Knowledge and Attitude of Adolescents towards Patients with Scizophrenia

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Schizophrenia is a serious mental illness that devastates the lives of people who suffer from it and the lives of their families. It usually strikes adolescents and young adults, disrupting their pursuit of educational and occupational goals and drastically reduces their quality of life. Schizophrenia is associated with significant amount of stigma and discrimination, which further increases the burden on patients and their families and decreases the benefits from different resources of treatment. Objectives: to identify the adolescent concepts about schizophrenia and the degree of stigma and discrimination against people who suffer from this mental disorder.

Subjects and methods: cross sectional survey was done in a randomly selected secondary school. A specially designed questionnaire was used to collect data.

Result: 381 students in 1st year secondary school answered the questionnaire, about 22.8% of them did not know any knowledge about schizophrenia (Arabic term is fusam) while 32% of them defined it as split personality. 10% refuse to be in the work or in the class of a Patient with Schizophrenic. In addition, there were statistically significant differences in social isolation regarding those who had poor and good knowledge. Only 3% of the students knew that schizophrenia could be treated with drugs.

Conclusion: we conclude that programs aiming at reduction of stigma of schizophrenia should target the knowledge and attitudes.

(Egypt.J.Psychiat., 2001, 24 : 85 - 99).

INTRODUCTION

Schizophrenia is a serious mental illness that devastates the lives of people who suffer from it and the lives of their families. It usually strikes adolescents and young adults, disrupting their pursuit of educational and occupational goals and drastically reduces their quality of life.

It occurs in all countries of the world and is among the ten leading causes of disability in those 18-44 years old (Murray and Lopez, 1996).

A World Health Organization, (WHO) study found very little variation in the incidence of illness in countries around the world, the incidence of schizophrenia was found to be between 7 and 14 per 100000 and is almost equal in both developing and developed countries in the sites investigated (Jablensky, et al 1992, Jablensky 1995). Unlike incidence rate, the prevalence rates vary substantially around the world with prevalence figures (3.4 and 6.3 per 1000 population) in developing and developed countries respectively (Warner and De Girolamo 1995). This

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difference is likely the result of difficulties in identifying those with the illness and higher death rate (Mortensen and Juel 1990).

Patient with schizophrenia suffer from a significant degree of comorbidity (co-occurring disorders). Substance abuse is the most common comorbid psychiatric disorder with schizophrenia, with prevalence ranging from 20% to more than 50% of patient with schizophrenia depending on gender, age and duration of illness (Jablensky 1995, Hambrecht and Hafer 1996). Also there is increased risk of HIV infection and AIDS among individuals with severe mental illness, which can be explained as they have higher rates of HIV related risk behaviors such as unprotected sexual intercourse and injection drug use (Cournos and Bakalar 1996, Cournos and Herman 1997, Cournos and Mc Kinnon 1997, Susser et al 1997).

Individual with schizophrenia have been found to have a higher mortality rate from cardiovascular diseases, lung diseases, gastrointestinal and urogenital disorders, accidents and suicide than the general population (Mortensen and Juel, 1990). People with schizophrenia are much more likely than than the average person to smoke cigarettes and to smoke heavily. Recent researches suggest that nicotine produces a brief reduction in hallucination and other symptoms of schizophrenia (Freedman et al 1994, Freedman et al 1997).

So schizophrenia costs the society too much, for instance, in 1991, schizophrenia cost the United States 19 $ billion. This illustrates the financial burden of this illness (Wyatt et al 1995). Moreover, schizophrenia is associated with significant amount of stigma and discrimination, which further increase the burden on patients and their families. Individuals with schizophrenia often face social isolation, discrimination in housing, education, employment opportunities. The stigma often also extends to family members. Stigma of psychiatric diseases in general and specially that of schizophrenia is a world wide problem in both developing and developed countries and this may be due to many wrong ideas and concepts (Reda 1995, Wolf 1997) Today, there is new hope for those who suffer from schizophrenia in the form of medical drug treatment with less side effects and more tolerance.

