Brief Report

Adolescents and Psychosis: A Study of the Attitudes in a Northern Italian Town

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Abstract

Purpose: To evaluate adolescents’ attitudes toward people with psychosis.

Methods: Students in two high schools in a northern Italian town were surveyed using a 6-item questionnaire. Students were selected based on availability and interest of teachers towards psychosis. Approval of each headmaster of both schools was achieved. Teachers administered the questionnaire during class time.

Results: A total of 408 students were surveyed (57.8% male and 42.2% female). Negative opinions were highest for treatability items (8.6% believed that effective therapies exist for the treatment of people with psychosis; 16.4% believed that most people with psychosis could recover or improve; and 61.3% reported that people with psychosis should be treated in hospitals with lengthy admissions).

Conclusions: Students had negative attitudes towards people with psychosis, particularly in regard to their treatment and recovery.

Implications: It is important to promote public health actions designed to increase students’ knowledge about models of community-based care and recovery.

Keywords: adolescence, attitudes, mental disorders, prejudice, psychosis, stigma

Introduction

Epidemiological data show that people with a psychotic disorder come to treatment some years after onset, when symptoms have stabilized but interfere with abilities to perform expected social roles, thus, resulting in a chronic disorder (Yung & McGorry, 1996; World Psychiatric Association, 1998a, b, c, 1999; Melle et al., 2004; Larsen et al., 2010). Among the underlying causes of this delay are the absence of specific programs for the prevention and early intervention in psychosis and the widespread belief that mental health services are dedicated to chronic patients with a high level of psychosocial disability and high care needs. The stigma that accompanies people who suffer from psychosis also plays a key role influencing levels of information, awareness, treatment, and prevention; both in terms of early identification, and in the reduction of risk factors (Fusar-Poli et al., 2009). Stigma has been described as one of the most important factors hindering the early identification of symptoms (Sartorius, 2007; Franz et al., 2010).

In the last decade, attention to the role played by stigma has led to a strong commitment in the international scientific community to challenge stereotypes and false beliefs associated with mental disorders, through increased knowledge of their etiology, consequences, and treatments (Thompson et al., 2002; Gaebel & Baumann, 2003; Thornicroft et al., 2009). Toward this end, many studies have focused on raising awareness and promoting mental health among...
high school students with the aim of promoting more open and receptive attitudes before prejudices become ingrained (Pinfold et al., 2003; Schulze, Richter-Werling, Matschinger & Angermeyer, 2003; Schulze, & Angermeyer, 2005). In their first Ministerial Conference on Mental Health in Finland, the European Health Ministers called on all EU Member States to implement policies, action plans, and strategies for mental health promotion and prevention in schools by 2010 (World Health Organization, 2005).

The World Health Organization estimates that 20% of adolescents suffer from a developmental, emotional or behavioral problem, and one in eight youth suffer from mental disorder (World Health Organization, 2005). In Italy, the PRISMA Study of 3148 pre-adolescents residing in urban areas showed that 8.2% had a mental disorder (Frigerio et al., 2006). The choice of high school students is important because warning signs of psychosis and other disorders can be identified during high school. Adolescence is also the best age to implement programs designed to improve knowledge and bring about attitude change (Bailey, 1999; Thompson et al., 2002). This requires strategies aimed, not only at prevention, early detection and treatment; but also the reduction of stigma, discrimination, and inequality. Such strategies must also empower people who have a mental illness as well as their families, who could actively participate in this process.

As part of a larger anti-stigma initiative, we evaluated attitudes towards people with psychosis in a sample of high school students in order to plan interventions to: a) reduce social intolerance towards people with psychosis; b) address issues related to prejudice, discrimination, and inequality; c) provide information on psychiatric facilities and available resources for treating mental disorders; and d) increase young peoples’ awareness of the need for timely access to care to achieve a rapid remission of symptoms and a better outcome (Cechnicki, Hanusziewicz, Polczyk & Bielańska, 2010; Shivastava et al., 2010).

