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The Impact of Stigma and Social Anxiety on Social Participation in
People with Severe Mental Illness

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Statement of Originality

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university or other tertiary institution and, to the best of my knowledge and belief, contains no material previously published or written by another person, except where due reference has been made in the text. I give consent to this cope of my thesis, when deposited in the University Library, being made available for loan and photocopying subject to the provisions of the Copyright Act 1968.

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Acknowledgement of Authorship

I hereby certify that the work embodied in this thesis contains a scholarly work of which I am a joint author. I have included as part of the thesis a written statement, endorsed by my supervisor, attesting to my contribution to the joint scholarly work.

I certify that I conducted the entirety of the background research for this scholarly work. The majority of the data collection and final write-up were also completed by myself. Lee Averell assisted substantially with the statistical modelling contained within this work. The following are the authors of the scholarly manuscript contained within to be submitted for publication (in order of contribution): Victoria Maher, Lee Averell, Linda Campbell, Helen Stain, Mary-Claire Hanlon, Cherrie Galletly, and Martin Cohen.

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Abstract

Background: People with severe mental illness (SMI), such as psychosis are faced with many challenges. As well as severe symptoms such as hallucinations, delusions, blunted affect, depressed mood and mania, many people with SMI suffer from social anxiety and significantly reduced social functioning. It has been proposed that discrimination and stigma may be key barriers to social functioning for people with SMI. Psychosis and comorbid social anxiety have been shown to decrease social participation and quality of life. Meanwhile, the fear of stigma can reduce social participation. In addition, it has been suggested that cognitive functioning (IQ) and chronicity of illness can have an impact on social functioning.

Methods: We examined the effects of discrimination and stigma, duration of illness, intellectual functioning and the role of social anxiety on social functioning in a sample of 88 adults (54 females) aged 21 to 64 years of age, with severe mental illness. Data was analysed using multiple linear regression and path analysis, allowing the simultaneous evaluation of multiple variant and covariant relationships. Predictors included internalised stigma, perceived stigma, discrimination, social anxiety, duration of illness and IQ. The relationship between these and the dependent variable – social functioning – was examined in the model. Additionally, covariate relationships between internalised stigma, perceived stigma and discrimination and social anxiety were also examined.

Results: A best-fit path analysis showed that the model accounted for 39% of the variance in social functioning. Intellectual functioning ($\beta = .23$) and social anxiety ($\beta = .33$) had strong positive relationships with social functioning. Duration of illness ($\beta = -.17$), expected internalised stigma ($\beta = -.17$) and discrimination ($\beta = -.16$) had moderate negative relationships with social functioning.

Conclusion: Internalised stigma and intellectual functioning should be considered as clinical targets for interventions to reduce social anxiety and to thus improve social functioning among people with severe mental illness.

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