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The Effectiveness of Proposed Counseling Program on Reducing Level of Stigma among Families of Schizophrenic Patients in Gaza Strip

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Abstract

General Objective :
Aim of this study was to know the effectiveness of proposed counseling program on reducing level of stigma among families of schizophrenic patients in Gaza strip.

Study design :
Case Control Study. Approach of intervention group and control group.

Sample:
The sample of the study was (38) participants divided into two groups (17) ،Participants for intervention group and another (21) participants for control group. Homogeneity between the two groups in demographic variables was statistically achieved. Stigma Scale prepared by the researcher himself are used to evaluate Stigma level among the participants. Both groups, intervention and control, completed the Stigma Scale before and after applying the counseling program. The counseling program consists of (12) sessions, each session (45) minutes. The program techniques were (De-briefing, relaxation exercise, psychodrama، and religious counseling

Results :
The results of the study indicated that there were statistically significant differences in stigma level of the intervention group before and after applying the counseling program. ETA square value was high (D = 7.9) this means that the counseling program has a positive effect on reducing the level of stigma among the intervention group. The percentage of change was (45.9%) for the intervention group at the level of stigma after applying the program where the efficiency value ranged between.(%52.6 - %35.7) Furthermore, after one month there was no statistically significant differences between the scores of post test and the score of sequential test of stigma scale (P.value was //0.27), Z.value was (-1.15). This ensures the continuity of the positive impact of counseling program on reducing level of stigma among the intervention group.

Recommendations:
This counseling program could be used to reduce level of stigma among families of schizophrenic patients and building other programs to treat other negative effects related to stigma of mental illness.

Keywords: principals, emotional intelligence, leadership styles

Introduction:

The ongoing war on Gaza Strip, the impact and long-term effects of the political conflict on Palestinians in Gaza Strip represent traumatic events with ramifications for their social system, and the predictive relationship between war traumas and the normative stressors in psychological distress has received increasing attention.

Counseling has become one of the most important challenges when treating patients with schizophrenia. In the past, according to the problem solving framework, this social dysfunction was described as the conjunction of disabilities in social cognition (which refers to the mental operations and capacities that underlie social interactions) and social competence (which refers to communication skills, e.g., the verbal and nonverbal communication skills that allow successful execution of interpersonal interactions) (Calafell, 2013).

Since the patient and the family are often under enormous emotional strain, it may be advantageous to obtain counseling from professionals who understand the illness. A more integrated mental health system must also be linked to, rather than isolated from, all parts of the community and other service systems. Family doctors, teachers, police personnel, and long-term care workers are among those who should work with each other and with mental health service providers to address people's mental health needs. A more coordinated and integrated system will make available multiple resources to help facilitate recovery: timely access to medications and to adequate and affordable housing; professional counseling, as well as readily available peer support; and help in setting and meeting educational and employment goals.

Evidence suggests that people with a severe mental illness still suffer high levels of stigma and discrimination. However little is known about how people with a severe mental illness manage such stigma (Whitley, 2014).

The word 'stigma' originated as a noun in ancient Greek, which literally meant a 'brand' or 'mark'. The concept of stigma has since entered the social sciences, mainly through the seminal work of scholars such as Goffman (1963) and Foucault (1995). Goffman (1963, p3) defined stigma as 'an attribute that is deeply discrediting…turning a whole and usual person to a tainted and discounted one'. He further noted that stigma can be divided into that which is discredited- this being an obvious mark easily perceived by an observer, or discreditable- this being a secret stigma not readily apparent to an observer. Goffman states that, once noted by an observer, stigma can mark out the bearer for undue scrutiny, criticism, ridicule, mockery and discrimination (Whitley, 2014).

Although Goffman acknowledges that the stigma process is not confined to face-to-face interactions (for example, reading a negative newspaper account of a person with mental illness is part of the stigma process), Stigma is concerned with what he calls "mixed contacts" between what he calls "normals" and stigmatized people (Phelan, 2014).

Stigma exists when the following interrelated components converge. In the first component, people distinguish and label human differences. In the second, dominant cultural beliefs link labeled persons to undesirable characteristics – to negative stereotypes. In the third, labeled persons are placed in distinct categories so as to accomplish some degree of separation of 'us' from 'them.' In the fourth, labeled persons experience status loss and discrimination that lead to unequal outcomes.

