Assessment of Knowledge and Attitudes of Families of Psychotic Patients toward Mental Illness in Ismailia

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282 accompanied members of families of patients with psychoses attending psychiatric treatment facilities in Ismailia were interviewed to elicit their knowledge and attitudes about the identified patient's mental illness. 55% of patients were accompanied by their first degree relatives, followed by second (22.5%) and third degree relatives (22.5%).

TV (37.5%) and physicians (37.5%) were the main source of knowledge about mental illness, and knowledge about patient's diagnosis was significantly associated with the educational level of relatives ($p<0.03$). 50% of those with secondary educational level reported that mental illness is a neuropsychiatric disease.

Self neglect (75%), talking to one self (75%), meaningless speech (62.5%), and bizzare behaviors (62.5%) were among the highest frequent perceived psychotic manifestations reported by relatives to increase the stigma.

While 87.5% of relatives reported that psychotic mental disorders are caused by disturbed family relationships, 75% believed that psychotic patient can not work, is likely to be violent (75%), and that antipsychotic drugs lead to addiction (75%).

Moreover, relatives expressed positive attitudes (87.5%) indicating that family support has a great role in treatment, however, 62.5% expressed their negative attitudes that they will not marry a mentally ill patient, although more than 50% reported that the illness improves with treatment.

The results are discussed in the light of an ongoing World Psychiatric Association (WPA) antistigma educational programme in Ismailia.

(Egypt.J.Psychiat. 2001, 24 : 17 - 23).

INTRODUCTION

The World psychiatric Association (WPA) has initiated an international programme aiming to develop tools that will make it easier to fight stigma and discrimination because of schizophrenia (Sartorius, 1998). Schizophrenia has been selected as the focus for this programme for several reasons including the severity of the illness, its symptoms, its consequences of long duration, impairment, and the need for maintenance medication and psychosocial rehabilitation. In Egypt there are few methodological consideration, as Ismailia Governorate was selected to be one of the WPA sites of the Global Programme. The first is that there were few studies that have examined the knowledge and attitude of the community mentally ill patients, and there is little evidence that

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the people in the community differentiate the term schizophrenia (or Fusam in Arabic) (El-Shatury et al, 1999).

Patients with mental disorders often suffer stigma-the experience of being against and rejected by others, and a consequent feeling of shame and disgrace. In addition, there may also be other serious consequences including negative and stigmatizing public attitudes (including the family and relatives) toward the mentally ill which have direct implications for prevention, early detection, treatment, rehabilitation, and quality of life. Therefore, it is important to evaluate, understand and ultimately to influence the public's attitude (including patient's family of relatives towards the mentally ill (Malla, 1987, Rosenfield 1997, Mechanic et al. 1994).

The present study was designed to examine the knowledge and attitudes of the family members and relatives accompanying patients with psychotic disorders towards mental illness as an initial. step in a programme to fight stigma of mental illness.

SUBJECTS AND METHODS

282 subjects from those accompanying patients with psychoses to psychiatric facilities in Ismailia Governorate were asked to be interviewed as regards their knowledge and attitudes about the mental illness. The assessment included answering a questionnaire sheet developed and designed from an ongoing anti-stigma programme in Ismailia (See Appendix).

Information obtained from relatives included their identifying data, level of education, knowledge of diagnosis and about the nature and causes of mental illness, knowledge of symptoms characterizing psychotic illness, behavioral seeking psychiatric treatment and their perceived social distance toward mentally ill patients. Ethical considerations including informed verbal consent, reassurance for privacy and confidentiality were followed.

RESULTS

Table 1
Relations between the Educational Level of Patients Relatives and their Knowledge about Patients Diagnosis

Degree of knowledge / Educational level	Poor		Moderate		Good	
	No	%	No	%	No	%
Illiterate (No. = 70)	70	100	0	0	0	0
Read and write (No. = 0)	0	0	0	0	0	0
Secondary school (No.=105)	35	33.3	35	33.3	35	33.3
University degree (No.=105)	0	0	35	33.3	70	66.6
Total	105		70		105	

$X^2 = 28.4$ P = 0.0312

This table shows that among illiterates, 100% were completely ignorant of the nature of patients illness (Poor).

