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Psychosocial Aspect on Childhood Onset Psychosis

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A B S T R A C T

Introduction: Early-onset psychosis (EOP) or early-onset schizophrenia (EOS), also called childhood-onset schizophrenia (COS), is a rare and severe form of schizophrenia and is signed by psychotic symptoms by the age 12 years. The diagnosis criteria of COS are similar to the criteria for schizophrenia in adolescence and adulthood. The difference is that instead of showing deteriorating functioning, children may fail to achieve their level of social and academic functioning. This study aimed to report the psychosocial aspect of the COS case suffered by 12 years old girl treated for two years. **Methods:** In-depth interviews were conducted with patients with COS and parents about the course of illness, parent's acceptance, patient's perception, friends' and teachers' acceptance, and patient's academic achievement. **Results:** Parents could accept the patient's illness with expectation and hope that patient could finish her education as high as possible through her medication. COS patient thinks that she has a "special ability" instead of a mental disorder. **Conclusion:** Parents can receive illness or mental disorders experienced by patients, hoping that patients can still finish school as high as possible with the treatment given. COS sufferers assume that they have "special abilities" and do not feel like experiencing mental disorders.

1. Introduction

Early-onset psychosis (PAD), also called early-onset schizophrenia (EOS) or childhood-onset schizophrenia (COS) is a rare case, is a severe form of schizophrenia, and is characterized by psychotic symptoms that occur at the age of 12 years1. It is said if the incidence of COS cases is only less than 1 in 10,000 children, where at the age of 13-18 years, the frequency of schizophrenia will increase.

The criteria for a diagnosis of COS are the same as the criteria for adult schizophrenia. The difference is that in the case of adult schizophrenia seen a decline in COS's general function, and there is a failure of a clear level of academic and social function. This is because, at the age of 12 years or less, most children are still of school age, so what can be immediately seen is a decline in social and academic function. Psychosocial stressors and interactions with biological risk factors as a cause of schizophrenia, in general, are also said to be a cause of COS.[2] At the same time, heredity is said to have a fairly high contribution of around 80%.[1] People with psychotic disorders often appear in late adolescence or young adulthood.[3-5] Patients also get very little information about mental disorders, experience agitation, and distress due to unknown symptoms, not knowing the available mental health services and how to access them. Patients also get very little information about mental disorders, experience agitation and distress due to unknown

symptoms, and do not know the available mental health services, and access these services. Patients also deny the existence of psychotic disorders, experiencing disorders that are still developing, thus making the diagnosis more difficult to enforce. Patients with early-stage psychotic disorders experience uncertainty and fear of the treatment that will be obtained, including hospitalization, have not been exposed to psycho-pharmaceutical treatment, and are more susceptible to drug side effects.[6,7] Sufferers will experience a variety of psychosocial problems such as family acceptance and social environment and future uncertainty. From these things, it can be said for COS sufferers will experience more burdensome things, because of age when experiencing psychotic disorders that are still very young. The prognosis of COS is said to be worse than schizophrenia in adolescents and adults, with challenges in providing treatment and psychosocial interventions. This study aims to explore the psychosocial aspects of childhood-onset psychosis in children aged 12 years, who have been undergoing treatment for two years.

2. Methods

This study is a qualitative study of patients with childhood-onset psychosis. In-depth interviews were carried out with COS sufferers and families about the course of the disease, family acceptance, patient perceptions of the disease, acceptance of friends and school teachers as well as academic achievement of sufferers. Then the results are presented in the form of a structured narrative.

3. Results

History of disease

Her parents brought a girl 12-year-old in May 2009 complaining of not being able to sleep at night, being unable to concentrate, being confused, hearing voices that did not exist, some were whispering, someone entering her body, seeing her dead grandmother, finds it difficult to distinguish between reality and dream, the sufferer says if all her friends at school talk about him and say things about him, see spirits of various forms, such as gendruwo, pocong, and old lady-lampir (Javanese's ghosts), which causes sufferers to often go out of class because they feel disturbed. Complaints experienced two weeks before the patient was taken to a psychiatrist. Patients receive atypical and atypical antipsychotic treatment on an outpatient basis due to the request of parents who say the patient will be tested. Control patients with improved conditions and reduced symptoms. Patients have not left the classroom, can take the exam, but of the 15 subjects, six subjects must repeat. Patients are declared graduated and accepted at a junior high school. Six months of treatment, the patient's condition decreases, the patient cannot concentrate, hear louder voices, see spirits, feel something entered, be suspicious of the people around him, and refuse to take medicine. Patients do not want to go to school because everyone will abuse him. When brought under control, sufferers appear angry and hostile to their parents. Patients were then hospitalized in early 2010. When discharged from the hospital, the patient's condition improved and continued treatment. The patient had moved to junior high school two times because of avoiding friends and teachers who say if the sufferer is a strange child. During 2010, the patient's condition was quite stable, she often said she heard voices and saw spirits, but was not too disturbed, even her friends often asked sufferers to predict what would happen. Early in 2011, sufferers stopped taking medication for two months, citing boredom. In the third month, the sufferer suddenly laughed at himself while at school. According to sufferers, she saw pocong dancing near her teacher, the patient screaming and laughing at her friends because, according to him, there was the sound of an old lady lampir in class. By the teacher, the patient was taken to the health center. The sufferer hears that her teacher would take him to the Ghrasia Mental Hospital so the sufferer gets angry and says if someone else enters her body she will throw a tantrum if the patient is taken to a mental hospital. Patients then get treatment again, but after the situation improves, they want to stop taking medicine immediately.