Stigmatization is entirely contingent on access to social, economic and political power that allows the identification of differentness, the construction of stereotypes, the separation of labeled persons into distinct categories and the full execution of disapproval, rejection, exclusion and discrimination expectation of being rejected and of being treated as having lower status (Phelan et al, 2014).

Schizophrenia is one of the most heterogeneous and detrimental psychiatric disorders accompanied by major neuropsychological, social, and educational impairments. While research has shown that schizophrenia is associated with increased criminal behavior, male but not female patients have been mostly investigated. Hence, gender- specific trajectories to schizophrenia and criminal behavior are rather poorly understood (Landgraf, 2013).

Lack of insight is a common feature of schizophrenia, it has an important impact on several markers of clinical outcome. In particular, studies have demonstrated that lack of insight is linked to greater overall severity of psychopathology and to poorer medication adherence, which is in turn associated with more frequent relapses and hospitalizations (Misdrahi et al, 2014).

Objectives of the study:

General Objective:

This study aimed to identify the effectiveness of proposed counseling program on reducing level of stigma among families of patients with schizophrenia in Gaza strip.

Specific Objectives of the Study:

- To evaluate level of stigma among families of patients with schizophrenia.
- To build an effective counseling program.
- To examine the effectiveness of counseling program on reducing level of stigma among families of patients with schizophrenia in Gaza Strip.
- To explore the effectiveness of counseling program on stigma.

Significance of the study:

This study is to explain the stigma causes, signs and symptoms, factors impact the increase or decrease level of stigma, factors impacting ability to cope with mental illness as schizophrenia and the socio cultural effect of stigma.

Also this study is conducted to know the dimensions of stigma and related knowledge and how to reduce level of stigma of mental illness.

This study is to explore effectiveness of counseling program on reducing the level of family stigma toward mental illness. Although we need much knowledge about the stigma outcome of schizophrenia patients in terms of recovery.

There has been no evidence that any research has been conducted in Gaza Strip to evaluate level of stigma and its impact on schizophrenic patients' families.

Research questions:

The main questions of the study:

1. What is the level of stigma among the families of patients with schizophrenia in Gaza Strip?
2. What is the differences of stigma among the intervention group members and control group members in the pre test and post test of counseling program intervention?

The research hypotheses:

1. There are no statistically significant differences in the level of stigma among the intervention group and the control group after the application of the counseling program.
2. There are no statistically significant differences between the scores of pre-test and post-test of stigma level among the intervention group members in the counseling program.
3. There are no statistically significant differences between the scores of post-test and Sequential test of stigma scale among the intervention group in the counseling program.

Context of the study:

The study was conducted in the Gaza Strip, Palestine; therefore in this section the researcher will present basic information of the Palestinian population, geography, socio-economic situation, and mental health sector of the Gaza Strip.

Geographic and Demographic Context:

The Palestinian Territory comprises two areas separated geographically: the West Bank and Gaza Strip. Gaza Strip is very crowded place with a surface area of 365sq.Km and constitutes 6.1% of total area of Palestinian territory. Gaza Strip comprises the following main five governorates: North of Gaza, Gaza City, Mid-Zone, Khanyounis, and Rafah (MOH, 2010).

The total population of the Palestinian Territory at mid-2012 was about 4.29 million; 2.18 million males and 2.11 million females. The estimated population of West Bank was 2.65 million of which 1.35 million males and 1.30 million females. While the estimated population of Gaza Strip totaled 1.64 million of which 835 thousand males and 809 thousand females. The percentage of urban population mid-2012 was about 73.8%, while the percentage of population in rural and camps areas was 16.8% and 9.4% respectively [Palestinian Central Bureau of Statistics (PCBS), 2012].

The population of the Palestinian Territory is young; the percentage of individuals aged (0-14) constituted 40.4% of the total population at mid-2012 of which 38.4% in the West Bank and 43.7% in Gaza Strip. The elderly population aged (65 years and over) constituted 2.9% of the total population of which 3.3% in the West Bank and 2.4% in Gaza Strip of mid 2012(PCBS, 2012).

Population density of The Palestinian Territory is generally high at 713 persons/Km2.In Gaza Strip it is 4,505 persons/km2 compared to lower population density in the West Bank at 468 persons/Km2 at mid-2012 (PCBS, 2012).