However, the stigma and discrimination associated with mental illness make it more difficult for people with schizophrenia to benefit fully from these new treatment, for this, the World Psychiatric Association (WPA) has initiated a world wide programme to fight stigma and discrimination because of schizophrenia (officially, in August 1999), the goals of the programme are to increase awareness and knowledge about the nature of schizophrenia and treatment options; improve public attitudes about those who have or have had schizophrenia and their families; and generate action to eliminate stigma, discrimination and prejudice.

Fighting the stigma can improve the outcome of the disease, and allow the patients to make use of the new modalities of treatment that added new hope for these patients.

So, schizophrenia is a serious public health problem compounded by the stigma and discrimination which often hinder the provision of effective treatment and the integration of people with schizophrenic in the community, so our study aims to find and fight the wrong ideas and conceptions which related to stigma and discrimination.

Objective

In 1996, the World Psychiatric Association (WPA) has initiated an international program aiming to develop tools to fight the stigma and discrimination because of schizophrenia, the program was distributed throughout the world and was meant to be sensitive to differences between cultures (Sartious 1997a, Sartious 1997b). So our aim was to share with the WPA in the development of our own program. The objective of this work was to identify and asess the knowledge and attitude of adolescent about schizophrenia also to determine the relation between the misconception and the degree of stigma and discrimination.

SUBJECTS AND METHODS

This study was done during October to December 1999; it was cross-sectional school based survey.

As schizophrenia begins in late adolescent and early adulthood, our target population was the students of secondary school. One secondary school in Port Said city was randomly selected to conduct our study 381 students from 1st year participated in answering the questionnaire.

Specially designed questionnaire was used to collect the data, questionnaire included different items about definition, sources of knowledge, myths and facts about schizophrenia, the services must be available to help patients also there was special category of questions about social distance and isolation.

For data analysis, SPSS for window software were used for data entry and analysis.

RESULTS

381 students from 1st grade secondary school enrolled in our study to answer the questionnaire about myths and facts about schizophrenia. The mean age was 14±0.9, all students were females. About 22.8% of the sample did not know schizophrenia, when we asked about Arabic term (fusam) 32% of the student defined it as split personality, while 49.9% of them knew it but not sure of their knowledge. (FigureI).

(Figure II) showed that 0.5% only defined that schizophrenia is organic disease while 66.9% of them knew that it is neuropsychiatric disorder.

About the question, is schizophrenia treatable disease or not, 69.3% of the student knew that this disease can be treated (figure III). and 81% them said that this disease could be treated outside the hospital (figure IV). but 83% of the students defined psychotherapy is the basic treatment of this disease while 9% defined the spirital, and only 3% knew that the drug was one important line of treatment (figure V). The main source of this knowledge about mental illness was television (60%) (figure VI).

About the myths and facts question (figure 7) showed that 93.4% of the students defined that schizophrenic patient has split personality, only 40.2% knew it as a brain disease, 33.3% said that people with schizophrenia are likely to be violent, 36.7% agreed that schizophrenia is caused by stress, 35.4% agreed that schizophrenic patient can not work, only 24.4% of them said that this disease need drugs for treatment, 14.2% of the student answered that schizophrenic patient are often mentally retarded or of lower intelligence, 41.2% of them said that poor parenting may lead to schizophrenia, lastly about 54.3% of the sam-

Fig. (1)
Do You Know What Is Schizophrenia?