**Methods**

**Sample**

The study was conducted in two high schools in Brescia, a northern Italian town, which is spread over 91 square kilometres with about 200,000 inhabitants. The schools involved in the study were a social sciences high school, mainly attended by females, and an industrial technical school, mainly attended by males. The schools differed not only in the types of curriculum, but also in the kind of students.

**Data Collection**

We obtained the approval of the headmaster of each school to have the students complete the questionnaire. Each headmaster identified teachers who were available and interested in participating in this project—four teachers for the social sciences high school and two for the Industrial Technical School. Teachers identified the target classes. Teachers administered the questionnaire to their classes during class time. Students were not told what the questionnaire assessed and were asked to answer as honestly as possible. The questionnaire was completed anonymously.

**Questionnaire**

To assess students’ attitudes towards people with psychosis we used the “Questionnaire on knowledge and attitudes towards mental disorders” developed by the Italian National Institute of Health (Gigantesco et al., 2009). The definition of person with psychosis was: a person who has four or more of the following problems: strange ideas or beliefs that no one can share; hearing voices that nobody else hears, or having visions; having restrictions in the range and intensity of emotional expression and in the initiation of goal-directed behavior; having severe decline in the ability to study or work; lack of initiative and desire to do things; or having beliefs that one is being followed, tormented, or subjected to ridicule.

The questionnaire is composed of three parts: the first part assesses the number of acquaintances who have a mental illness; the second part tests the ability to correctly identify the name of some mental disorders and to differentiate them from physical illnesses; and the third part assesses attitudes towards people with psychosis. For this analysis we report only the last part. This part consists of six questions that assess whether: there are effective therapies (drugs and or psychotherapy) for those who have psychosis; people who have psychosis can recover or improve; people who have psychosis are dangerous; people who have psychosis are subject to abuse and violence from other ‘healthy’ people; people with psychosis should be able to have a job, because they can be useful; and people with psychosis should be treated in hospitals for an extended period and not at home. The items are scored using a 5-point Likert-type scale ranging from from 1 (high prejudice) to 5 (no prejudice). For some items the scores were reversed.

**Statistical Analysis**

We dichotomized the response options to reflect correct responses (most or almost all people or for reverse scored items, few or no people) and incorrect responses (all other answers) and used $\chi^2$ to assess statistically significant differences between the students in the two
schools using a $p$-value of $<0.01$ as an indication of significance. A $p$-value of $<0.01$ was chosen to be more conservative. There were no missing data. All students had answered all of the questions. Analyses were performed using SPSS 16.0.

**Results**

A total of 408 students were identified by teachers to participate in the research and all of them completed the questionnaire; 176 (43%) from the social sciences school and 232 (57%) from the technical institute. Over half (58%, 236 students) were male. Nine percent (37 students) were in their second year, 76% (310 students) were in their fourth year, and 15% (61 students) were in their fifth year.

Table 1 reports the answers for the total sample. The highest level of prejudice was found in items related to treatability. Only 8.6% believed that there are effective therapies, both pharmacological and psychological, for the treatment of people with psychosis, and only 16.4% said that most people with psychosis can recover or improve. A large percent (61.3%) considered that the majority of people with psychosis should be treated in hospitals for an extended period, rather than at home. With regard to perceived dangerousness of people with psychosis, the sample was divided almost equally between those who believed that no or few people with psychosis are dangerous (48%), and those who believed that a good number or almost all people with psychosis are dangerous (52%). Less than half (43.4%) considered that people with psychosis should be able to have a job. Finally, with regard to the number of people with psychosis who are subjected to violence by others, one in five (20.3%) thought that people with psychosis are subject to abuse or violence from others.

