?

1. Yes
2. No

If yes, what kind of treatment are you receiving? (You may select more than one)

1. Medication
2. Therapy
3. Counseling/Psychotherapy
4. In-patient Hospitalization
5. Community Mental Health Services
6. Others: _____

22. Do you have any physical health complications?

1. Yes
2. No

If yes, please mention the types of complications (You may select more than one):

1. Heart disease
2. High blood pressure
3. Diabetes
4. High cholesterol
5. Obesity
6. Others: _____

Section – 2: Discrimination and Stigma Scale (Bangla)

Section 1

Instructions for interviewer to read to participant

“In this section, I would like to ask about times when you have been treated unfairly because of mental health problems. There are 21 questions in this section. Please choose one answer only for each question.”

Questions	Not at all	A little	Moderately	A lot	Not applicable
1. Have you been treated unfairly in making or keeping friends?					
Give an example: ----- -----					
2. Have you been treated unfairly by the people in your neighbourhood?					
Give an example: ----- -----					
3. Have you been treated unfairly in dating or intimate relationships?					
Give an example: ----- -----					
4. Have you been treated unfairly in housing?					
Give an example: ----- -----					
5. Have you been treated unfairly in your education?					
Give an example: ----- -----					
6. Have you been treated unfairly in marriage or					

Questions	Not at all	A little	Moderately	A lot	Not applicable
divorce?					
Give an example: ----- -----					
7. Have you been treated unfairly by your family?					
Give an example: ----- -----					
8. Have you been treated unfairly in finding a job?					
Give an example: ----- -----					
9. Have you been treated unfairly in keeping a job?					
Give an example: ----- -----					
10. Have you been treated unfairly when using public transport?					
Give an example: ----- -----					
11. Have you been treated unfairly in getting welfare benefits or disability pensions?					
Give an example: ----- -----					
12. Have you been treated unfairly in your religious practices?					
Give an example: ----- -----					
13. Have you been treated unfairly in your social life?					
Give an example: ----- -----					

Questions	Not at all	A little	Moderately	A lot	Not applicable
----- -----					
14. Have you been treated unfairly by the police?					
Give an example: ----- -----					
15. Have you been treated unfairly when getting help for physical health problems?					
Give an example: ----- -----					
16. Have you been treated unfairly by mental health staff?					
Give an example: ----- -----					
17. Have you been treated unfairly in your levels of privacy?					
Give an example: ----- -----					
18. Have you been treated unfairly in your personal safety and security?					
Give an example: ----- -----					
19. Have you been treated unfairly in starting a family or having children?					
Give an example: ----- -----					
20. Have you been treated unfairly in your role as a parent to your children?					
Give an example: ----- -----					

Questions	Not at all	A little	Moderately	A lot	Not applicable
----- -----					
21. Have you been avoided or shunned by people who know that you have a mental health problem?					
Give an example: ----- -----					

Section 2

Instructions for interviewer to read to participant

“In this section, I would like to ask about times when you have stopped yourself from doing things that are important to you because of how others might respond to your mental health problem. There are 4 questions in this section. Please choose one answer only for each question.”

Questions	Not at all	A little	Moderately	A lot	Not applicable
22. Have you stopped yourself from applying for work?					
Give an example: ----- ----- -----					
23. Have you stopped yourself from applying for education or training courses??					
Give an example: ----- ----- -----					
24. Have you stopped yourself from having a close personal relationship?					
Give an example: ----- ----- -----					
25. Have you concealed or hidden your mental health					

Questions	Not at all	A little	Moderately	A lot	Not applicable
problem from others?					
Give an example: ----- -----					

Section 3

Instructions for interviewer to read to participant

“In this section, I would like to ask you about examples of overcoming stigma and discrimination because of mental health problems. There are 2 questions in this section. Please choose one answer only for each question.”

Questions	Not at all	A little	Moderately	A lot	Not applicable
26. Have you made friends with people who don't use mental health services?					
Give an example: ----- -----					
27. Have you been able to use your personal skills or abilities in coping with stigma and discrimination?					
Give an example: ----- -----					

Section 4

Instructions for interviewer to read to participant

“In this section, I would like to ask about times when you have been treated more positively because of mental health problems. Being treated “more positively” means receiving special or favourable treatment. I would like to know if you have experienced any favourable treatment compared with how you were treated before you developed a mental health problem or compared with how people who don't have a mental health problem are treated. There are 5 questions in this section. Please choose one answer only for each question.”