Socio-economic Context:

Unemployment: The results showed that more than one fifth of participants in the labor force were unemployed in the 1st quarter of 2012 at 23.9% as of 20.1% in the West Bank and 31.5% in Gaza Strip. Unemployment rate reached 31.5% among females compared to 22.0% among males (PCBS, 2012).

Poverty: Poverty lines can be established in a relative or absolute way. Absolute poverty lines are often based on estimates of the cost of basic food needs (e.g., the cost of a nutritional basket considered minimal for the healthy survival of a typical family), to which a provision is added for non-food needs (The World Bank, 2011). In 2010 the $1.25-a-day poverty rate fell to less than half that of 1990. In China for example, 13 percent or 173 million people, lived below $1.25 in 2008. In India 43 percent of the population is living below $2 a day (Rastello and DeGeorge, 2012).

Relative poverty lines are defined in relation to the overall distribution of income or consumption in a country (e.g. 50 percent of the country's mean income or consumption) (The World Bank, 2011). The relative poverty line and the deep poverty line according to consumption

patterns (for reference household consisted of 2 adults and 3 children) in the Palestinian Territory in 2012 were 2,293 NIS, and 1,832 NIS respectively. The poverty rate among Palestinian individuals was 25.8 (17.8% in the West Bank, and 38.8% in Gaza Strip) (PCBS, 2012).

Education: The 2011 data revealed that the percentage of individuals (15 years and over) who completed university education was 11.3%, while the percentage of individuals who did not complete any stage of education reached 10.8%. These results showed that there were differences between males and females in educational attainment, where the percentage of males who have completed university education was 12.0% compared to 10.5% for females. As for those who did not complete any stage of education, their percentage among males was 8.3% compared to 13.4% for females (PCBS, 2012).

Study design:

The researcher used the intervention method, pre test and post test approach, which was based on the study of facts since this approach is interested in the accurate description and is express qualitatively or quantitatively.

Study population:

All families that have schizophrenic patients in Gaza strip.

Number of registered files of schizophrenia in community mental health clinics in Gaza strip was 1000 cases.

The sampling process:

The samplings of families were done by simple random procedure among families with schizophrenic patient in Gaza strip who are registered mainly in mental health clinics and in psychiatric hospital.

Pilot study sample:

The researcher distributed the questionnaire on a sample of (60) of the families of schizophrenic patients in the Gaza Strip, and after corrected scores, the researcher selected (38) participants who received the highest scores on a scale of stigma.

Then those participants were divided into two groups, namely the intervention group that will undergo the proposed counseling Program, however the other group, is the group that did not undergo any counseling program. The number of the intervention group was (17) persons while the number of the control group was (21) persons. Matching between the two groups was done to legalize stigma scale on the Palestinian environment and the results of this process will be explained later.

The actual study sample:

The researcher divided the sample into two groups the intervention group which consist of (17) persons and the control group (21) persons. To identify the characteristics of the two groups in demographic variables and to identify the homogeneity between the two groups in the variables of the study the researcher will discuss in the following tables:

Demographic characteristics of the two groups:

To identify the characteristics of the intervention group and the control group members, the researcher verified it through schedules test and chi-squared test.

To identify the demographic characteristics between the members of the control group and members of the intervention group the results shown in the following table:

Table (1): shows the demographic characteristics (kinship) of the control group and the intervention group according to demographic variables (n = 38)

demographic characteristics	control group (n=21)		intervention group (n=17)		x2	P value
	N	%	N	%		
Kinship					1.59	0.66
Father	4	19.0	4	23.5		
Mother	5	23.8	5	29.4		
Wife	6	28.6	6	35.3		
Other relative	6	28.6	2	11.8		

Table (2): shows the demographic characteristics (father\husband job) of the control group and the intervention group according to demographic variables (n= 38)

demographic characteristics	control group (n=21)		intervention group (n=17)		x2	P value
	N	%	N	%		
father\husband job					4.6	0.32
without	13	61.9	7	41.2		
Worker	1	4.8	4	23.5		
employee	5	23.8	4	23.5		
free works	1	4.8	2	11.8		
Other relative	1	4.8	0	0.0		

Table (3): shows the demographic characteristics (mother\wife job) of the control group and the intervention group according to demographic variables (n = 38)

demographic characteristics	control group (n=21)		intervention group (n=17)		x2	P value
	N	%	N	%		
Mother\wife job					2.6	0.27//
Employee	2	9.5	1	5.9		
free works	0	0.0	2	11.8		
without	19	90.5	14	82.4		

