

Family Knowledge about Mental Illness

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Abstract

Background: Family is the most vital & important environmental factor in the life experience of any individual. It has a major effect on the development, treatment & prognosis of mental illness.

Objectives: The aim of this study was to evaluate the knowledge of relatives with a mentally ill patient about Causes, treatment & prognosis of mental illness.

Methods: One hundred sixty relatives of schizophrenic out patients who live with them & who accompany them to Al-Diwania Teaching Hospital Psychiatric Unit were studied using a questionnaire to evaluate the knowledge of the relatives about causes, treatment & prognosis of their patients.

First all patients , included in the study were schizophrenic diagnosed according to a semi-structured interview based on the criteria of /IDCL , International Diagnostic Checklist for /ICD-10 schizophrenia.

Results: The results of the study show the general view of patients' relative about mental illness & their defective knowledge.

Conclusion: Most of the relatives lack the knowledge about causes, treatment & prognosis of the mental disorder. Which usually lead to delayed adequate psychiatric treatment?

الخلاصة

تمت الدراسة في مستشفى الديوانية التعليمي / الشعبة النفسية على عينة من أقارب مرضى فصام العقل (160) شخص الذين يعيشون مع المريض والذين يصحبوهم إلى الشعبة النفسية لطلب العلاج .
أن هدف هذه الدراسة هو تقدير معرفة أقارب مرضى فصام العقل لأسباب المرض والأدوية المستعملة ونتائج المرض .
لقد تم عمل استبيان بواسطة الباحث بعد عرضه واخذ موافقة وأراء بعض المختصين الذين لديهم خبرة جيدة في مجال الاختصاص .

لقد بينت هذه الدراسة طبيعة نظرة اقارب مرضى فصام العقل عموما ووضحت كذلك نقص المعرفة عندهم في هذا المجال وأهمية ذلك في علاج المرضى

Introduction

Brown et al (1972) stated that the relapse rate over the next (12) months in young man who had just recovered from first episode of schizophrenia was for higher (58 % versus 16%) in those who returned to live with a relative, usually parent or wife who was prone to make critical comments about them, in those who lived with a relative who was more tolerant and accepting. That is called high expressed emotion or high EE.⁽¹⁾

In the 1940 Fromm-Reichmann coined the phrase schizophrenogenic mother were

both over protective & hostile to their children?

A few years later Gregory Batson suggested that schizophrenia was produced by the constant reception of incongruent message from a key relative. Lidz and his colleagues at yale they described several highly abnormal relationships within families with schizophrenic children, and their terms marital schism & marital skew aroused great interest.⁽²⁾

The introduction of psychopharmacology in the management of mental illness has revolutionized the prognosis and outcome of mental illness , but the efficient and

proper use of these drugs, not only in prescribing, but also by the patients and his relatives is very important in order to achieve the desired response.⁽³⁾

The perception of the causes of mental illness and detection of the early manifestation of mental disorders by the patient relatives is of utmost importance in treatment and control of behavior disorders which may usher the onset of psychiatric illness.⁽⁴⁾

Thus ignorance of the knowledge of mental illness will delay referring the patient to the official resource. Instead different and traditional approaches will be used for the treatment of psychotic patients.⁽⁵⁾

Subjects & Methods

One hundred sixty of family members of schizophrenic patients who live with their patients & who accompany them to Al-Diwania Teaching Hospital psychiatric Unit were studied during the period between the 1st of Jan 2010 to the 31th of Oct. 2010.

All patients in this study were schizophrenic receiving antipsychotic drugs &/ or electroconvulsive therapy. All of them diagnosed according to a semi – structure interview based on the criteria of/IDCL, International Diagnostic Checklist for /ICD- 10 schizophrenia. They were (94) female & (66) Male patients. Relatives were studied using a questionnaire structured & designed by the researcher, after got the agreement from three experts in this field, consisted of questions related to the following.

- 1- Information about the patient including age, sex, diagnosis & treatment.
- 2- Information about the patient relative including, name, relation with patient, and the level of education.
- 3- Question concerning assessment of the knowledge about causes, diagnosis, drug taken & prognosis of mentally ill patient.