Questions	Not at all	A little	Moderately	A lot	Not applicable
28. Have you been treated more positively by your family?					
Give an example: ----- -----					
29. Have you been treated more positively in getting welfare benefits or disability pensions?					
Give an example: ----- -----					
30. Have you been treated more positively in housing?					
Give an example: ----- -----					
31. Have you been treated more positively in your religious activities?					
Give an example: ----- ----- -----					
32. Have you been treated more positively in employment?					
Give an example: ----- -----					

Appendix G: Questionnaire (Bangla Version)

(আর্থ সামাজিক প্রশ্নাবলী)

১. অংশগ্রহণকারীর নাম:
২. বয়স: _____ বছর
৩. ঠিকানা:
৪. মোবাইল নম্বর:
৫. তারিখঃ
৬. লিঙ্গ:
 ১. পুরুষ
 ২. নারী
 ৩. অন্যান্য: _____
৭. ধর্ম:
 ১. ইসলাম
 ২. হিন্দু
 ৩. খ্রিস্টান
 ৪. বৌদ্ধ
 ৫. অন্যান্য: _____
৮. শিক্ষাগত যোগ্যতা:
 ১. সাক্ষরতা
 ২. প্রাথমিক শিক্ষা
 ৩. মাধ্যমিক শিক্ষা / দাখিল
 ৪. উচ্চ মাধ্যমিক শিক্ষা / আলিম
 ৫. স্নাতক / ফাজিল
 ৬. স্নাতকোত্তর বা তদূর্ধ্ব / কামিল
৯. বৈবাহিক অবস্থা:
 ১. অবিবাহিত
 ২. বিবাহিত
 ৩. তালাকপ্রাপ্ত
 ৪. বিধবা/বিপত্নীক
 ৫. আলাদা থাকেন
১০. বর্তমান পেশাগত অবস্থা:
 ১. চাকরিজীবী (পূর্ণ সময় / আংশিক সময়)
 ২. বেকার (চাকরি খুঁজছেন)
 ৩. বেকার (চাকরি খুঁজছেন না)
 ৪. ছাত্র/ছাত্রী
 ৫. অবসরপ্রাপ্ত
 ৬. গৃহিণী
 ৭. অন্যান্য: _____
১১. আপনার পরিবারের প্রধান উপার্জনক্ষম ব্যক্তি:
১২. মাসিক পারিবারিক আয় (টাকায়):
 ১. ১০,০০০ টাকার নিচে
 ২. ১০,০০১ - ২০,০০০
 ৩. ২০,০০১ - ৪০,০০০
 ৪. ৪০,০০০ টাকার বেশি
১৩. আপনার বর্তমান বাসস্থানের এলাকা:
 ১. শহর
 ২. গ্রাম
১৪. বাসস্থানের ধরন:
 ১. নিজস্ব
 ২. ভাড়া
 ৩. পারিবারিক সম্পত্তি
 ৪. গৃহহীন
১৫. পরিবারের সদস্য সংখ্যা:
১৬. আপনি কাদের সাথে বসবাস করেন?
 ১. একা
 ২. স্বামী/ স্ত্রীর সাথে
 ৩. সন্তানের সাথে
 ৪. পিতা / মাতার সাথে

৫. ভাই/বোনের সাথে

১৭. প্রাথমিক সেবা প্রদানকারী কে:

১৮. আপনি কি কোনো সামাজিক কর্মকাণ্ডের

সাথে যুক্ত আছেন?