Table (4): shows the demographic characteristics (father\husband educational level) of the control group and the intervention group according to demographic variables (n = 38)

demographic characteristics	control group (n=21)		intervention group (n=17)		x2	P value
	N	%	N	%		
father \husband educational level					4.3	0.22
secondary	13	61.9	14	82.4		
postsecondary	3	14.3	1	5.9		
university	5	23.8	1	5.9		
higher education	0	0.0	1	5.9		

Table (5): shows the demographic characteristics (mother\wife educational level) of the control group and the intervention group according to demographic variables (n = 38)

demographic characteristics	control group (n=21)		intervention group (n=17)		x2	P value
	N	%	N	%		
mother \wife educational level					3.4	0.17
secondary	15	71.4	16	94.1		
postsecondary	2	9.5	0	0.0		
university	4	19.0	1	5.9		

Table (6): shows the demographic characteristics (patient age) of the control group and the intervention group according to demographic variables (n = 38)

demographic characteristics	control group (n=21)		intervention group (n=17)		x2	P value
	N	%	N	%		
patient age					1.55	0.45//
17-25 years	11	52.4	6	35.3		
26-33 years	4	19.0	6	35.3		
34-46 years	6	28.6	5	29.4		

Table (7): shows the demographic characteristics (arrangement of patient between kids) of the control group and the intervention group according to demographic variables (n = 38)

demographic characteristics	control group (n=21)		intervention group (n=17)		x2	P value
	N	%	N	%		
Arrangement of patient between kids					6.7	0.15//
First	3	14.3	3	17.6		
Second	3	14.3	4	23.5		
Third	9	42.9	3	17.6		
Fourth	2	9.5	4	23.5		
Fifth	4	19.0	0	0.0		

The results showed insignificant statistical differences among the members of the control group and the intervention group in demographic variables in the schizophrenic patients families as well as the demographic variables of patients themselves and the variables are as follows: (kinship patient, the job of the father / husband, the job of the mother / wife, age of the patient, arrangement of patient between children in the family), and this indicates the presence of homogeneity among the members of the control group and the intervention group regarding demographic variables.

Questionnaire Design and Content:

Stigma scale Consists of 35 items that measure the level of stigma among the family members of schizophrenic patients in the Gaza Strip. It also consists of three main dimensions, (psychological, social, family) dimension.

The Questionnaire contains five options to answer (strongly agree- agree - somewhat-disagree -Strongly Disagree) and the screened were asked to determine the level of satisfaction that accurately describes the level of stigma.

Ranging degrees of this scale is from 35 degrees and up to 175 degrees. Answers of the questionnaire contain five levels as show in the following table:

level	strongly agree	agree	somewhat	disagree	Strongly Disagree
scale	5	4	3	2	1

Validity of the questionnaire:

To ensures the validity of the questionnaire, two ways were applied, the content validity and validity of the internal consistency that will be discussed in details through the following**.**

Content validity of the questionnaire:

Content validity test was conducted by consulting a group of experts (psychologists, psychiatrists, professional psychiatric therapy and others)

The group was requested to evaluate and identify whether the questions agreed with the scope of the items and the extent to which these items reflect the concept of the research problem.

The group of experts did agree that the questionnaire was valid and suitable enough to measure the concept of interest with some amendments.

Statistical validity of the questionnaire:

To ensures the validity of the questionnaire, two statistical tests were applied. The first test is Criterion-related validity test (Pearson test) which measures the correlation coefficient between each item in the dimension and the whole dimension. The second test is structure validity test (Pearson test) that is used to test the validity of the questionnaire structure by testing the validity of each dimension and the validity of the whole questionnaire. It measures the correlation coefficient between one dimension and all the dimensions of the questionnaire.

Internal consistency:

The researcher calculates the correlation between the degree of paragraph individually and the total score of the scale and Table (4.8.1) shows the degree of correlation coefficient of stigma scale, as well as the table shows the level of significance of each paragraph at the end.

Table (8): shows the degree of correlation coefficient of stigma scale and P-value of each item of psychological dimension.

No. of item	Pearson coefficient	p- value
1	.450**	.005
2	.744**	0.001
3	*0.359	0.03
4	.588**	0.001
5	.345*	.034
6	.246	//.136
7	.383*	.018
8	.662**	0.001
9	.379*	.019
10	.701**	0.001
11	.116	//.489
12	.458**	0.0001
13	.758**	0.0001

significant at 0.01 * significant at 0.001

Table (9): shows the degree of correlation coefficient of stigma scale and P-value of each item of social dimension.

