

Illness Perceptions of Psychosis amongst British South Asians: An exploratory study

D Hafeez¹, A Bhikha^{1,2}, I. Quraishi^{1,3}, N. Gire², M. Naeem², N. Husain¹

1-University of Manchester, 2- Lancashire & South Cumbria NHS Foundation Trust, 3-Mersey Care NHS Foundation Trust.

Introduction

Illness perceptions: Illness Perceptions about mental health have been found to be significant predictors of outcome. British South Asians (BSAs) have higher rates of psychosis compared to the majority population but are less likely to engage with mental health services (McManus et al., 2016) and a contributory factor to this may be illness beliefs. Research exploring beliefs around schizophrenia in BSA indicates that certain cultural causal beliefs: such as “black magic”, “Jinn-spirits/possession” and “evil eye/ nazir-jealousy” are particularly prevalent in BSA patients. (Bhikha et al. 2015)

The Illness Perception Questionnaire for Schizophrenia (IPQS) is one tool to understand illness perceptions. The IPQS has been validated in Pakistan (Hussain et al. 2017); however, the validity and reliability of IPQS has yet to be tested in BSAs. This is important as BSA represent a unique cohort with illness perception influences that include background culture in the context of developmental experiences in a western environment (Figure 1).

This indicates that cultural adaption of the IPQS is required to make it appropriate for a BSA population

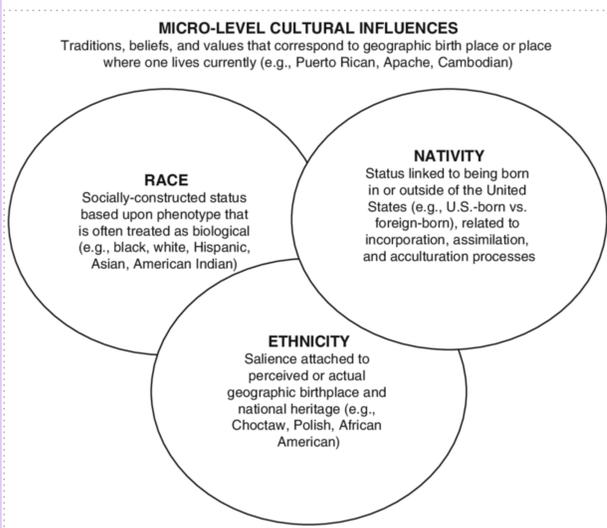


Figure 1: Diagram illustrating the intersectionality of Race, Nationality and ethnicity Taken from Brown et al. (2013)

Aims

To test the psychometric properties of the IPQS in a British South Asian sample and increase understanding of illness perceptions of mental health in this group.

Method

A cross-sectional sample of N=45 British South Asian patients with a diagnosis of psychosis spectrum disorders completed the IPQS. The IPQS is made up of ten subscales based on the self-regulation model (figure 2). Each item was a statement rated on a five-point scale ranging from “strongly agree” to “strongly disagree”.

The IPQS was modified to make it culturally sensitive and appropriate for use with British South Asians by adding 3 additional cause items- black magic, spirits and jealousy

Additional measures included:

- Psychopathology (BPRS)
- Anxiety and Depression (HDAS)
- Attitudes towards medication (DAI)

The psychometric properties of the IPQS were analysed including internal consistency and discriminant and concurrent validity.

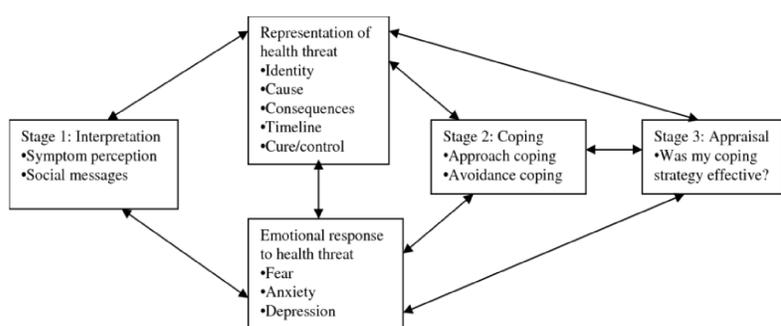


Figure 2: Leventhal's Self-Regulation Model (Taken from McGuire et al. 2006)