১. হ্যাঁ

২. না

উত্তর হ্যাঁ হলে, কোন কর্মকাণ্ডের সাথে যুক্ত
আছেন তা উল্লেখ করুন:

১৯. মানসিক রোগের ধরন (ডাক্তারের নির্ণয়

অনুযায়ী):

১. ডিপ্রেসন (অবসাদ)

২. স্কিজোফ্রেনিয়া

৩. বাইপোলার ডিজঅর্ডার

৪. মেজর ডিপ্রেসিভ ডিজঅর্ডার

৫. উদ্বেগজনিত রোগ (Anxiety
disorder)

৬. পার্সোনালিটি ডিজঅর্ডার

৭. অন্যান্য: _____

২০. মানসিক স্বাস্থ্য সমস্যার সময়কাল:

১. ১ বছরের কম

২. ১-৩ বছর

৩. ৩-৫ বছর

৪. ৫ বছরের বেশি

২১. আপনি কি বর্তমানে মানসিক স্বাস্থ্যসেবা
নিচ্ছেন?

১. হ্যাঁ

২. না

উত্তর হ্যাঁ হলে, বর্তমানে আপনি কী ধরনের
চিকিৎসা সেবা নিচ্ছেন তা উল্লেখ করুন?
(একাধিক উত্তর দিতে পারেন)

১. ওষুধ

২. থেরাপি

৩. কাউন্সেলিং/মনোচিকিৎসা

৪. হাসপাতালে ভর্তি (ইন-পেশেন্ট)

৫. কমিউনিটি মানসিক স্বাস্থ্যসেবা

৬. অন্যান্য: _____

২২. আপনার স্বাস্থ্যগত কোন জটিলতা আছে?

১. হ্যাঁ

২. না

উত্তর হ্যাঁ হলে, কি ধরনের স্বাস্থ্যগত জটিলতা
রয়েছে তা উল্লেখ করুন? (একাধিক উত্তর দিতে
পারেন)

১. হৃদরোগ

২. উচ্চ রক্তচাপ

৩. ডায়াবেটিস

৪. উচ্চ কোলেস্টেরল

৫. অতিরিক্ত ওজন

৬. অন্যান্য: _____

Section – 2: Discrimination and Stigma Scale (Bangla)

প্রথম অংশ

(সাক্ষাৎকার গ্রহণকারীর জন্য নির্দেশনা অংশগ্রহণকারীকে পড়ে শোনাতে হবে)

"এই অংশে আমি জানতে চাই আপনি কখনো মানসিক স্বাস্থ্য সমস্যার কারণে বৈষম্যমূলক আচরণের শিকার হয়েছেন কি না। এখানে মোট ২১ টি প্রশ্ন আছে। প্রতিটি প্রশ্নের জন্য একটি করে উত্তর দিন, যেটি আপনার ক্ষেত্রে প্রযোজ্য।"

প্রশ্ন	একদম না	একটু	মাঝারি মাত্রায়	অনেক বেশি	প্রযোজ্য নয়
১। বন্ধুত্ব তৈরি করতে বা বন্ধুত্ব বজায় রাখতে আপনি কি কোন ধরনের বৈষম্যমূলক আচরণের সম্মুখীন হয়েছেন?					
উদাহরণ দিন: ----- -----					
২। প্রতিবেশীর দ্বারা আপনি কি কোন ধরনের বৈষম্যমূলক আচরণের শিকার হয়েছেন?					
উদাহরণ দিন: ----- -----					
৩। কারো সঙ্গে ভালো সম্পর্ক অথবা ঘনিষ্ঠ সম্পর্ক স্থাপনের ক্ষেত্রে আপনি কি কোন ধরনের বৈষম্যমূলক আচরণের সম্মুখীন হয়েছেন? (স্বামী/স্ত্রীর আচরণ এই প্রশ্নের অন্তর্ভুক্ত নয়, তা প্রশ্ন ৬-এ জিজ্ঞাসা করা হবে)					
উদাহরণ দিন: ----- -----					
৪। বাসস্থানের ক্ষেত্রে আপনি কি কোন ধরনের বৈষম্যমূলক আচরণের সম্মুখীন হয়েছেন? (বাড়ি ওয়ালা বাড়ি ভাড়া না দেয়া, বাড়ি থেকে বের করে দেয়া, গৃহহীন হয়ে যাওয়া, উপযুক্ত আবাসন থেকে বঞ্চিত করা এক্ষেত্রে অন্তর্ভুক্ত)					
উদাহরণ দিন: ----- -----					
৫। শিক্ষা ক্ষেত্রে আপনি কি কোন ধরনের বৈষম্যমূলক আচরণের সম্মুখীন হয়েছেন? (স্কুল, কলেজ, বিশ্ববিদ্যালয়, চাকরির প্রশিক্ষণ বা কারিগরি কোর্স এ ক্ষেত্রে অন্তর্ভুক্ত)					
উদাহরণ দিন: ----- -----					