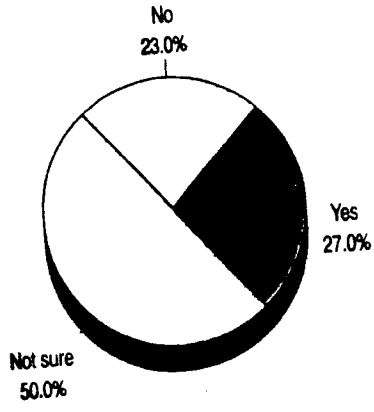

Fig. (2)
How far Students Know About The Etiology of Schizophrenia

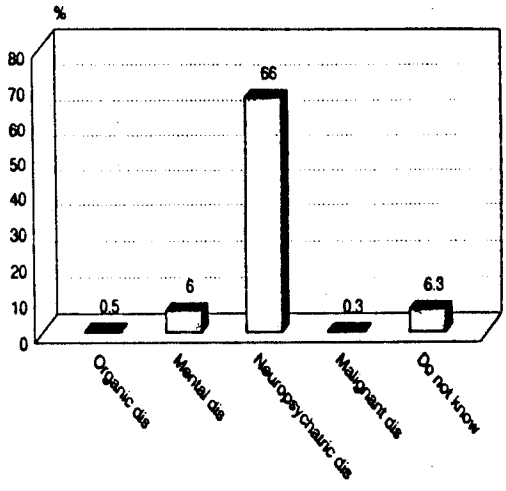

Fig. (3)
Is Schizophrenia Treatable Disease?

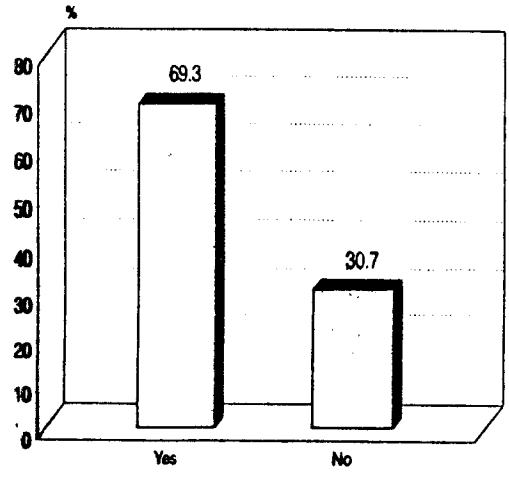

Fig. (4)
The Place of Management of Schizophrenia?

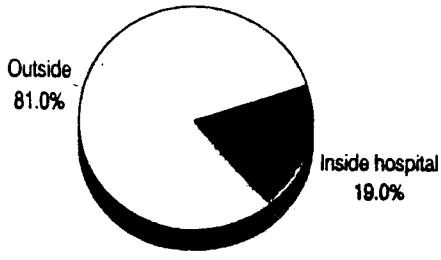

Fig. (5)
The Different Choices of Management of Schizophrenia?

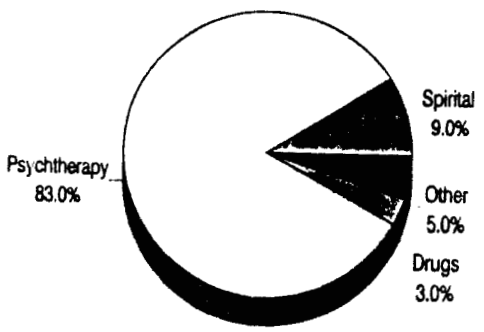

Fig. (6)
The Sources of Knowledge About Schizophrenia?