Results

Table 2 Mean scores, median scores and Cronbach's alphas for each subscale of the IPQS

IPQS Subscale	Number of Items	Mean score (SD)	Alpha (a)
Identity	58	35.71 (11.94)	
-attributed to mental health problems		33.93 (12.09)	
-attributed to side effects of medication		2.84 (2.80)	
-attributed to Other Factors		6.09 (9.73)	
Timeline acute/chronic	6	18.60 (4.00)	.67
Timeline cyclical	4	16.31 (1.94)	.64
Consequences	11	38.18 (7.72)	.59
Personal Control	4	13.64 (1.72)	.66
Personal Blame	3	8.73 (2.23)	.66
Treatment Control	5	16.84 (3.28)	.69
Illness Coherence	5	14.91 (4.03)	.66
Emotional Representation	9	32.11 (6.60)	.60

Internal Consistency: The calculated alpha scores just fell short of the desired range (.7 – .9; Steiner & Norman 1995), however, since this was an exploratory study, a Cronbach's alphas of 0.6 can also be deemed acceptable.

Causal Beliefs: most firmly held beliefs by participants about the causes of their mental health problems (median = 4) was that mental health problems were caused by ‘stress or worry’, ‘black magic’, ‘thinking negatively about life’ and ‘thinking about things too much’.

Inter-Subscale Correlations: None of the correlations were high enough (all below .7) to suggest that the different dimensions were measuring the same underlying construct.

Concurrent/Discriminant Validity: Although some correlations were significant, none were high enough to suggest that an IPQS subscale was measuring the same construct as the other measures.

Discussion

- The subscales on the IPQS fell short of the desired range of internal consistency but a lower threshold of Cronbach alphas of 0.6 can be deemed acceptable, suggesting that it is valid for use with the British South Asian population.
- The endorsement of supernatural causal items in this sample of British South Asians also provides support for the cultural adaptation of the IPQS to suit the specific population group being studied.
- Further understanding British South Asian illness perceptions provides an opportunity to better understand the complex interaction between traditional and western cultural influences from which culturally sensitive psychiatric services can be developed.
- Future studies that assess illness perceptions in both medical and faith community-based settings may be more representative of the illness perceptions towards psychosis spectrum disorders in British South Asians.

Conclusion

This study is the first to test the IPQS on a British South Asian participants and demonstrate validity for use in this population. However, future research is required in British South Asians, using a larger sample size to examine whether more appropriate levels of internal consistency could be reached to strengthen the psychometric properties.

References

- Bhikha, A. et al. (2015). "Explanatory models of psychosis amongst British South Asians", *Asian Journal of Psychiatry*, 16, pp. 48-54.
- Brown T.N., Donato K.M., Laske M.T., Duncan E.M. (2013) Race, Nativity, Ethnicity, and Cultural Influences in the Sociology of Mental Health. In: Aneshensel C.S., Phelan J.C., Bierman A. (eds) *Handbook of the Sociology of Mental Health*. Handbooks of Sociology and Social Research. Springer, Dordrecht.
- Hussain, S. et al. (2017). "Illness perceptions in patients of schizophrenia: A preliminary investigation from Lahore, Pakistan", *Pakistan Journal of Medical Sciences*, 33(4).
- McGuire, B and Walsh, J.C. 2006. Diabetes self-management: Facilitating behaviour change. *Diabeteswise*, 3(1): 2–6.
- McManus, S., Bebbington, P., Jenkins, R., and Brugha, T. (Eds.) (2016). *Mental health and wellbeing in England: Adult psychiatric morbidity survey 2014*. Leeds, UK: NHS Digital.