প্রশ্ন	একদম না	একটু	মাঝারি মাত্রায়	অনেক বেশি	প্রযোজ্য নয়
৬। বিয়ে বা ডিভোর্সের ক্ষেত্রে আপনি কি কোন ধরনের বৈষম্যমূলক আচরণের সম্মুখীন হয়েছেন? (জীবনসঙ্গী খুঁজে বের করা, সম্পর্ক চলাকালীন সমস্যা, তালাকের সময় মীমাংসা এ ক্ষেত্রে অন্তর্ভুক্ত)					
উদাহরণ দিন: ----- -----					
৭। পরিবারের সদস্যদের দ্বারা আপনি কি কোন ধরনের বৈষম্যমূলক আচরণের শিকার হয়েছেন? (পিতা-মাতা, ভাই-বোন, অন্যান্য আত্মীয়স্বজন এবং সন্তান এ ক্ষেত্রে অন্তর্ভুক্ত। স্বামী/স্ত্রীর আচরণ এই প্রশ্নের অন্তর্ভুক্ত নয়, তা প্রশ্ন ৬-এ জিজ্ঞাসা করা হবে)					
উদাহরণ দিন: ----- -----					
৮। চাকরি খুঁজতে গিয়ে আপনি কি কোন ধরনের বৈষম্যমূলক আচরণের সম্মুখীন হয়েছেন? (পূর্ণসময় বা আংশিক সময়, বেতনভুক্ত কাজ এ ক্ষেত্রে অন্তর্ভুক্ত)					
উদাহরণ দিন: ----- -----					
৯। চাকরি করতে গিয়ে আপনি কি কোন ধরনের বৈষম্যমূলক আচরণের সম্মুখীন হয়েছেন?					
উদাহরণ দিন: ----- -----					
১০। যানবাহন ব্যবহার করতে গিয়ে আপনি কি কোন ধরনের বৈষম্যমূলক আচরণের সম্মুখীন হয়েছেন? (ফ্রি ট্রাভেল পাস ব্যবহার, যাত্রী বা চালকের ব্যবহার এ ক্ষেত্রে অন্তর্ভুক্ত)					
উদাহরণ দিন: ----- -----					
১১। সরকারি সাহায্য বা প্রতিবন্ধী ভাতা পেতে গিয়ে আপনি কি কোন ধরনের বৈষম্যমূলক আচরণের সম্মুখীন হয়েছেন? (ভাতার জন্য আবেদন করা যেমন- আয়ভিত্তিক সহায়তা, প্রতিবন্ধীতা ভাতা, ভাতার পরিমাণ বা সহায়তা পাওয়ার ক্ষেত্রে সমস্যার সম্মুখীন হওয়া এ ক্ষেত্রে অন্তর্ভুক্ত)					
উদাহরণ দিন: ----- -----					