Table 2 compares students by school. Statistically significant differences were found for two items: the belief that people with psychosis should have a job ($\chi^2=12.66$, df=1, $p<0.001$) and the belief about the dangerousness of people with psychosis ($\chi^2=12.10$, df=1, $p<0.001$). In both cases, the technical students, who were largely male, reported greater prejudice.

**Conclusions**

This survey of students in two high schools showed that students are unaware of the fact that people suffering from psychosis can be treated effectively with pharmacological and/or psychosocial interventions. The belief that people with psychosis cannot recover or return to a normal life after the onset of an illness was widespread. It is not surprising, therefore, that students thought that people with psychosis should be treated in hospitals (needing lengthy admissions), rather than at home. Institutionalization represented an important instrument of social identification of individuals with psychosis in these students.

**Table 1: Percentages of Response in the Total Sample (n=408)**

<table>
<thead>
<tr>
<th>Item</th>
<th>% of 408*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How many people suffering from psychosis may benefit from effective therapies (drugs, psychotherapy)?</td>
<td></td>
</tr>
<tr>
<td>Most of the people or almost all</td>
<td>8.6%</td>
</tr>
<tr>
<td>Other answers</td>
<td>91.4%</td>
</tr>
<tr>
<td>2. How many people suffering from psychosis can be recovered or much improved?</td>
<td></td>
</tr>
<tr>
<td>Most of the people or almost all</td>
<td>16.4%</td>
</tr>
<tr>
<td>Other answers</td>
<td>83.6%</td>
</tr>
<tr>
<td>3. How many people suffering from psychosis are dangerous?</td>
<td></td>
</tr>
<tr>
<td>Few or no people</td>
<td>48.0%</td>
</tr>
<tr>
<td>Other answers</td>
<td>52.0%</td>
</tr>
<tr>
<td>4. How many people suffering from psychosis are subject to abuse or violence from others, who don’t suffer from psychosis?</td>
<td></td>
</tr>
<tr>
<td>Most of the people or almost all</td>
<td>20.3%</td>
</tr>
<tr>
<td>Other answers</td>
<td>79.7%</td>
</tr>
<tr>
<td>5. How many people suffering from psychosis should be able to have a job, because they can, to make themselves useful?</td>
<td></td>
</tr>
<tr>
<td>Most of the people or almost all</td>
<td>43.4%</td>
</tr>
<tr>
<td>Other answers</td>
<td>56.6%</td>
</tr>
<tr>
<td>6. How many people suffering from psychosis should be treated for a long time in hospitals and not at home?</td>
<td></td>
</tr>
<tr>
<td>Few or no people</td>
<td>38.7%</td>
</tr>
<tr>
<td>Other answers</td>
<td>61.3%</td>
</tr>
</tbody>
</table>

*There are no missing data. All students have answered all the questions.
Approximately half of the sample believed that most or almost all people with psychosis are dangerous, though this was significantly higher among students of the technical institute. This shows that stigma is deeply ingrained in our society, despite studies that have shown that rates of antisocial behavior are lower in clinical populations compared to the general population (Soyka, Morhart-Klute & Schoech, 2004; Stuart, 2008).

Another interesting result concerned the belief, in about half of our sample (and a greater percentage of those from the technical institute), that people with psychosis cannot be employed in paid jobs. This is despite research that shows that people with a mental illness, even a serious one such as psychosis, can be employed in competitive jobs and benefit from work in terms of clinical and psychosocial improvement (Burns et al., 2009). We also know that a lack of work is one of the most important problems for people with a mental illness as only a small number of those who receive treatment in a mental health service have a job (Lehman & Steinwachs, 1998; Boardman Grove, Perkins & Shepherd, 2003).

Compared to those in the technical institute, students from the social science school had a significantly lower level of prejudice concerning beliefs about dangerousness and employability. This may have been a result of the different curricula as social science students do study issues related to mental health. However, for this to be true, we would have expected to find a lower level of prejudice in all dimensions investigated, suggesting that prejudices related to mental disorders are not only pervasive, but also little influenced by the educational background (Ministry of Health, 2004). These differences could be related to sex. The students of social science high school were mostly females. However, in this case, our data contrast with the common belief that females are usually more concerned about dangerousness than males. These results could be explained by the fact that females may be more culturally oriented to helping others and more sensitive to situations of discomfort, which may explain their lower level of prejudice.