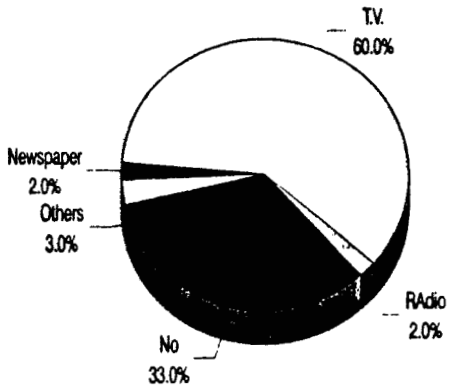

Fig. (7)
Myths or Facts of Adolescents About Schizophrenia

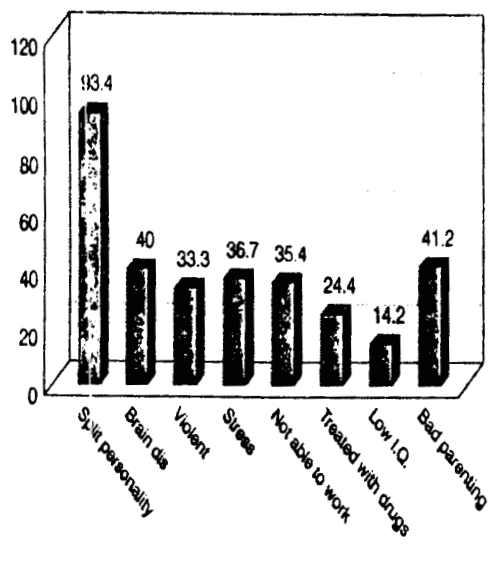

Fig. (8)
Schizophrenic Patients from Adolescent Point of View

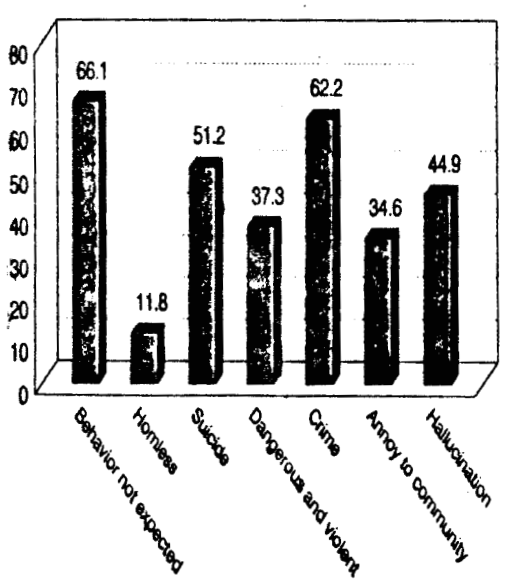

Fig. (9)

The Social Stigma, Feelings of Adolescent Towards Schizophrenic Patients

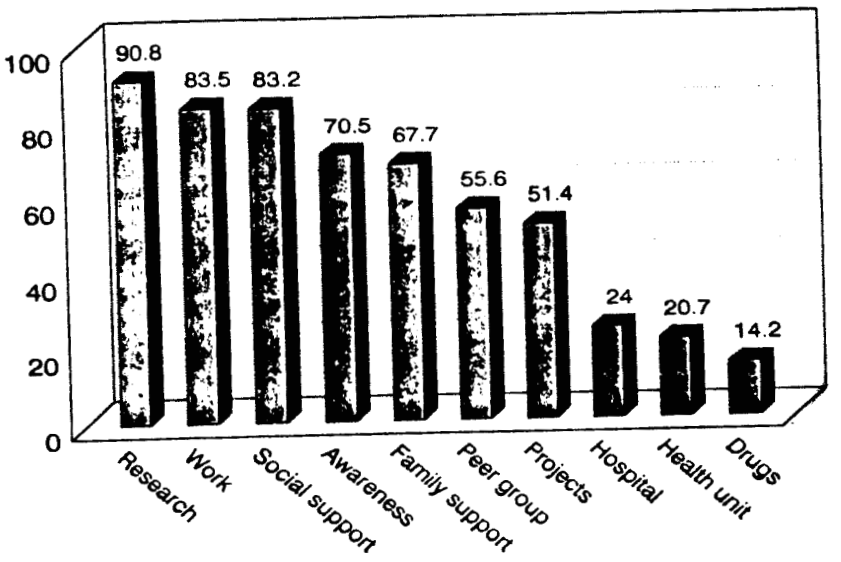

Fig. (10)