Verbal consent was taken from both patients & their relatives. The data were

analyzed using degree of freedom (df), chi – square test & p – value to estimate the statistical of association, p-value recorded less than 0.05 was considered to have strong significant.

Results

1-causes of mental illness

Psychological problems were perceived by the patients' relatives

as the most common causes of mental illness, representing (683) responses followed by magical causes where the total number of responses were (272).

2-Approaches used by the family in regard to treatment

The most frequent responses were found to visit Imam (88.12 %), followed by visiting a psychiatrist (86.87 %). Also visiting Al-Said & using Hijab represent (67.5 %, 57.5 %) respectively. The least frequent approach was sending the patient to a mental hospital (17.5 %).

3-Relation between the educational level of patients relative and their knowledge about patients' diagnosis.

Among illiterate (55.9 %) were completely ignorant of the nature of patients illness (poor), but among university educated it was (14.3 %).

On the other hand the psychiatric disorder was identified with good knowledge by (57.1 %) of university educated (Good) but among illiterate (11.8%) which is statistically significant with p-value less than 0.05%.

4-Relation between the educational level of patient's relatives & their knowledge about drug taken by the patient

It was found that those who scored poor in their knowledge about drug taken by their patients represent high percentage of illiterate & those who have primary level (98.1 % & 87.9 %) respectively. This percentage decreased with increased the educational level to reach (7.1 %) in those with university education, while the reverse found in good degree of education (85.8 %) of university education scored

good while in illiterate reach zero , which is statistically significant with p-value less than 0.05 .

Table 1. Causes of mental illness as perceived by the relatives

Causes of mental illness	No.	Percent
I- magical		
1- Envy	87	54. 37
2- Possession by devil spirits	65	40.62
3- Mshrrab	68	42.5
4- Dossa	52	32. 5
Total number of answers	272	
II – psychological		
1- Financial problems	117	73. 12
2- Affective problems	102	63. 75
3- Study problems	95	59. 37
4- Home problems	138	86. 25
5- Work problems	121	75. 62
6- Khraa	110	68. 75
Total number of answers	683	
III . Heredity	82	51. 25
IV . physical		
1- Head injuries	112	70
2- Fever	89	55. 62
3- Sudden trauma	63	39. 37
Total number of answers	264	

N.B

- * Responses are not mutually exclusive
- * Mshrrap : An evil doing of making someone unknowingly Drinks a witched drink
- * Dossa : Some one steps on something like a spell
- * Khraa : Sudden fear

Table 2. Approaches used by the family in regard to treatment

Approaches used for treatment	No.	Percent
General hospital	67	41. 87
Mental hospital	28	17. 5
Psychiatrist	139	86. 87
Neurologist	88	55
General practitioner	54	33. 75
Imam	141	88. 12
Al- Said or Alwia	108	67. 5
Witch	46	28. 75
Using hijab(Hiriz)	92	57. 5

N.B

Imam : Holly shrine of profit relative like Al- Imam Ali , Al-Imam Al- Hussein etc
 Al-Said: A religious man, Alwia: A religious woman

Table 3. Educational level of patients relative and their knowledge about diagnosis.

Degree of knowledge Educational level	Poor		Moderate		Good	
	No.	%	No.	%	No.	%
Illiterate (N = 68)	38	55.9%	22	32.3%	8	11. 8%
Primary level (N = 33)	14	42. 4%	16	54.5%	3	9. 1%
Intermediate level (N = 27)	13	48. 2%	9	33.3%	5	18.5%
Secondary level (N = 18)	8	44.4%	4	22.3%	6	33.3%
University level (N= 14)	2	14. 3%	4	28.6%	8	57.1%
Total	75		55		30	

Chi-sq=11.42 df =2 p- value=0.003 N.B

Poor: They don't know completely the nature of mental illness; Moderate: They had moderate knowledge about the mental illness; Good :They identify & had good knowledge about mental illness

Table 4. Educational level of patients' relatives & their knowledge about drugs taken by the patient

Degree of knowledge Educational level	Poor		Moderate		Good	
	No.	%	No.	%	No.	%
Illiterate (N = 68)	67	98.31%	1	1.5%	0	0
Primary level (N = 33)	29	87.9%	4	12.1%	0	0
Intermediate level (N = 27)	21	77.8%	6	22.2%	0	0
Secondary level (N = 18)	6	33.3%	8	44.4%	4	22.3%
University level (N = 14)	1	7.1%	1	7.1%	12	85.8%
Total	124		20		16	

Chi sq = 15.63

d f = 1

p .value:0.002

5 – Prognosis

(36.25%) of the relatives agreed that their patients relapses after they stops their treatment, while (27.50%) think that improvement from mental illness will be according to God will.