Our findings underline the need to sensitize young people to improve their attitudes towards people with mental illnesses, such as psychosis, especially with respect to one of the most widespread beliefs: that people with psychosis are frequently dangerous. Secondly, these results highlight the need to increase knowledge and awareness, among youth, about current community-care models and the possibilities for recovery (Ciompi, 1984; Warner, 1991; Buizza, Ghilardi

<table>
<thead>
<tr>
<th>Items</th>
<th>Social Science High School n=176*</th>
<th>Technical Institute n=232*</th>
<th>χ² (df)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. How many people suffering from psychosis may benefit from effective therapies (drugs, psychotherapy)?</td>
<td>Most of the people or almost all 10.2% 7.3% 1.073 0.372</td>
<td>Most of the people or almost all 14.8% 17.7% 0.613 0.500</td>
<td>89.8% 92.7% (1)</td>
<td>43.8% 58.2% (1)</td>
</tr>
<tr>
<td>2. How many people suffering from psychosis can be recovered or much improved?</td>
<td>Most of the people or almost all 14.8% 17.7% 0.613 0.500</td>
<td>Most of the people or almost all 17.6% 22.4% 1.423 0.264</td>
<td>85.2% 82.3% (1)</td>
<td>46.6% 64.2% (1)</td>
</tr>
<tr>
<td>3. How many people suffering from psychosis are dangerous?</td>
<td>Few or no people 56.2% 41.8% 8.360 0.005</td>
<td>Few or no people 53.4% 35.8% 12,669 &lt;.001</td>
<td>43.8% 58.2% (1)</td>
<td>46.6% 64.2% (1)</td>
</tr>
<tr>
<td>4. How many people suffering from psychosis are subject to abuse or violence from others, who don’t suffer from psychosis?</td>
<td>Most of the people or almost all 17.6% 22.4% 1.423 0.264</td>
<td>Most of the people or almost all 53.4% 35.8% 12,669 &lt;.001</td>
<td>82.4% 77.6% (1)</td>
<td>46.6% 64.2% (1)</td>
</tr>
<tr>
<td>5. How many people suffering from psychosis should be able to have a job, because they can to make themselves useful?</td>
<td>Most of the people or almost all 53.4% 35.8% 12,669 &lt;.001</td>
<td>Most of the people or almost all 43.2% 35.3% 2.590 0.124</td>
<td>46.6% 64.2% (1)</td>
<td>56.8% 64.7% (1)</td>
</tr>
<tr>
<td>6. How many people suffering from psychosis should be treated for a long time in hospitals and not at home?</td>
<td>Few or no people 43.2% 35.3% 2.590 0.124</td>
<td>Few or no people 43.2% 35.3% 2.590 0.124</td>
<td>46.8% 64.7% (1)</td>
<td>56.8% 64.7% (1)</td>
</tr>
</tbody>
</table>

*There are no missing data. All students have answered all the questions.
& Imbasciati, 2005), particularly with respect to the importance of prevention and early intervention programs that may delay the onset or decrease the severity of the illness by preventing the deterioration of social adaptation that may be a consequence of the illness (Meneghelli Cocchi & Preti, 2010).

References


Gigantesco, A., Del Re, D., Cascavilla, I., Mirabella, F., Palumbo, G. - Reparto Salute Mentale, Cnesps - Iss (2009). DEFINIZIONE DI OBIETTIVI E SOLUZIONE DI PROBLEMI Manuale di mutuoautoaiuto per la promozione della salute mentale, del benessere psicologico e dell'intelligenza emotiva nella scuola, p. 120.