The Best Help for Patients from Adolescent Point of View

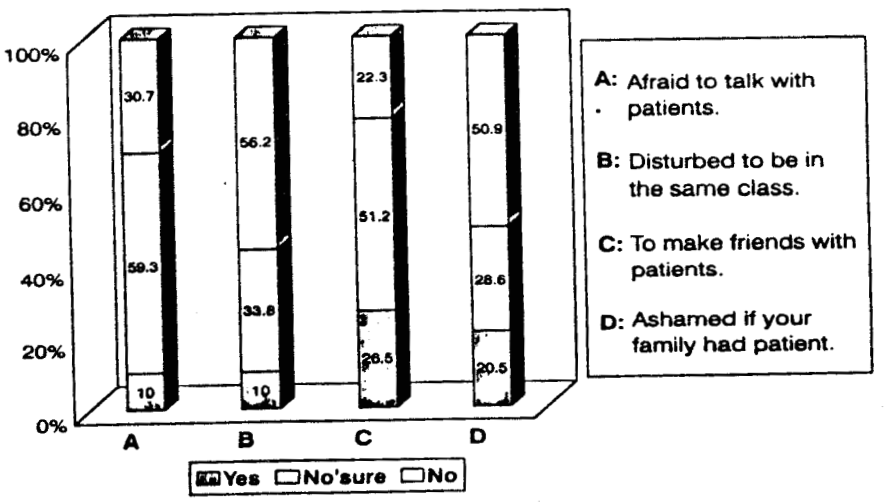

Table 1
The Social Distance. Do You Feel Ashamed if One in Your Family has Schizophrenia?

Are patients with schizophrenia dangerous and violent?	Do you Feel Ashamed if one of your Family has Schizophrenia?							
	Yes		Not sure		No		Total	
	No	%	No	%	No	%	No	%
No	38	48.7	71	65.1	130	67	239	62.7
Yes	40	51.3	38	34.9	64	33	142	37.3
Total	78	100	109	100	194	100	381	100

X^2 (2) = 8.341
P = 0.015

Table 2
The Social Disatnce. Do You Feel Afraid for Talking with Schizophrenic Patient?

Are patients with schizophrenia dangerous and violent?	Do you Feel afraid for Talking with a Patient has Schizophrenia?							
	Yes		Not sure		No		Total	
	No	%	No	%	No	%	No	%
No	17	44.7	139	61.5	83	70.9	239	62.7
Yes	21	55.3	87	38.5	34	29.1	142	37.3
Total	38	100	226	100	117	100	381	100

X^2 (2) = 8.781
P = 0.012

Table 3
Do You Feel Ashamed If One in your Family has Schizophrenia?

Con patients with schizophrenia do crime?	Do you Feel Ashamed if one of your Family has Schizophrenia?							
	Yes		Not sure		No		Total	
	No	%	No	%	No	%	No	%
No	22	28.2	51	46.8	71	36.6	144	37.8
Yes	56	71.8	58	53.2	123	63.4	237	62.2
Total	78	100	109	100	194	100	381	100

X^2 (2) = 6.920
P = 0.013

Table 4
The Social Distance. Do You Fear For Talking with a Patient has Schizophrenic

Con patients with schizophrenia can do a crime?	Do you Feel Afraid for Talking with a Patient with Schizophrenia?							
	Yes		Not sure		No		Total	
	No	%	No	%	No	%	No	%
No	12	31.6	87	38.5	45	38.5	144	37.8
Yes	26	68.4	139	61.5	72	61.5	237	62.2
Total	38	100	226	100	117	100	381	100

X^2 (2) = 0.69
P = 0.707

Table 5
Do You Feel Ashamed if One in your Family hos is Schizophrenia?

Are patients with schizophrenia annoying to others and community?	Do you Feel Ashamed if one of your Family has Schizophrenia?							
	Yes		Not sure		No		Total	
	No	%	No	%	No	%	No	%
No	37	47.4	71	65.1	141	72.7	249	65.4
Yes	41	52.6	38	34.9	53	27.3	132	34.6
Total	78	100	109	100	194	100	381	100

X^2 (2) = 15.661
P = 0.000

Table 6
The Social Stigma. Do You Afraid of Talkig with a Patient Who with Schizophrenia?

Are patients with schizophrenia annoying to others and community?	Do you Feel Afraid of Talking with a Patient with Schizophrenia?							
	Yes		Not sure		No		Total	
	No	%	No	%	No	%	No	%
No	16	42.1	153	67.7	80	68.4	249	65.4
Yes	22	57.9	73	32.3	37	31.6	132	34.6
Total	38	100	226	100	117	100	381	100

X^2 (2) = 10.092
P = 0.006

Table 7
The Social Distance, Do You Worry to be in the Same Class with Patients with Schizophrenia?

