

Psychosocial Experience of Children's Parents with Early Onset Schizophrenia

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Abstract

Original Research Article

Introduction: Schizophrenia is a rare severe mental health disorder amongst children. The worldwide prevalence of childhood onset schizophrenia (COS) is still unknown. This study aims to describe parents' experience face to the diagnosis of COS. Family history of psychiatric disorders was found in 17% of the cases. According to our clinical evaluation, there was a delay in diagnosis in more than 60% of the cases. Almost 80% of our respondents were in emotional shock after receiving the diagnosis of their child, meaning an important emotional impact. 69% of the respondents recognized Schizophrenia as a mental disorder, and 60% of them considered its gravity as mild. However, more than 75% weren't aware of the existence of early onset Schizophrenia. Guidelines for announcement device in mental disorders identify 5 components of the process of the announcement, making it systematized. Family burden and impact is found in the literature. Making it a part of global care of patients with schizophrenia, independently of their age. More studies should be conducted in our context to explore knowledge of general population concerning mental disorder and psychological difficulties among Moroccan pediatric population.

Keywords: Schizophrenia, neurodevelopmental disorders, early onset, parents experience.

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1. INTRODUCTION

In the last decades, the pathogenesis of schizophrenia has significantly changed. Currently, schizophrenia is considered as a neurodevelopmental disorder starting before birth, presenting a large variety premorbid and prodromal symptom leading to progressive impairment for the patient and, in some cases, resulting in the complete syndrome [1-3].

The pediatric population diagnosed with child onset schizophrenia (COS) has some specific genetic and biological predispositions.

The worldwide prevalence is unknown. Based on the observations of the observations of the National Institutes of Mental Health (NIMH) cohort, the United States estimated prevalence around 0.04% [4].

The disorder is still unknown among medical professionals and general population. Nonetheless, burden and psychosocial impact on families are widely acknowledged.

Family burden is a complex concept, often defined by both objective impacts of the illness on the

family and subjective feelings experienced by the family as a result of the illness. Our study aims to describe parents' experience after receiving a diagnosis of COS.

2. PATIENTS AND METHODS

The present study was conducted from January 2016 to October 2019. It's a descriptive and cross-sectional study. We included hospitalized children, from age 6 to 16. Data was collected based on a questionnaire.

Oral consent of parents was mandatory. The data was analyzed using SPSS software version 20.

3. RESULTS

179 patient files were investigated in this study. The mean age was 12,8 years +/- 2,2. The sex ratio was 0,48. The prevalence of COS in our in-patient population was: 19% (34 out of 179).

Amongst these children, 5% had no siblings. Family history of psychiatric disorders was found in

17% of the cases. Depression and psychosis were the main diagnoses cited.

As for personal psychiatric history, all of our patients had none, and the hospitalization was the first encounter with mental health assistance.

The majority of survey participants were mothers of the patients (86%). Their academic level was low in more than 80% of the cases, meaning that

either they did not attend school at all, or dropped out in primary school.

We looked for prodromes that preceded the main symptom that led to hospitalization: 41% of the patients presented psychotic elements such as delusions, hallucinations or disorganized speech.

Also, other prodromes were identified such as: emotional instability, anxiety, depressive symptoms, and aggressive behavior. The following figure shows the detailed percentages of prodromal signs.

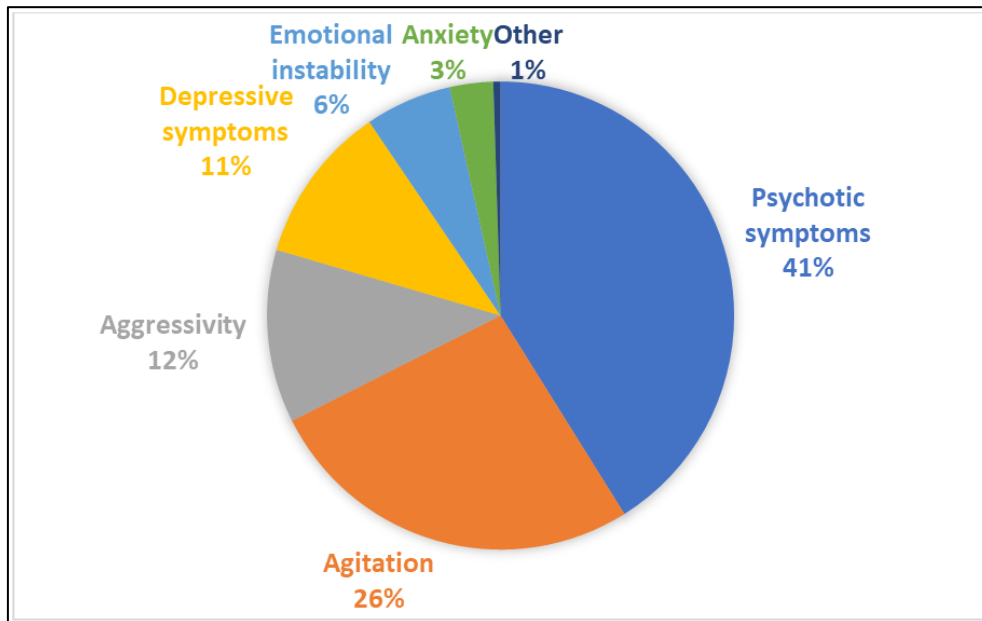


Figure 1: Prodromes found in our sample

According to our clinical evaluation, there was a delay in diagnosis in more than 60% of the cases.