Family acceptance

According to parents, the sufferer is an only child, and there are no family members who suffer from mental disorders. Sufferers have been brought to a spiritualist before being taken to a psychiatrist. When given an understanding of what is experienced by the sufferer is a form of mental disorder, parents are surprised, but realize that from the beginning, the sufferer is a lonely child, who does not like to get along, and if there is a problem never tell a story. Parents only want the sufferer to stay in school and finish school as high as possible. For parents, treatment as expensive as anything does not make a problem, as long as patients can stay in school.

The parental statement excerpts is as follows, "Kulo pun mboten mikiraken yatra bu dokter, sing penting larene saged sekolah teras, nek sanjang-e anak-e gadah daya linuwih kok malah kadose ndadosi awrat piyambakipun. Mbok bilih njih leres bu dokter, niku sanes daya linuwih ning sakit" (Javanese)

(I have not thought about the doctor's money problem, as long as my child can go to school if she says she has a "special ability", why does it burden my child. Maybe it's true what the doctor said, it's not a "special ability" but illness) (English).

Perception of patients

Patients often asks about the meaning of indigo children or children who have a sixth sense. Patients also said if some friends said if the sufferer was an indigo child, there were even some people who asked the sufferer to create a group and use their abilities to predict.

This is the sufferer's statement about her illness, "Bu guru itu sok ngawur, mosok omonge aku arep digowo nang lali jiwo, jare mbak N, aku ki indigo, duwe daya linuwih, lali jiwo opo, yo bu guru kuwi sing lali jiwo" (Javanese)

(The teacher likes to be inconsequential, cooks said I would be taken to a mental hospital, said Miss. N, I am an indigo child, have a "special ability", and what mental illness, yes, the teacher is mentally ill). (English)

Acceptance of friends and school teachers

According to the sufferer's parents, in the previous sufferer's school, friends and teachers felt that the sufferer was a strange child, both in her behavior and speech. There are even friends who are afraid of sufferers. In the current school, parents are worried about re-admitting their friends and teachers after the sufferer screams at school. Parents say if they have met with the principal. The principal can understand, and sufferers are not asked to transfer schools. At present, the patient is undergoing a midterm exam in junior high school.

Academic achievement of sufferers

Patients who are not children who stand out on academic achievement at the end of the elementary school exam almost did not graduate (repeating 6 out of 15 subjects), while in junior high school, they had to transfer schools two times. According to sufferers, when asked about her achievements in school, sufferers can live it, and always upgrade. Parents say if you could go up a grade in the first year of junior high school but had to transfer schools. It could say there is interference with the academic achievement of sufferers.

Latest developments

Patients returned to the hospital in April 2011. According to her parents, the patient has been declared to have passed the school exam, but afterward, during the final exam exercise, the patient suddenly looked nervous and confused. When the patient is asked to sit in a chair that is somewhat separated from her teacher's friends, the patient protests and refuses. Because the patient is getting restless and looks suspicious, the patient is taken to the hospital.

4. Discussion

Childhood-onset psychosis is a more severe form of schizophrenia, with a worse response to treatment and a worse prognosis.[8-10] From the description of the case above, it can be seen if a specific approach is needed in the COS case. The most obvious thing is the disruption in the socializing and academic

achievement of sufferers. Providing treatment and psychosocial interventions are not easy to do, at a young age, not being exposed to adequate information, denying psychotic disorders, and experiencing developing disorders, and future uncertainty is factors that complicate COS management. A premorbid function is also said to be influential, the study of Mc.

Lellan et al. (2003) state that COS sufferers show prior social withdrawal and have fewer friends.[9] Treatment of COS sufferers becomes a challenge when sufferers feel their condition is improved or consider themselves not sick, which will affect disobedience to treatment. Acceptance of the environment, especially the school environment, is also very influential in the patient's condition. Collaboration with parents or caregivers, teachers, and the social environment is needed to manage COS.

5. Conclusion

Parents can receive illness or mental disorders experienced by patients, hoping that patients can still finish school as high as possible with the treatment given. COS sufferers assume that they have "special abilities" and do not feel like experiencing mental disorders.

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