Do patients with schizophrenia have unexpected behavior?	Do you Worry to be in the Same Class with a Patient with Schizophrenia?							
	Yes		Not sure		No		Total	
	No	%	No	%	No	%	No	%
No	10	26.3	40	31.0	79	36.9	129	33.8
Yes	28	73.7	89	69.0	135	63.1	252	66.2
Total	38	100	129	100	214	100	381	100

X^2 (2) = 2.327
P = .312

ple knew that one in one hundred people will develop schizophrenia over the course of the life.

(Figure VIII) : representd the schizophrenic patient from adolescent point of view, 66% of the students thought that the schizophrenic patient has unexpected behavior, so 62.2% expected that they can commit a crime. and 37.3% of them thought this patient is dangerous, and 34.6% of the student said that this patient is annoying to the community. Also 44.9% of the students thought this patient has hallucination and delusion and 51.2% of the sample expected that this patient will suicide.

About social isolation questions (figure 9) showed that the response to the first question:- would you be afraid to talk to someone who had schizophrenia? 10% of the student agreed, while 59.3% were not sure.

The second question: would you be upset or disturbed to be in the same class with someone who had schizophrenia? 10% were afraid while 33.8% of them were not sure.

The third question: would you make friendship with someone who had schizophrenia? 26.5% agreed and 51.2% was not sure.

The fourth question: would you feel embarrassed or ashamed if your friends knew that someone in your family had schizophrenia? 20.5% of the students agreed and 28.6% of them were not sure.

From the adolescent point of view the best help for those patients were researches (90.8%), availability of work (83.5%), social support (83.2%) and raising the awareness in the community (70.5%) (figure 10).

Testing the relation between the social stigma, isolation and the misconceptions, (table 1) showed that there was a relation between those who thought that schizophrenic is dangerous and violent and feeling shameful if one in his family has schizophrenia also in (table 2) those who are afraid to talk with patients has schizophrenia and these differences were statistically significant.

Also, in (table 3) the student who thought that this patient can do crime and feel shameful if someone in his family has schizophrenia and this difference was statistically significant while this difference was not statistically significant (table 4) regarding fearing to talk with patients.

Regarding that this patient is annoying to the community, and its relation to be ashamed to have patient in the family (table 5) and to be afraid to talk with him (table 6), there were statistically significant differences, while the difference was not statistically significant regarding those thought patient has unexpected behavior and the student be worried to be in the same class with patient. (Table7).

DISCUSSION

The schizophrenic disorder is characterized in general by fundamental and characteristic distrotion of thinking and perception and by inappropriate or blunted affect.

The international classifications of diseases give this description of schizophrenia in the ICD-10 classification of mental behavioral disorders (WHO, 1990). The symptoms of schizophrenia are often classified as positive (delusions, hallucination thought disorder and bizarre behaviour) and negative (blunted emotions, loss of drive, social withdrawal and poverty of thought) (Andreason and Olsen 1982). Both types of symptoms can cause special problem in social functioning and contribute to the stigma because of schizophrenia. The public perception, supported by the media that mental illness is strongly linked to violence is not supported by scientific evidence. The vast majority of people with mental illness never commit a violent offence and persons with mental illness in general are not more dangerous than healthy individuals from the same population (Swanson et al 1990). In our study 37.4% of the students thought that schizophrenic patients are dangerous (fig 8) and 33.3% said that they are violent (fig 7), some studies proved that individual with schizophrenia show a slightly elevated rate for crimes of violence (Lindqvist and Allebeck 1990, Hodgin 1992), but such acts are likely to be committed by those who are not receiving treatment or are receiving inadequate treatment (Harris and Morrison 1995).

Although the exact causes of schizophrenia are not known, it appears that the interaction of a number of factors including genetic factors complication of pregnancy and delivery that may affect the developing brain and biological social stresses play a role in the development of illness (Weinberger and Hirsch 1995). The risk of intrauterine brain damage is increased if a pregnant women contacts a viral illness it has been observed that more people with schizophrenia are born in late winter or spring than at other times of years and that the proportion of people with schizophrenia born at this time increases after epidemics of viral illness such as measles, influenza and chicken pox (Barr et al 1990, O'cahaghan et al 1991, Adams et al 1993). Our study (fig 2) revealed that 0.5% only of student thought that this diseases may be organic while most of them (66.9%) knew that it is neuropsychatric disorder. Physical changes in the brain have been identified in some patients with schizophrenia and there is some correlation of these structural abnormalities with symptom (Turetsky et al 1995). Postmortem examination of the brain tissue of individual with schizophrenia has revealed problems in certain types of brain cell (the inhibitor interneurons). Through its neurotransmitters they damp down the action of the principal nerve cells, preventing them from responding to too many inputs thus they preventing the brain from being overwhelmed by too much sensory information from the environment. These neurotransmitters are diminished in the