The immediate reaction after the diagnosis announce to the parents was either: emotional shock, disbelief and rejection, or hostile behavior.

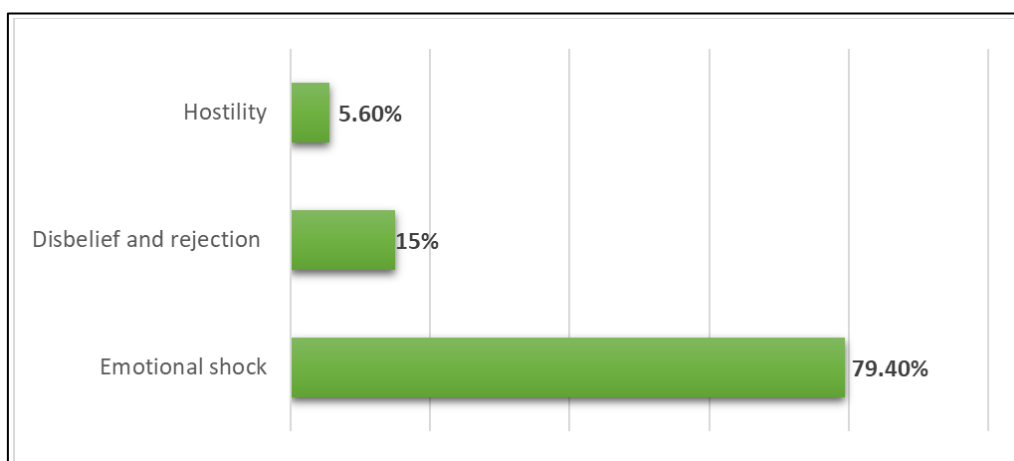


Figure 2: Parents' reaction to COS diagnosis announcement

69% of the respondents recognized Schizophrenia as a mental disorder, and 60% of them considered its gravity as mild. However, more than 75% weren't aware of the existence of early onset

Schizophrenia. Most of parents expected full recovery and clearing of symptoms (88,4%).

Moreover, parents perceived some kind of support following the diagnosis: more than 80% benefited from psychological assistance, and 22% of them had social and/or some kind of family support.

Last, we found that the majority of respondents (91%) were convinced that financial support was primordial to improve the quality of healthcare provided to their children.

4. DISCUSSION

Early onset schizophrenia is particularly difficult to diagnose. Indeed, the criteria used are those used in adults but with essential specificities to know. The diagnosis is mainly based on the child's speech. The developmental aspects are absolutely indispensable to take into account and also make the diagnosis difficult.

However, the identification and early management of this early form of schizophrenia are determining factors for a favorable evolution of this disorder.

The prevalence of schizophrenia is considered to be 1%; 20% of cases would be expressed before the age of 18 [5]. Very early onset schizophrenia concerns 1 child per 10,000 [6].

The differential diagnosis is difficult because some psychotic signs can be passing or be representative of an anxious or depressive disorder. The differential diagnosis with the autistic spectrum disorder is also complex. Schizophrenia is a rare disorder amongst pediatric population. This paucity impacts the quality of both diagnosis and healthcare provided to this specific population.

Parents of children with disabilities are faced with daily difficulties leading to organizational complications and time constraints. They are at risk of developing distress that requires support.

In our study, 91% of respondents were convinced that financial support was essential to improve the quality of healthcare provided to their children. Literature has shown that whether patients with schizophrenia live with their families or not, families are often financially involved, assuming the costs of providing treatment and wages lost due to the illness [7].

In the mental health field, the diagnosis has long been considered as a "penalty" which made it difficult or even impossible to announce [8].

Guidelines for announcement device in mental disorders identify 5 components of the process of the announcement: the context, the conditions, the actors, the announcement attitude, and the content [9]. Thus,

making this major step methodized and same for all professionals involved.

In our context, almost 80% of our respondents were in emotional shock after receiving the diagnosis of their child, meaning an important emotional impact.

However, findings of Wigunal and al showed that the majority of parents felt secure facing the stressor of having a child with schizophrenia, and a few parents struggled and noticed impact in their relationship [10].

An American study showed that family burden was highly associated with work status and hours spent at work or school [11].

Also, 80% of the parents in our group benefited from psychological assistance. It is widely known that family interventions and social support have been shown to reduce risk for relapse in schizophrenia [12, 13].

In our sample, prodromal symptoms of schizophrenia were mainly made of anxiety, hostility, and emotional instability.

It is known that during childhood, prodromal phase of the disorder can include elementary symptoms, such as diffuse, at times very severe states of anxiety, fluctuating attention disorders, profoundly altered perception of self and others, elementary distortions of self-experience, such as believing that thoughts are being inserted from outside into one's mind, and symptoms of mental confusion [14-16].

5. CONCLUSIONS

Schizophrenia is a rare severe mental health disorder amongst children. Serious impact on the patient's academic and social sphere is noted, as well as an impact on the families and close environment. It is therefore necessary to take into account families, inform and support them during the challenge of a chronic mental disorder such as COS.

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