প্রশ্ন	একদম না	একটু	মাঝারি মাত্রায়	অনেক বেশি	প্রযোজ্য নয়
----- -----					
১২। ধর্মীয় রীতিনীতি পালন করার ক্ষেত্রে আপনি কি কোন ধরনের বৈষম্যমূলক আচরণের সম্মুখীন হয়েছেন? (ধর্মীয় উপাসনালয়ে যাওয়া, ধর্মীয় সম্প্রদায়ের অন্যান্য সদস্য বা ধর্মীয় নেতাদের আচরণ এক্ষেত্রে অন্তর্ভুক্ত)					
উদাহরণ দিন: ----- -----					
১৩। সামাজিক কর্মকাণ্ডের ক্ষেত্রে আপনি কি কোন ধরনের বৈষম্যমূলক আচরণের সম্মুখীন হয়েছেন? (সামাজিকতা, শখ, অনুষ্ঠানে অংশগ্রহণ, অবসরের কার্যক্রম এক্ষেত্রে অন্তর্ভুক্ত)					
উদাহরণ দিন: ----- -----					
১৪। পুলিশের দ্বারা আপনি কি কোন ধরনের বৈষম্যমূলক আচরণের শিকার হয়েছেন? (মানসিক স্বাস্থ্য সমস্যা কিংবা অন্য কোনো কারণে পুলিশের সাথে যোগাযোগের সময়)					
উদাহরণ দিন: ----- -----					
১৫। শারীরিক চিকিৎসা সেবা নিতে গিয়ে আপনি কি কোন ধরনের বৈষম্যমূলক আচরণের সম্মুখীন হয়েছেন? (সাধারণ চিকিৎসক, দাঁতের ডাক্তার, নার্স, জরুরি চিকিৎসা সেবায় তাদের আচরণ এক্ষেত্রে অন্তর্ভুক্ত)					
উদাহরণ দিন: ----- -----					
১৬। মানসিক স্বাস্থ্য সেবা প্রদানকারীদের দ্বারা আপনি কি কোন ধরনের বৈষম্যমূলক আচরণের শিকার হয়েছেন? (চিকিৎসা নেয়ার সময় কর্মীদের আচরণের কারণে অসম্মান বা অপমানবোধ করা এক্ষেত্রে অন্তর্ভুক্ত)					
উদাহরণ দিন: ----- -----					
১৭। ব্যক্তিগত গোপনীয়তা রক্ষায় আপনি কি কোন ধরনের বৈষম্যমূলক আচরণের সম্মুখীন হয়েছেন? (হাসপাতাল বা কমিউনিটি সেবায় গোপনীয়তা যেমন- ব্যক্তিগত চিঠি বা ফোনকল,					

প্রশ্ন	একদম না	একটু	মাঝারি মাত্রায়	অনেক বেশি	প্রযোজ্য নয়
চিকিৎসা নথি, অপরাধ রেকর্ড যাচাই ইত্যাদি এক্ষেত্রে অন্তর্ভুক্ত)					
উদাহরণ দিন: ----- -----					
১৮। ব্যক্তিগত নিরাপত্তা বা সুরক্ষার ক্ষেত্রে আপনি কি কোন ধরনের বৈষম্যমূলক আচরণের সম্মুখীন হয়েছেন? (মৌখিক গালিগালাজ, শারীরিক অত্যাচার, হামলা এক্ষেত্রে অন্তর্ভুক্ত)					
উদাহরণ দিন: ----- -----					
১৯। পরিবার শুরু করা বা সন্তান নেয়ার ক্ষেত্রে আপনি কি কোন ধরনের বৈষম্যমূলক আচরণের সম্মুখীন হয়েছেন? (স্বাস্থ্যকর্মী, বন্ধু-বান্ধব ও পরিবারের সদস্যদের আচরণ, এবং গর্ভাবস্থায় বা প্রসবের সময় আপনার বা আপনার সঙ্গীর প্রতি ব্যবহৃত আচরণ এক্ষেত্রে অন্তর্ভুক্ত)					
উদাহরণ দিন: ----- -----					
২০। অভিভাবক হিসেবে পিতামাতার ভূমিকা পালনের ক্ষেত্রে আপনি কি কোন ধরনের বৈষম্যমূলক আচরণের সম্মুখীন হয়েছেন? (অন্যান্য অভিভাবক, শিক্ষক, পরিবার বা মানসিক স্বাস্থ্য কর্মীদের আচরণ)					
উদাহরণ দিন: ----- -----					
২১। আপনার মানসিক স্বাস্থ্য সমস্যা জানা সত্ত্বেও কেউ কি আপনাকে এড়িয়ে গিয়েছে বা দূরত্ব তৈরি করেছে?					
উদাহরণ দিন: ----- -----					

দ্বিতীয় অংশ

(সাক্ষাৎকার গ্রহণকারীর জন্য নির্দেশনা অংশগ্রহণকারীকে পড়ে শোনাতে হবে)

এই অংশে আমি জানতে চাই আপনি এমন কোন সময়ের অভিজ্ঞতা অর্জন করেছেন কি না, যখন আপনি আপনার মানসিক স্বাস্থ্য সমস্যার কারণে অন্যদের প্রতিক্রিয়ার ভয়ে নিজের জন্য গুরুত্বপূর্ণ কিছু করা থেকে বিরত থেকেছেন। এই অংশে মোট ৪টি প্রশ্ন