internurones of people with schizophrenia (Benes et al 1991). In our study (fig 7) 40.2% of students knew that this is a brain disease.

The suicide rate in schizophrenia is high, the 5 year cumulative standard mortality rate among individuals with schizophrenia in Denmark increased from 5.3% for males in 1980-82, but this increase in part parallels the increase in suicide rates in the general population in the same age groups in Denmark (Munk-jorgensen and Mortensen 1992). In our study in (fig 8) 51.2% of the students though that suicide is prevalent among schizophrenic patients. There is increasing evidence that the outcoe of schizophrenia depends on early pharmacological treatment (Loebl et al 1995). While in our study only 3% knew that the drugs might be one of the lines of treatments (fig 5).

Psychotherapies play an important role in the treatment of schizophrenia; there are wide varieties of psychotherapy approaches (individual supportive psychotherapy, cognitive behavioral therapies, group psychotherapy, combination approaches and psychodynamic psychotherapy) (Gunderson et al 1984, Keith and Docherty 1990). And in our study about 83% of the students defined that psychotherapy is the basic treatment (fig 5).

It is important that people with schizophrenia and their families or caregivers be given information about the nature of the schizophrenia, its causes, symptoms and treatment. This information will help patients and their families take more active role treatment planning and will help to improve the patient's adherence to treatment and the families or caregivers support for treatment (Keith and Docherty 1990). Also in our study about the best help for those patients 70.5% of the student defined that increasing the awareness of the patients and their families (fig10). Family members are often the most important caregivers for people with schizophrenia. Cultures differ in the emphasis they place on self reliance and independence of the individual in some cultures schizophrenia is difficult and life long effort that can be very stressful so family beneits from education about illness and its treatment and family counseling that provides emotional support and practical advice about how to manage the ill person's behavior (Rea et al 1991). Also our study 67.7% of students chose family support as one of the best help for patients (fig 10). Most people with schizophrenia can work even when they have symptoms and a recent study (Bond et al 1997), reviewed that a number of students and surveys concerning employment and schizophrenia, all of which suggest significant gains in supported employment programs. While in our study (fig7) 35.4% of the students showed that this patient was not able to work, while 83.5% said that if suitable work is available this is good help for patients (fig 10).

Individuals with schizophrenia may be treated by general and mental health practitioners in a varity of settings. A recent study of two London psychiatric hospitals found that 75% of long stay patients had no contact with relatives (Leff 1997) Improvement in the social environment within the hospitals led to a decrease in negative symptoms which diminished even further as patients moved from hospital to more stimulating environments in the community. In our study treatment is outside the hospital as 81% of the students chose (fig 4).

The general public and even the health professionals tend to hold a stereotyped image of those with schizophrenia. This image usually involves some

or al of the following misconceptions: schizophrenia is untreatable disease, people with schizophrenia are usually violent and dangerous, also unpredictable they cannot work and schizophrenia is the parenting faults. Survey in England, Scotland and Wales (MORI 1997) seemed to indicate an improvement in public attitudes towards schizophrenia at least with regard to treatment possibilities and integration into the community., In that study 59% of those surveyed felt schizophrenia can be treated effectively while 10% disagreed, only 18% said that they would not be willing to work alongside someone with schizophrenia. While in our study 56.2% refused to be in the same class with patient (fig 9).

12% felt that people with schizophrenia should live in institution for mentally ill not in the neighborhood areas while 64% disagreed, in our study 81% defined that treatment was outside the hospital (fig 4).

Finally, 72% fell that with careful support and appropriate with modern medicine, people with schizophrenia can live successfully in the community.