Table 2
Relation between the Educational Levels of Patients Relatives and their Knowledge about Nature of Mental Illness

Educational level / Nature of mental illness*	Illiterate		Read and Write		Secondary school		University degree	
	No.	%	No.	%	No.	%	No.	%
Organic disease (No. = 36)	0	0	0	0	36	100	0	0
Mental disease (No. = 75)	35	50	0	0	0	0	35	50
Neuropsychiatric disease (No.=214)	34	16.66	0	0	104	50	69	33.33
Neoplastic disease(No. = 1)	0	0	0	0	0	0	0	0
Madness (No. = 5)	2	0	0	0	1	0	0	0

* Numbers are not mutually exclusive

$\chi^2 = 31.6$ P = 0.371

Table 3
Sources of Knowledge of Patients Relatives about Mental Illness

Source of knowledge	No.	%
TV	174	37.5
Radio	82	25.0
Newspapers	58	25.0
Physician	97	37.5
Total sample	**282**	**100**

Table 4
Most Frequent Manifestations of Psychotic Mental Illness as Perceived by the Relatives Accompanying the Patients

Manifestations	No.*	%
Neglects his/her dress and hygiene	212	75
Talks to her/himself and hallucinations	205	75
Meaningless speech	174	62.5
Bizarre behavior	185	62.5
Withdrawn	108	50
Dose not talk	109	50
Insults others	103	37.5
Destroys and beats, aggressive	39	37.5
Can not predict his behavior	102	37.5
Can commit a crime	77	37.5
Excessive talking	109	37.5
Very intelligent and thinks a lot	148	37.5
Does not sleep	103	25
Suicide	147	12.5

* Numbers are not mutually exclusive

Table 5
Cultural Beliefs about Mental Illness Perceived by the Patients Relatives As Reported in their Responses to True / False Questionnaire Items

Beliefs	True		False	
	No.	%	No.	%
Multiple personality disorder	179	62.5	101	37.5
A brain disease	177	62.5	103	37.5
Patient is likely to be violent	214	75	66	25
Result from stress	143	50	173	50
Patient cannot work	212	75	66	25
Patient needs medical treatment	173	62.5	107	37.5
Patient is mentally retarded	149	50	131	50
Results from poor parenting	105	37.5	175	62.5
Results from disturbed family relationship	235	87.5	45	12.5
Antipsychotic drugs lead to addiction	220	75	60	25
Mental illness is contagious	36	12.5	244	87.5

Table 6
Attitudes of Patients Relatives toward the Mentally Ill Patient As Expressed by Their Self Report Definitely Yes on Questionnaire Items Measuring Social Distance

Attitude regarding	Read and Write		Secondary school		University degree	
	No	%	No	%	No	%
Sense of fear when talking to a patient	144	50	86	25	68	25
Feeling discomfort when being in same place with a patient	66	25	0	0	214	75
Making a friendly relationships with patients	39	12.5	49	16.07	182	71.42
Feeling shame if someone knows about schizophrenia in the family	140	50	33	12.5	111	37.5
Patients are causing financial and social burden on their families	132	50	0	0	148	50
Familial support to patients has a great role in treatment	142	87.5	0	0	33	12.5
Marrying a mentally ill patient	36	12.5	178	62.5	61	25
Providing a job for a patient	65	25	2	1	213	75
Mental illness is a curable disease	75	25	73	25	132	50

$X^2 = 61.7$ P = 0.0183

Table 7
Causes of Mental Illness as Perceived and Reported by the Relatives Accompanying the Patient

Causes of mental illness	No.	%
Heredity	40	14.2
Work or financial problems	110	35.7
Addiction	24	7.1
Home problems	37	12.5
Magical causes	36	12.5
Physical causes	3	0.7

Table 8
Different Management Approaches Used Reported by the Family to Treat Patients With Psychoses

