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Original article

Insight and satisfaction with life among adolescents with mental disorders: Assessing associations with self-stigma and parental insight

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ABSTRACT

Objective: The purpose of the current study was to assess the associations of illness perception-related variables with satisfaction with life (SwL) among adolescents with mental disorders.
Methods: Insight into mental disorder (SAI-E), Internalized stigma of mental illness (ISMI) and Multidimensional Students' Life Satisfaction Scale (MSLSS) were administrated to 30 adolescent patients. Adapted version for parents of the SAI-E was also administrated to 37 of their parents.
Results: Significant positive correlations were found between insight into the illness, self-stigma and parental insight. Insight and self-stigma were significantly negatively related to the total score of SwL and few of its dimensions while parental insight was significantly associated only with the SwL dimensions of school and self. Regression models revealed main negative effects of insight and self-stigma on SwL and no interaction effect.
Conclusions: The possible independent contribution of insight and self-stigma to SwL should be addressed in interventions designed for family and adolescents coping with mental illness. Special attention should be given to the possible negative implications that insight possesses. In lack of support of the moderation role of self-stigma, reported in studies among adults with mental illness, future studies should trace other variables in order to further understand the insight paradox among adolescents.

1. Introduction

The prevalence of psychiatric disorders among children and adolescents ranges between 7–16.4% worldwide and keeps increasing [5,18,27,29]. In Israel, this prevalence is estimated to be around 11.7% among the adolescent population [12]. This high prevalence underlines the need to identify factors that are associated with better outcome. Satisfaction with life (SwL) is regarded as an important outcome among adolescents who cope with mental disorders as it is associated with depression, suicidal behaviors and loneliness [34], and moderates the effects of stressful events and pathological behavior [41]. While studies have shown that factors such as physical condition [7], socio-economic status, stressful life events [4] and social relationships with parents and peers [37]are associated with the SwL of adolescents with mental disorders, there is only limited data on the effects of illness perception-related variables on the SwL of these adolescents.

Insight into a mental disorder is defined as awareness of the disorder's label, the need for treatment, and of the disorder's implications [2]. Some studies report high insight among adolescents (e.g. [11]), while others showed that adolescents who were identified as emotionally disturbed did not attribute their difficulties to mental illness [5,9,33]. This lack of insight might be related to stigmatized meanings and beliefs that are associated with mental disorders by the adolescents, and might lead to a denial of mental difficulties [29]. The internalization of negative stereotypes, which are a part of the public stigma of mental illness, results in the experience of internalized stigma, also known as self-stigma [8,26]. Adolescents may be especially vulnerable to the internalization of negative stereotypes due to them being at a developmental stage in life which focuses on the development of self-identity and the search for self-efficacy, autonomy and social acceptance [22,43]. Previous research has shown that adolescents who accepted their mental diagnoses and

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internalized the public stigma of their illnesses also reported low self-esteem and stronger tendency towards depression [29,32].

Studies on insight among both adults and adolescents with severe mental illness have shown it to be associated with both positive outcomes, such as higher levels of medical and psychosocial treatment adherence and functioning (e.g.[25,40]), and negative outcomes such as lower hope, lower quality of life and depression (e.g.[14,15,38]). In order to resolve this paradox, studies among adults with severe mental illness have shown that self-stigma moderates the relationship between insight and various psychological outcomes [10,26]. These studies showed that among adults with severe mental illness the combination of high insight and low self-stigma is associated with better outcomes than the combination of high insight and high self-stigma. We assumed that among adolescents, the same pattern of moderation of self-stigma between insight and psychological outcomes would occur.

An additional possible factor that can affect the adolescent's SwL and its relation to insight is parental knowledge and cognition regarding the illness [28]. Tranulis et al. [42] showed that a moderate concordance between patient and family members exists with regard to insight. However, an early meta-analysis on adolescents and parental agreement showed relatively low agreement with regard to the perception of the adolescent's problems [1]. Accordingly, it is not clear whether agreement between parents and adolescents exists and how it influences the psychological outcome of the adolescents. It is reasonable that agreement between an adolescent and his or her parents, accompanied by low tension and conflicts within the family, will contribute to the adolescent's SwL. Moreover, discrepancies in reports among parents and adolescents regarding the adolescents' psychopathology were found to predict negative outcomes such as drugs and alcohol use, police/judicial contacts and deliberate self-harm [13,19]. Thus, parental insight may also act as a moderating variable between the adolescent's insight and his SwL.