রয়েছে। প্রতিটি প্রশ্নের জন্য একটি করে উত্তর নির্বাচন করুন।”

প্রশ্ন	একদম না	একটু	মাঝারি মাত্রায়	অনেক বেশি	প্রযোজ্য নয়
২২. চাকরির জন্য আবেদন করার থেকে আপনি কি নিজেকে বিরত রেখেছেন?					
উদাহরণ দিন: ----- -----					
২৩. পড়ালেখা বা প্রশিক্ষণে আবেদন করার থেকে আপনি কি নিজেকে বিরত রেখেছেন?					
উদাহরণ দিন: ----- -----					
২৪. ঘনিষ্ঠ সম্পর্ক গড়ে তোলার ক্ষেত্রে আপনি কি নিজেকে বিরত রেখেছেন?					
উদাহরণ দিন: ----- -----					
২৫. আপনি কি আপনার মানসিক স্বাস্থ্য সমস্যা অন্যদের কাছ থেকে গোপন বা লুকিয়ে রেখেছেন?					
উদাহরণ দিন: ----- -----					

তৃতীয় অংশ

(সাক্ষাৎকার গ্রহণকারীর জন্য নির্দেশনা অংশগ্রহণকারীকে পড়ে শোনাতে হবে)

এই অংশে আমি জানতে চাই আপনি কীভাবে মানসিক স্বাস্থ্য সমস্যার কারণে সৃষ্ট কলঙ্ক ও বৈষম্য অতিক্রম করেছেন, তার কিছু উদাহরণ। এই অংশে ২টি প্রশ্ন রয়েছে। প্রতিটি প্রশ্নের জন্য একটি করে উত্তর নির্বাচন করুন।”

প্রশ্ন	একদম না	একটু	মাঝারি মাত্রায়	অনেক বেশি	প্রযোজ্য নয়
২৬. আপনি কি এমন কারো সাথে বন্ধুত্ব করেছেন, যিনি মানসিক স্বাস্থ্য সেবা গ্রহণ করে না?					
উদাহরণ দিন: ----- -----					
২৭. আপনি কি নিজের যোগ্যতা বা দক্ষতা ব্যবহার করে সমাজে কলঙ্ক বা বৈষম্যের মোকাবেলা করেছেন?					
উদাহরণ দিন: ----- -----					

চতুর্থ অংশ

(সাক্ষাৎকার গ্রহণকারীর জন্য নির্দেশনা অংশগ্রহণকারীকে পড়ে শোনাতে হবে)

এই অংশে আমি জানতে চাই আপনি মানসিক স্বাস্থ্য সমস্যার কারণে কখনও কি অন্যদের তুলনায় বেশি ইতিবাচক আচরণের সম্মুখীন হয়েছেন কি না। ‘বেশি ইতিবাচক আচরণ’ বলতে বোঝায় এমন কোনো সময় যখন আপনি বিশেষ সুবিধা পেয়েছেন। আমি জানতে চাই আপনি কি আগে যেমন ব্যবহার পেতেন তার তুলনায় বা যাদের মানসিক স্বাস্থ্য সমস্যা নেই তাদের তুলনায় আপনি কি কখনো ভালো ব্যবহার পেয়েছেন? এই অংশে ৫ টি প্রশ্ন রয়েছে। প্রতিটি প্রশ্নের জন্য একটি করে উত্তর নির্বাচন করুন।”