Table 5. Prognosis

Prognosis	No.	Percent
They don't know what Happen	27	16.87%
According to God will	44	27.50%
Relapse after stopping Treatment	58	36.25%
Relatively incurable	31	19.38%
Total	160	100%

Discussion

Over the last fifty years sociologists have contributed to knowledge about psychiatry & the users of mental health services have responded to the trends & practices coming from mental health workers. ⁽⁶⁾

The discipline of social psychiatry demonstrated the collaboration of sociologists with psychiatrists. ⁽⁷⁾

The family relationships & the education of the family members were the most significant factors directly influencing emotional health. ⁽⁸⁾ Result of our study revealed that, although patients with psychiatric problems consult psychiatrist or other medical services, other families treat their psychotic patients by different approaches.

As illustrated in table (I) some families consider magical causes like envy, mshrrap, possession by devil spirit & Dossa may be the cause of psychotic illnesses. Therefore these families hold the idea that mental disorder was a spiritual rather than medical problem. So they used

various method of treatment like visiting Imam, Al-Said or using Hijab.

These methods lead to delayed starting adequate psychiatric management till the patients' condition became worse. These results are in accordance with Leavitt (1975) ⁽⁹⁾, & Rogers A (2003). ⁽¹⁰⁾

About (88.12%) of the sample was visiting Imam, (67.5%) visiting Al-Said & (57.5%) uses using Hijab beside other methods, like visiting wizardry asking for treatment. Morgan & Moreno (1973) described how the treatment of emotional disorder is delegated because of the advice of the witch or priest who exercises mystical powers to treat & cure. ⁽¹¹⁾

These facts also mentioned by Huxley p (2001). ⁽¹²⁾

Most of the members of our society use devices or means for treatment such as Hirz, Hfiza, Taweeza, Elag (apiece of green cloth wrapped around the wrist or neck) or Bokhour, Harmal (to make the devil spirit flee) which reflect their traditional belief and uncertainty about the nature of the mental illness.

The family starts to seek medical consultation when the patient condition has already deteriorated, become violent, talks nonsense, talks to himself, insomniac, entertains delusional ideas or hears voices, & the family could no longer tolerate such condition.⁽¹³⁾

Another possibility for delaying psychiatric consultation is the general tendency of the population to reject the idea of being mentally ill and its stigma. This finding goes with Morgan & Moreno (1973) who found that the decision itself to seek psychiatric consultation produce anxiety in many people.⁽¹¹⁾

Further more the low level of education in our sample of relatives may have contributed to the delay in consultation. More than half of the sample was illiterate & primary level of education for that they ignore the nature of patients' illness & delay their treatment.

The relation between the educational level of patients' relatives & their knowledge about drugs taken by the patient found to be play important role regarding the patient compliance with his medication.

{Statistically significant, table (4)}. This goes with what leff J (1982) found.⁽¹⁴⁾

Halpert (1969) found that families having a better knowledge about mental illness expressed more tolerant attitude toward their psychiatric patients they were also more ready to accept home care for them.⁽¹⁵⁾

Concerning prognosis of mental illness, patients' relatives expressed uncertainty. They offered different explanation, (36.25%) of relatives agreed that mental illness relapses after they stops their treatment. This finding may be due to their post experience with their patients who relapse after stopping treatment. This conclusion is accord with Bland R (1978).⁽¹⁶⁾

Conclusion

- 1-The majority of relatives were so embarrassed & expressed despair about mental illness & its prognosis.
- 2- Families of the mentally ill patients did not refer their patients to the appropriate resource of treatment and they used some folk prescription for treatment.
- 3 – Most of the family members lacked knowledge about causes, drug taken & prognosis of mental illness.
- 4 – Most of psychiatric patient had delayed adequate psychiatric treatment till the condition had already deteriorated.

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