

KNOWLEDGE AND AWARENESS ABOUT SCHIZOPHRENIA USING A VIGNETTE

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ABSTRACT

Objective: To assess the knowledge and concepts of the patients with schizophrenia about their illness by using a vignette.

Methodology: This study was conducted at Department of Psychiatry, Lady Reading Hospital Peshawar, from February to April 2015. One hundred and three patients with schizophrenia were included in the study through purposive sampling. A vignette describing the typical symptoms of the disorder was used to assess the knowledge of the patients. The patients were then asked five questions based on the vignette. Their responses were noted in verbatim form. Qualitative data obtained from the scale was analyzed through content analysis.

Results: The mean age of the sample was 30.5 ±9.4 years. Out of 103, 80 (77.7%) were males, 56 (54.4%) were unmarried and 78 (75.7%) patients were illiterate. Only 8 (7.8%) patients correctly answered the question on identifying the mental illness, 49 (47.6%) patients took it as an illness and 37 (35.9%) patients considered going to the doctor/hospital for treatment.

Conclusion: Based on our study, it can be concluded that the patients in our setup have little knowledge about schizophrenia, though they take it as an illness and prefer medical treatment.

Key words: Schizophrenia, Vignette, Knowledge

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INTRODUCTION

Patients with schizophrenia suffer from the disorders which effect their thinking, behaviour and perception. They have indistinct perception of reality, most of the time they have no contact with reality¹.

Mental health literacy is referred to knowledge and understanding of the public about mental illness and disorders which is important in their identification, management and prevention. Various disorders e.g., anxiety disorders, personality disorders, conduct disorders and schizophrenia have been investigated in many research studies with respect to the public knowledge on these disorders².

One key message in psychological first-aid programs for young people is to gain skill of identifying mental health problem without diagnosing any specific mental illness³. One study conducted in population examined that correctly diagnosing a patient with schizophrenia with the help of case vignette consider-

ably reduced help seeking from friends and increased help seeking from health professionals (e.g. psychiatrist, psychologist, general practitioner, counselor). It did not show any relation with help seeking behaviour from members of family among young people aged 12–25 years⁴.

When common people are asked about their understanding of reasons for illnesses like depression or schizophrenia, they mostly consider psychosocial factors responsible for these. In contrast most lay people think that genetic factors play more important role in causation of schizophrenia. Use of vignette in lay people to portray mental illness increases probability of classifying brain disease as a cause and decreased probability of labeling psychosocial factors as cause of mental disorders⁵.

An important first stage to improve help-seeking behaviour in young people is to promote wakefulness about mental illness and education about how to identify the psychological problems⁶.

We observed that patients of schizophrenia in our setup have little knowledge about schizophrenia and there is lack of research material on assessing such knowledge, so we thought to conduct the current study to fill this gap. The results of the study will be helpful for the mental health professionals to know the level of knowledge of patients with schizophrenia about their illness. This knowledge will be useful for mental health professionals to educate the patients accordingly.

METHODOLOGY

This study was conducted in the Department of Psychiatry, Lady Reading Hospital Peshawar from February to April 2015. Research proposal was approved by the research and ethics committee of the hospital. This study was conducted on the patients during the enrolment process of a randomized controlled trial on explanatory model of illness of the patients with schizophrenia⁷.

One hundred and three patients were recruited through purposive sampling. Patients who visited psychiatric OPD and identified by the consultant psychiatrist as having symptoms of schizophrenia, were referred to the researcher. ICD-10 diagnostic criteria for schizophrenia was used for including the patients. Patients with any other psychiatric co morbidity such as learning disability, depression with psychotic features and substance induced psychosis were excluded. Outline of the research was given to all the patients and their willingness for the participation in the research was obtained through written informed consent.

Semi structured interview was conducted at first on all the patients in order to get basic socio-demographic information. A brief vignette was developed that described the case of a patient with schizophrenia. To assess the knowledge of the patients about the disorder, the vignette was followed by five questions, which were about (i) identifying the problem (ii) considering it as an illness (iii) cause of the illness (iv) approach to the illness and (v) treatment. The vignette was read to the patients in their native language and the above mentioned questions were asked one by one. Their responses were noted in written and verbatim form. Qualitative data obtained from the scale was analyzed through content analysis.

RESULTS

A total of 103 patients were included in the study. The mean age of the sample was 30.5 ±9.4 years. There were 80 (77.7%) male and 23 (22.3%) female patients. Out of 103, 47(45.6%) were married, 78 (75.7%) had no formal education and 62 (60.2%) belonged to rural area.

Regarding identifying the problem, only 8 (7.7%) patients considered it to be a mental illness while 19 (18.4%) patients said that it is nothing but aggression. Nineteen (18.4%) could identify the delusional aspect of the illness and said that the case in the vignette is suspicious while 14 (13.6%) patients could identify the symptom of hallucinations in the vignette and described the person in the case to be hearing unknown voices. The details of all the responses are mentioned in Table 1.

Table 1: Identifying the problem: “what if anything is the problem in the case in the vignette?”