A number of studies in 1970s and earlier found that a lower level of stigma was attached to mental illness in developing countries and that those with mental illness were often better tolerated by families, the lower level of stigma in parts of developing world may be a result of different folk diagnostic practices (Wig et al 1980). The WHO multicenter study in four developing countries studied community attitudes (Columbia, India, Philippiness and Sudan) this study found that the community differentiated the different disorders in terms of severity, treatability, marriagiability and desirability (WHO 1979). Misconceptions about the nature of schizophrenia and the most appropriate treatment for the disorder exist even among mental health professional (Angermeyer and Matschinger 1997). Lastly, social isolation is often associated with poor outcome (WHO 1997, Brugha et al 1993).

Conclusion

Even in countries with low prevalence rates, schizophrenia is often a major public health problem because of its severity, chorinicty and the impairment it causes, one of the chief obstacles to the successful treatment of schizophrenia is the stigma often associated with the disorder which mainly due to the misconceptions and the wrong knowledge.

Recommendation

In order to reduce the stigma and discrimination because of schizophrenia, it is necessary to change people's attitude to increase the knowledge of mental illness and appropriate treatments through educational and outreach programs. Also it is helpful to collaborate with local social advocacy groups.

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مفاهيم واتجاهات المراهقين تجاه مرضى الفصام

الفصام مرض نفسى عقلى هام وشديد ويمكن أن يدمر المرضى وحياة الناس الذين يعانون منه وكذلك حياة أسرهم. وهذا المرض يتدخل فى قدرة الإنسان على التفكير التمييز بين الواقع وخلافه ويتداخل مع قدرته على التفكير المنطقى الواضح وإصدار الحكم على الأمور والتواصل والتحكم فى العواطف والانفعالات وهو يصيب ١٪ من السكان ويظهر فى فترة المراهقة أو الرشد المبكر ولهذا يعصف بحياتهم ويقلل نوعية وجودة الحياة، ولقد ارتبطت بهذا المرض وصمة عار وتفرقة وخوف وهلع أدت إلى وجود حلقة مفرغة من الانعزال والتجنب الاجتماعى لهؤلاء الذين يعانون منه وأسرهم مما يقلل من فرص من الشفاء والحياة بطريقة طبيعية.

وتهدف هذه الدراسة إلى التعرف على معرفة واتجاهات المراهقين لطبيعة المرض وكذلك قياس مدى ما يسببه المرض من وصمة أو عار عند الطلبة التى تمت الدراسة عليهم وذلك بهدف عمل برنامج لمكافحة الوصمة والتوعية لتحسين نظرة المجتمع لهؤلاء المرضى.

تم اختيار مدرسة ثانوية عشوائياً من بين مدارس مدينة بور سعيد وباستخدام استمارة استبيان اجاب عليه ٣٨١ تلميذة متوسط اعمارهم ١٤(± ٩) كان حوالى ٣٢٪ يعرفون الفصام بانه ازدواج فى الشخصية و ٠,٥ فقط يعرف انه مرض عضوى ولهذا فان ٨٣٪ يرون انه يعالج بالعلاج النفسى بينما ٣٪ فقط الذين وافقوا على أنه يمكن ان يعالج بالادوية.

وقد أجاب ٣٥,٤٪ من الطالبات بأن المريض لايستطيع العمل وانه يصدر منه تصرفات غير متوقعة و ٦٢,٢٪ وافقوا على انه من الممكن ان يرتكب جريمة ولهذا فهو عنيف وخطر.

ولهذا فان ١٠٪ من الطالبات قرروا أنهم يخافون من التحدث مع مريض الفصام ويرفضون ان يكونوا معهم فى فصل مشترك وكذلك فان ٢٦,٥٪ يرفضون عمل صداقة مع المريض و ٢٠,٥٪ اعلنوا خجلهم اذا عرف احد بوجود مريض باسرتهم.

ومن هنا يتضح مدى تأثير المعلومات الخاطئة على اتجاهات الطلبة ولكى نحسن الاتجاهات لابد من تحسين المعرفة.