Approaches used for treatment	No.	%
Visiting Sheikh / Traditional healers	97	34.6
Using koraan Hegab / Zar ceremony	70	25
Visiting psychiatrist	105	37.5
Visiting general practitioner	8	2.9

DISCUSSION

TV and physicians were among the important sources of knowledge and information about mental illness in our survey. Egyptian TV movies significantly influenced the social attitude and behavior towards mental health and illness (Afana et al, 2000). These movies had a negative impact on public opinion towards mental patients, treating psychiatrists and nurses as crazy, unpleasant in appearance, disorganized, bizarre, dissheveled, funny, stupid, wicked, jumping over tables, aggressive, strange, and all other negative and embarrassing sarcastic victimizing descriptions with almost complete disregard to treatment success and outcomes. These movies mislead the public, creating a climate of unjustifiable bias against mentally ill patients (Berlin and Malin, 1991).

Educational level of patient's relatives was significantly associated with their knowledge about patient's diagnosis ($p<0.03$) but not the nature of mental illness ($P>0.3$). In their study Afana et al (2000) have found an association between knowledge, and attitude towards mental illness and education level in primary mental health professional.

It has been our observations and findings from the Focus Group Discussion (FGD) with patients with schizophrenia and their families to obtain evidence and subjective experiences of stigma and discrimination in Ismailia, that over 90% of patients and their families do not know the exact diagnosis of the illness or the term Fusam (the Arabic diagnostic nomenclature of schizophrenia).

The implications of our findings for an antistigma community educational campaigns are complex. The fact that almost 50% of patients with psychotic mental illness come with their first degree relatives indicates that the extended families of patients should be an early target population for an antistigma effects in a developing country.

When considering the help seeking behavior in our sample, over 60% of families of patients prefer the traditional non-psychiatric folklore management of psychotic mental illness which is very similar to practices in other Arab countries (Hussein, 1991). Therefore, a very important implication for our antistigma campaign is not to come in conflict with the traditional values, beliefs and practices. This is very critical when we talk about the traditional dimension, religious concepts appear as the first principle in shaping that dimension. For example, Okasha et al, found that 60% of outpatients at (1968) a university clinic in Cairo have been consulting traditional healers before coming to the psychiatric

services. Rakhawy (1996) summarized the current status of spiritual traditional healing which seems to be unchanged during the last two decades in Egypt and the Arab World.

He pointed out that what is worth noting is that such traditional non psychiatric healing procedures of mentally ill patients are becoming popular among relatively cultured and intellectual groups such as artists, university professors including medical and influential authorities. It was expected that the psychiatric role in dealing with mental illness will increase with modernization, education, and increasing available services. With the improvement of mental health orientation of the public and community, as well as medical practitioners in general, it was expected that early diagnosis and proper referral system would take place. All such factors would have led to replace more and more traditional healing nonpsychiatric management procedures by mental health professionals, but this, most probably, is not the case. One of the implications for such a dilemma to implement a successful antistigma campaign in Ismailia is to search for models of traditional / psychiatric system integration to gain clinical therapeutic social and traditional alliance and to incorporate the family / community in the management of mentally ill patients (Alkrenawi and Graham, 1999).

In other words, the role of traditional and religious healing should be smartly emphasized rather than stigmatized in the care of psychotic mental disorders. Our situation is not far from that of Okasha's in 1996 who stated that the traditional and religious healers play a major role in primary psychiatric care in Egypt, and very similar to El-Amin and Refaat (1997) in a near by Sharkia governorate?.

Whether Egyptians have a special tolerance to mental disorders and have the ability to assimilate chronic mental patients even to a sacred degree (as reported by Okasha, 1990).

Rakhawy in 1997 expressed the dilemma of lacking valid statistical data informing about the actual situation reflecting the use of psychiatric and nonpsychiatric practices consulted by mentally ill patients in Egypt.

Whether mentally ill patients consult non traditional religious healers because of the fear of the stigma related to visiting psychiatrists and / or psychiatric services or because of the nonthreatening simple cultural explanations offered by traditional healers that fit their belief systems and values, this needs further elaboration and investigations.

