

Research letter

Schizophrenia: people's perceptions in Quebec

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The public's attitude toward mental illnesses such as schizophrenia is important if the community-based treatment of mental illness is to succeed.¹⁻³ Research suggests that patients with mental illness achieve better integration in neighbourhoods where people accept them as neighbours and believe that mental illness is best treated in the community as opposed to institutions.⁴⁻⁶ In Quebec, the last survey on public attitudes toward mental illness was completed in 1980.⁷ At that time, 70% of the people surveyed felt that they had inaccurate information regarding mentally ill people; this was alluded to in the report by the respondents identifying "lack of will" as the main cause of mental illness. Usually the public's reluctance to interact with mentally ill people increases with the closeness of the type of relationship.^{1,4,7} In partnership with the Société québécoise de schizophrénie (SQS), Lundbeck Canada and SOM (a survey and research institute), a survey was conducted to determine the current knowledge and attitudes of the Quebec population toward mental illness. In this article we focus on responses regarding schizophrenia.

A sample of the Quebec population aged 18 and older was stratified by region, and people were selected to ensure that all age groups and both sexes were equally represented. Of those contacted, 1001 were interviewed, for a response rate of 60.7%. The maximal margin of error given a 95% confidence interval was 3.8%. The questionnaire was designed on the basis of an existing, validated questionnaire and discussions at consensus meetings with the SQS and the Association québécoise de maniaque-dépression. Cross-tabulations were done systematically between all questions and sociodemographic variables, and the χ^2 test was applied.

Respondents were given a list of terms and asked to choose the one in each category that they felt succinctly defined schizophrenia and its cause (Table 1). Over half (54%) described the disease as a biological illness; this propor-

tion increased to 72% among respondents with a high level of education. Most (40%) considered the main cause of schizophrenia to be genetic. Symptoms of the illness were described to respondents, and they were then asked what their attitude would be concerning a friend affected with these symptoms: 73% said that they would suggest (37%) or insist (36%) that the friend consult a health care professional, and 24% said that they would offer moral support even though they knew that it was less effective than consulting a professional. If the person refused treatment, 41% of the respondents said that they would insist on a consul-

Table 1: Terms and expressions chosen by a sample of the Quebec population to best describe schizophrenia and its cause, by respondents' level of education

Term	Years of education; % of respondents				Total n = 997
	≤ 6 yr n = 37	7-12 yr n = 393	13-15 yr n = 290	≥ 16 yr n = 277	
Expression associated with schizophrenia					
Illness of emotions	29	41	47	50	44
Suffering	24	24	25	19	23
Intellectual deficit	22	22	17	14	19
Exclusion	1	3	7	10	6
Craziness	23	6	3	4	5
Unknown/no response	1	4	1	3	3
Type of illness					
Biological	31	42	53	72	54
Illness of the soul	9	14	15	13	14
Imaginary	23	14	12	4	11
Cannot be cured	30	10	9	6	9
Unknown/no response	2	18	7	5	10
Cause					
Genetic	33	33	39	47	40
No known cause	26	22	29	28	26
Childhood trauma	9	22	19	15	19
Drug consumption	19	6	2	3	4
Alcohol consumption	11	2	1	1	1
Parents' rearing	0	3	2	2	2
Stress at work	0	3	3	1	2
Unknown/no response	2	6	2	3	6

tation and 40% said they would accompany the person to the consultation. Only 4% said they would ask for a court order; these respondents were representative of having a high education level and income level.

Participants were also asked what they would do if their partner was found to have schizophrenia: 48% said they would speak with their family about it, 28% would continue their relationship, 10% would panic, and 4% would separate. Among respondents with the lowest level of education, 20% said they would panic and 12% would separate. Among those less than 24 years of age, 15% said they would panic and 11% would separate.

Schizophrenia provoked feelings of both incomprehension (36% of respondents) and suspiciousness (39%). These feelings of suspiciousness were not surprising given that 54% of the respondents said that they consider schizophrenic people to be violent and dangerous. In addition, schizophrenia was seen as a more severe illness than either depression or manic-depressive psychosis: 16% thought that an employee with depression would be fired, 21% thought that a manic-depressive person would be fired, and 31% felt this way about an employee with schizophrenia.

With regard to prognosis, 40% of the respondents, all with 12 years or less of education, felt that schizophrenia cannot be cured (Table 1), and 34% felt that a combination of medication and psychological counselling would be the most appropriate treatment. With regard to integrating schizophrenic patients into the community, 49% of the respondents agreed with this strategy and 40% disagreed. The youngest respondents, who were the most likely to see the benefits of combined medical treatment and psychological counselling, were also more likely to agree with rehabilitation in the community (57% agreed and 35% disagreed), as compared with older respondents (29% agreed and 54% disagreed with integration).

The attitudes of the younger population in this survey were encouraging, especially those concerning treatment in the community. Efforts should be made to increase knowl-

edge of schizophrenia and mental illness in older and less educated members of the population. A better understanding would allay fears and suspicions about mentally ill people in the community and lead to improved quality of life in both groups.^{8,9}

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