No. of item	Pearson coefficient	p- value
14	.725**	.000
15	.474**	.003
16	.508**	.001
17	.215	//.195
18	.513**	.001
19	.650**	.000
20	.406*	.011
21	.150	//.377

No. of item	Pearson coefficient	p- value
22	.379*	.019
23	.494**	.002
24	.644**	.000
25	.615**	.000
26	.630**	.000
27	.653**	.000
28	.585**	.000

significant at 0.01 * significant at 0.001

Table (10): shows the degree of correlation coefficient of stigma scale and P-value of each item of family dimension.

29	.850**	.000
30	.692**	.000
31	.394*	.016
32	.440**	.006
33	.816**	.000
34	.686**	.000
35	.537**	.001

significant at 0.01 * significant at 0.001

The researcher calculates the correlation coefficients between the degree of each dimension and the total score of stigma scale:

The following table shows the correlation coefficients between the degree of each dimension and the total score of the stigma scale, and the results are shown in the following table:

Table (11): shows the correlation coefficient dimensions of the stigma scale with the total score of the scale

Dimensions	Pearson coefficient	p- value
psychological dimension	.809**	0.001
social dimension	.929**	0.001
family dimension	.755**	0.001

significant at 0.01 * significant at 0.001

Can be seen from the above table that the correlation coefficients of the three dimensions of stigma scale have significant value with the total score of the scale at levels of significance is less than 0.01, while correlation coefficients has ranged between (0.75- 0.92). That means achieving the internal consistency of the scale of the stigma.

Since the scale has three dimensions the researcher has to find a correlation coefficients between each items of dimension and the dimension itself, and the results will be indicated by the following table:

Table (12): shows the correlation coefficient between the items of the psychological dimension with the total score of the scale

No. of item	Pearson coefficient	p- value
1	.450**	.005
2	.744**	0.001
3	*0.359	0.03
4	.588**	0.001
5	.345*	.034
6	.246	//.136
7	.383*	.018
8	.662**	0.001
9	.379*	.019
10	.701**	0.001
11	.116	//.489
12	.458**	0.0001
13	.758**	0.0001

significant at 0.01 * significant at 0.001

Previous table shows that the correlation coefficients between the items of the psychological dimension ranged between (0.34-0.75) and this shows the items of psychological dimension enjoys a high degree of validity with the exception of the following items (6-11) which are statistically insignificant therefore they should be deleted from the dimension.

Table (13): shows the correlation coefficient between the items of the social dimension with the total score of the scale

No. of item	Pearson coefficient	p- value
14	.725**	.000
15	.474**	.003
16	.508**	.001
17	.215	//.195
18	.513**	.001
19	.650**	.000

No. of item	Pearson coefficient	p- value
20	.406*	.011
21	.150	//.377
22	.379*	.019
23	.494**	.002
24	.644**	.000
25	.615**	.000
26	.630**	.000
27	.653**	.000
28	.585**	.000

significant at 0.01 * significant at 0.001

The previous table shows that the correlation coefficients between the items of the social dimension ranged between (0.37-0.72) and this shows the item of the social dimension enjoys a high degree of validity, with the exception of the following items (17-21) which are statistically insignificant therefore they should be deleted from the dimension.

Table (14): shows the correlation coefficient between the items of the family dimension with the total score of the scale

No. of item	Pearson coefficient	p- value
29	.850**	.000
30	.692**	.000
31	.394*	.016
32	.440**	.006
33	.816**	.000
34	.686**	.000
35	.537**	.001

significant at 0.01 * significant at 0.001

Previous table shows that the correlation coefficients between the items of family dimension ranged between (0.39-0.81), and this shows the items of family dimension enjoys a high degree of validity.

Reliability of the study :

Reliability can be equated with the stability, consistency, or dependability of the measuring tool. The reliability of scale questions was tested immediately after data collection and it was improved by standardization of the instrument and its implementation.

Cronbach's Coefficient Alpha:

The questionnaire of stigma distribute on a pilot study sample of (60) members of schizophrenic patients families, and after the collection of the questionnaire, coefficient alpha Cronbach done to measure the reliability which was (0.82) this range is considered high. The result ensures the reliability of the questionnaire. While the stigma scale has three dimensions, the

first (psychological) has reached by coefficient alpha Cronbach's (0.70). And the coefficient alpha Cronbach's of second dimension (social) was (0.80) and the third dimension (family) coefficient alpha Cronbach's (0.78) and this evidence is enough that the stigma scale and its items enjoy high reliability factor.