A way out of this dilemma would be to build bridges between the traditional and psychiatric approach, a complementary approach / that probably fits into the needs of community.

The second is that, according to volume I of the WPA materials, in some setting it may be impossible to gather data specifically on schizophrenia, and in such cases, assessment should survey attitudes about severe mental illness, in this research, persons with psychoses were the subjects and phenomenon under study.

REFERENCES

Afana A., Steffen O., Dalgard. E, Granfeld, B. and El-Sarraj E. (2000) The attitude of Palestinian primary health care professionals in the Gaza strip. Egypt. J. Psychiat, 23 (1): 101 - 112.

Alkrenawi, A. and Graham, J.R. (1999) Gender and biomedical / traditional mental health utilization among the Bedouin-Arabs at the Negev. Cult. Med. Psychiat., 23 (2): 219-243.

Berlin F. and Malin H. M. (1991) Media distortion of the publics perception of recidivism and psychiatric rehabilitation. Amer. J. Psychiat., 148 (11): 1572 - 1576.

El-Amin, H.M., and Refaat A.R.A (1997) The role of traditional (religions) healing in primary psychiatric care in Sharkia. Egypt. J. Psychiat., 20 (1): 25-35.

Hussien F.M. (1991) A study of the role of unorthodox treatments of psychiatric illness. Arab J. Psychiat., (2): 170 - 184.

Malla, A., Shaw, T. (1987) Attitudes towards mental illness: the influence of education and experience. Interact. J. Social Psychiat., 33 (1): 33 -41.

Mechanic D., McAlpine D., Rosen field S., and Davis D. (1994) Effects of illness attribution and depression on the qnality of life among persons with serious mental illness. Soc. Sci. Med., 39 (2): 155 - 164.

Okasha, A. (1990) Mental health services in Egypt. Editorial. Egypt. J. Psychiatry, 13: 188.

Okasha, A., Kamel, M., and Hassan A. (1968) Preliminary psychiatric observation in Egypt. Brit. J. Psychiat., 114: 497-498.

Rakhawy. Y. T. (1996) Recent development in the uses and abuses of traditional healing of psychiatric in Egypt and the Arab world. Editorial. Egypt. J. Psychiat., 19 (1&2): 7-10.

Rosenfield, S. (1997) Labeling mental illness: the effects of received services and perceived stigma on life satisfaction. Amer. Sociolog. Review, 62: 660 - 672.

Sartorius N. (1998) Stigma: what can psychiatrists do about it? The Lancet, 352 (4133): 1058 - 1059.

تقييم معلومات واتجاهات أسر المرضى الذهانيين تجاه المرض العقلى فى الاسماعيلية

تمت هذه الدراسة (كخطوه مبدئية فى بداية برنامج الجمعية العالمية للطب النفسى: مكافحة الوصمة والتفرقة تجاه الفصام) بتقييم معرفة واتجاهات أعضاء الأسرة المصاحبين للمرضى الذهانيين المترددين على العيادات النفسية للاسماعيلية، وقد إفاد ٣٧,٥٪ بأن معظم معرفتهم للمرض العقلى كانت عن طريق التلفزيون والأطباء، وكانت أولى مظاهر المرض العقلى بالنسبة لهم (٧٥٪) إهمال الذات والحديث للنفس، وقرر حوالى ٨٧,٥٪ أن المرض العقلى سببه اضطراب العلاقات الأسرية، و ٧٥٪ أن المرضى العقليين لايستطيعون العمل أو يميلون للعنف وأن العلاج بمضادات الذهان تؤدى إلى الإدمان، إلا أن معظم أسر المرضى (٨٧,٥٪) قد قرروا أن الدعم الأسرى له دور كبير وهام فى العملية العلاجية، ويناقش الدراسة الدلائل والتوصيات فى ضوء تنفيذ برنامج الجمعية العالمية للطب النفسى لإزالة الوصمة فى الاسماعيلية.