Based on the above reviewed literature, the present study examined the relationships among insight into mental disorder, self-stigma, parental insight and the SwL of adolescents with mental disorders. In accord with studies on adults patients with severe mental illness [10,26], self-stigma was hypothesized to moderate the relationship between insight into mental disorder and the SwL of adolescents. According to the moderating model, we hypothesized that when the self-stigma level is low, a positive correlation would be revealed between the adolescents' insight and their SwL. However, when self-stigma is high, we speculated that a negative correlation would be revealed between the adolescents' insight and their SwL. Notably, while previous studies on adults with mental illness suggested self-stigma to be a moderator, no studies were conducted to assess the role of parental insight as a moderator. Therefore, hypotheses regarding the role of parental insight were exploratory.

2. Methods

2.1. Research setting

This cross-sectional study was carried out at a Mental Health Center located in a central city, in the adolescent day ward and the adolescent psychiatric outpatient clinic.

The current study is a part of a large-scale research on adolescents coping with mental illnesses, and their parents.

2.2. Research participants

Thirty adolescents, diagnosed with different mental disorders, who were receiving treatment from the above-described mental health center, participated in this study. The majority of the adolescents were female (56.6%) and their mean age was 13.9 years (SD = 1.7). All were native Israelis. The most frequent primary diagnoses of the adolescent patients in the cohort were major depressive disorder ($n = 6$), bipolar mood disorder ($n = 5$) and disruptive behavior disorders ($n = 5$). The average duration of treatment was 11 months (SD = 16.6) and it ranged from one to 68 months. Only adolescents with sufficient competence to provide informed consent and those whose parents approved their participation were included in the study. Exclusion criteria included an active psychotic episode.

In addition, we evaluated a sample of 37 parents of the adolescents who participated in the research. For seven adolescents both parents completed the questionnaires. For these adolescents the parental insight score was calculated as the average of the two parents. Parents' mean age was 48 years (SD = 7.53) and their mean educational level was 13.76 years of schooling (SD = 3.65). The majority were Israeli natives ($n = 29$, 78.9%), their reported socio-economic status was average ($n = 16$, 43.2%), and most of them were married at the time of the study ($n = 26$, 70.3%). Gender differences with regard to the study's variables were not significant among the participants.

2.3. Instruments

2.3.1. Internalized stigma of mental illness – ISMI

Self-stigma was assessed by Ehrlich Ben-Or's [10] Hebrew translation of the Internalized Stigma of Mental Illness questionnaire [35]. This questionnaire consisted of 29 self-report items which reflected internalized stigma in the following domains: alienation, stereotypes endorsement, perceived discrimination, social withdrawal and stigma resistance. Items in each domain were averaged and a total average score was also calculated. Scores ranged from one to four with the higher score indicating a higher level of internalized stigma. Previous studies indicated that the questionnaire demonstrated acceptable reliability and validity [35]. In the current study, the internal consistency of the total score as calculated by Cronbach's alpha was 0.88, 0.73 for alienation, 0.69 for perceived discrimination, 0.64 for stereotypes endorsement and 0.64 for social withdrawal. The items of the fifth domain, stigma resistance, were excluded because of a low internal reliability ($r = 0.3$). The low reliability of this sub-scale was reported also in other studies (e.g. [10]).

2.3.2. Insight into mental disorder

Insight was assessed by Chopra's [6] Hebrew translation of the Schedule for Assessment of Insight-Expanded version (SAI-E) [21]. This scale consists of three separate but overlapping dimensions of insight into mental illness: awareness of the illness, awareness of symptoms and treatment compliance. It includes10 questions (three items representing the first dimension, four representing the second and three representing the third). This study used the total score of insight, excluding the compliance items, since for children and adolescents the actual compliance with treatment is mainly dependent on their parents and might not reflect their actual insight. Higher scores on the SAI-E items indicate higher levels of insight. Evidence has been presented for the validity of the SAI-E [36] and for the internal consistency of the Hebrew version of the SAI-E [15]. In the present study, the Cronbach alpha estimate of internal consistency for the awareness of the disorder score was 0.55.

2.3.3. Parents' insight into the mental disorder of their child

A modified version for parents [16] of the Schedule for Assessment of Insight-Expanded version [21] was used to assess parents' insight into the mental disorder of their child. The version