Problem	Number	Percentage
Suspiciousness	19	18.4
Aggression	19	18.4
Hearing Voices	14	13.6
Physical Illness	9	8.7
Does not want to go to College	9	8.7
Mental Illness	8	7.8
Sadness	6	5.8
Has locked himself in Room	5	4.9
No Problem	5	4.9
Don't Know	4	3.9
Amulet (Taweez)	2	1.9
Fearfulness	1	1.0
Substance Use	1	1.0
Jinn (Piryaan)	1	1.0

Table 2: Considering an illness: “does the case has any illness?”

Response	Number	Percentage
Yes	49	47.6
No	16	15.5
May be	4	3.9
Don't Know	34	33.0

Table 3: Causes of the illness: “what is the cause of illness of the case in the vignette?”

Cause	Number	Percentage
Don't Know	40	38.8
No Cause	23	22.4
Poverty	16	15.5
Sadness	10	9.7
Substance Use	4	3.9
Tension	3	2.9
Black Magic	3	2.9
Stress	2	1.9
Aggressive Personality	1	1.0
The Will of God	1	1.0

Table 4: Approach to the illness: “what should the case in the vignette do now?”

Response	Number	Percentage
Should go to Doctor/Hospital	37	35.9
Don't Know	24	23.3
Should go to College	11	10.7
Should Talk to Someone	9	8.7
Should not be Aggressive	5	4.9
Nothing	5	4.9
Should offer Prayers	3	2.9
Should go to Spiritual Healer	3	2.9
Should get Married	3	2.9
Exercise	3	2.9

Table 5: Treatment: "how will the doctor treat the case?"

Response	Number	Percentage
Will give Medication	60	58.2
Don't Know	32	31.1
Nothing	7	6.8
Counseling	2	1.9
Exercise	1	1.0
Help	1	1.0

When asked if they considered the case in the vignette to have an illness, 49 (47.6%) patients said that the case had an illness while 16 (15.5%) said that the person in the case was not suffering from an illness. Almost one third (n=34, 33%) of the patients had no idea about it. All the responses on this question are given in Table 2.

When asked about the causes of the illness, most of the patients (n=40, 38.8%), were not aware while 23 (22.4%) considered that the current illness is developed without any cause, stating that "it is not necessary to have a specific cause for developing an illness". Different social reasons e.g., poverty was reported by 16 (15.5%) patients and sadness due to family issues was reported by 10 (9.7%) patients. Three (2.9%) attributed Black Magic to be the cause of the illness for the patient in the case, described in the vignette. All the described causes have been detailed along with their frequencies and percentages in Table 3.

Regarding approach towards illness, 37 (35.9%) patients considered that the case should go to a doctor or visit a hospital for the treatment while only 3 (2.9%) patients thought that the case should go to a spiritual healer for seeking help. Twenty four (23.3%) patients said that they don't know where the case in the vignette should go to seek help. Further details are given in Table 4.

Lastly when patients were inquired that what should a doctor do with patients similar to the one described in the vignette, 60 (58.2%) said that a doctor should give medicines to the patient in the vignette and only 2 (1.9%) patients considered that the doctor should use counseling skills to deal with the patient described in the vignette. Table 5 describes all the options, when asked what a doctor should do with the case described in the vignette.

DISCUSSION

This study attempted to explore the knowledge of the patients with schizophrenia about their illness using a brief vignette. Our results reveal that they have less

knowledge and they are not able to identify the symptoms clearly.

Majority of the patients gave don't know answers on all questions which proves lack of knowledge about the illness. This is similar to the results described by Cabral et al⁸, who reported that while answering a questionnaire, most people said that they did not have any or had just little knowledge about the disorder and its treatment when assessed for depression and psychosis.

Swanson et al⁹ administered a series of twelve brief vignettes depicting positive, negative and maniac psychopathology examples on 21 patients with schizophrenia. Survey was completed asking them how the depicted vignettes reflecting mental illness and the behaviours described are similar to their own. Patients rated themselves as different to the cases presented in vignettes. These patients also denied that the vignettes reflected mental illness. These findings are similar to our findings where only 7.8% said that the case has mental illness.

Lack of knowledge regarding illness is not related to sociodemographic variables of the patients such as level of education and gender¹⁰. Our sample also had formally educated patients but they still lacked awareness and knowledge about the illness. However, there is mixed evidence for an association with age¹⁰.

Few studies have evaluated the types of coping and suggested religious coping to be employed by patients with schizophrenia and its role in dealing with the stressful situation¹¹⁻¹³. Studies suggest that up to 80% of patients use religious coping as a means of dealing with their illness¹⁴. The sample from our study too suggested spiritual healing as one of the mode of treatment.

CONCLUSION

This study concludes that patients with schizophrenia from our society have little knowledge about the disorder as most of the patients gave don't know type of answers, but at the same time few were able to identify the core symptoms and called it mental illness. Also,

they don't have any knowledge about non pharmacological treatment of the disorder as majority of the patients from our sample thought that the doctor will only prescribe medicine to the case in the vignette.

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CONTRIBUTORS

NRA conceived the idea, planned the study and drafted the manuscript. MI helped in drafting and critical revision of the manuscript. MMUHA, and MF helped in acquisition of data and did literature search. SF did literature search and critically revised the manuscript. All authors contributed significantly to the submitted manuscript.