প্রশ্ন	একদম না	একটু	মাঝারি মাত্রায়	অনেক বেশি	প্রযোজ্য নয়
২৮. আপনার পরিবার কি আপনার সাথে খুব ভালো ব্যবহার করেছে? (আপনার পরিবার, স্বামী-স্ত্রী, সন্তান, আত্মীয়স্বজনের আচরণ এক্ষেত্রে অন্তর্ভুক্ত)					
উদাহরণ দিন: ----- -----					
২৯. সরকারি সাহায্য বা প্রতিবন্ধী ভাতা পাওয়ার ক্ষেত্রে আপনি কি বেশি সহায়তা পেয়েছেন?					
উদাহরণ দিন: ----- -----					
৩০. বাসস্থানের ক্ষেত্রে আপনি কি বাড়তি সহায়তা পেয়েছেন? (ভাড়া দিতে দেরি হলেও বাড়িওয়ালার সহনশীল আচরণ, নিজের বাসস্থান ধরে রাখতে সহায়তা, সরকারি বা বেসরকারি সংস্থার কাছ থেকে অগ্রাধিকার ভিত্তিতে বাসস্থানের সুযোগ এক্ষেত্রে অন্তর্ভুক্ত)					
উদাহরণ দিন: ----- -----					
৩১. ধর্মীয় রীতিনীতি পালনের ক্ষেত্রে আপনার আশেপাশের সবাই আপনার সাথে ভালো ব্যবহার করেছে?					
উদাহরণ দিন: ----- -----					
৩২. চাকরি বা কর্মস্থলে আপনি কি বাড়তি সহায়তা পেয়েছেন? (চাকরি খোঁজা, চাকরি করা, কর্মস্থলে প্রয়োজনীয় পরিবেশ এক্ষেত্রে অন্তর্ভুক্ত)					
উদাহরণ দিন: ----- -----					

Appendix H: Supervision Records

Bangladesh Health Professions Institute
Department of Occupational Therapy
4th Year B. Sc in Occupational Therapy
OT 401 Research Project

Thesis Supervisor- Student Contact; face to face or electronic and guidance record

Title of thesis: Level of Discrimination and stigma for Individuals with mental illness:
A cross-sectional study.

Name of student: Nazmul Hossain

Name and designation of thesis supervisor: Kaniz Fatema, Lecturer, Department of Occupational Therapy

Appointment No	Date	Place	Topic of discussion	Duration (Minutes/Hours)	Comments of student	Student's signature	Thesis supervisor signature
1	25/05/25	BHPI office	Discussion about research title	2 hr	Effective Discussion	Nazmul	
2	28/05/25	BHPI office	Title, scale, aim and objective	2 hr	Effective Discussion	Nazmul	
3	29/05/25	BHPI office	Discussion about aim, objective	2 hr	Effective Discussion	Nazmul	

4	31/05/25	BHPI office	Proposal presentation guideline	2 hr	Effective discussion	Nazmul	
5	04/06/25	BHPI office	Proposal presentation feedback	2 hr	Got a clear concept	Nazmul	
6	03/06/25	BHPI office	Discussion about sample size, data collection	2 hr	Effective discussion	Nazmul	
7	15/06/25	BHPI office	Guideline on literature review matrix	1 hr	Got a clear concept	Nazmul	
8	22/06/25	BHPI office	Discussion about socio demographic questionnaire	2 hr	Effective discussion	Nazmul	
9	25/06/25	BHPI office	Feedback on sociodemographic questionnaire	2 hr	Got a clear concept	Nazmul	
10	26/06/25	BHPI office	Feedback on bangla translated questionnaire	2 hr 30 mins	Got a clear concept	Nazmul	
11	5/07/25	BHPI office	Discussion on data collection status	2 hr	Got a clear concept	Nazmul	
12	08/07/25	BHPI office	Guide line on data collection, informed consent	2 hr	Got a clear concept	Nazmul	
13	09/07/25	BHPI office	Discussion about data entry	2 hr	Effective Discussion	Nazmul	
14	16/07/25	BHPI office	Guideline on data analysis	2 hr	Got a clear concept	Nazmul	

15	24/07/25	BHPT Office	Discussion & guideline about result.	2 hr	Effective Discussion	Nazmul	
16	15/11/25	BHPT Office	Feedback on research methods part.	2 hr 30 mins	Effective Discussion	Nazmul	
17	06/12/25	BHPT Office	Feedback on literature review	2 hr	Effective Discussion	Nazmul	
18	01/01/26	BHPT Office	Feedback on 1st draft	1 hrs 30 mins	Effective Discussion	Nazmul	
19	09/02/26	BHPT Office	Feedback on 1st draft	1 hrs 30 mins	Effective Discussion	Nazmul	
20							

Note:

1. Appointment number will cover at least a total of 40 hours; applicable only for face to face contact with the supervisors.
2. Students will require submitting this completed record during submission your final thesis.