Based on this result, the scale and its dimensions fit to answer the questions and hypotheses of the study and are suitable to apply on the members of the study sample.

Split – half method:

The application of the scale was calculated to achieve reliability in a way of split-half method of the total. The way of split-half method is based on dividing the items of the scale into two halves, as well as dividing every items of dimension in two sections. The correlation coefficient between the total items of first half and total items of second half of the scale has reached reliability coefficient in split-half method. After correction spearman Brown coefficient the psychological dimension is (0.77) and reliability coefficient in split-half method of the social dimension is (0.79) the reliability coefficient in split –half method of the family dimension is (0.87) and total reliability coefficient in split – half method to the total is (0.79).

This is enough proof that the scale and the three dimensions have high level of reliability factor. The results are illustrated by the following table:

Table (15): Split-Half Coefficient method and Cronbach's Coefficient Alpha

No.	Dimension	No. of items	Cronbach's Alpha	Split-Half	
				person correlation Coefficient	correction Spearman-Brown Coefficient
1	psychological dimension	11	0.70	0.63	0.77
2	social dimension	13	0.80	0.65	0.79
3	family dimension	7	0.78	0.77	0.87
4	total scale	31	0.82	0.65	0.79

Statistical methods:

To achieve the research goal. The researcher used the SPSS for Manipulating and analyzing the data by the following method:

- Frequencies and Percentile.
- Alpha- Cronbach's Test for measuring reliability of the items of the questionnaires.
- Pearson correlation coefficients for measuring validity of the items of the questionnaires.
- Spearman –Brown Coefficient.
- Independent sample T test.
- Wilcoxon T-statistic test.
- Chi-square test.

Counseling program (researcher preparation):

Description of the program:

Counseling program is a group counseling program to deal with the family and relatives of patients with schizophrenia, who cause them to have a stigma of mental illness. Different teaching methods were used in the session like lectures, brain Storming, group work, role play, video tape and other things. This program consists of 12 sessions. The time of session (45 minutes).

General goal of the program:

The aim of group counseling program was to reduce the level of stigma resulting from the presence of a patient with schizophrenia in the family through the implementation of several sessions of guidance and counseling to family parents or other relative.

Specific goals of the program:

1. Help the families of schizophrenic patients to reduce the effects of psychological, social and family resulting from the negative feeling towards mental illness.
2. Help the families of schizophrenic patients to insight their problems and activate their potential to reach the lowest level of stigma towards mental illness.
3. Help the people of schizophrenic patients to cope with themselves and with their surrounding community.
4. Modify ideas and beliefs and irrational and distorted trends about mental illness.
5. Provide psychological support to get out of this negative feeling and get rid of the stigma of mental illness.

The Target group:

The researcher chooses a sample of 60 relative members of patients with schizophrenia by simple random way, who are frequently take care by the governmental community mental health clinics in Gaza Strip.

After arbitration of the tools of study, the program was implemented on respondents mentioned in the sample to select the highest family member feeling the stigma of mental illness.

The researcher randomly selected 17 of family members (fathers, mothers, brothers, sisters, and other relatives) to be the intervention group who the counseling Program was applied on.

Techniques used in the program:

1. Discussion and dialogue.
2. De- briefing
3. Avoiding self-judgment.
4. Style of rational and emotional psychotherapy.
5. Correction of irrational thoughts and believes.
6. Relaxation exercise.
7. Homework and feedback.
8. Religious counseling.
9. Psychodrama and Role play
10. Wishes list.

Instruments used in the program:

1. Questionnaire to evaluate the effectiveness of the program.

Monitoring and Evaluation:

The researcher monitor and follow up the application of the program to evaluate and correct the program's progress to commensurate with the levels of the participants and through the application of the questionnaire before starting the program and after completion to observe the improvement.

Limitations of the Study:

1. The population in this study is related to schizophrenic patients treated in governmental mental health clinics, so this sample is not representative of Schizophrenic patients treated in the NGOs.
2. There are no Statistic resources of mentally ill persons in Palestinian territories especially about schizophrenic persons.
3. Lack of related local researches.
4. Israeli aggression and war on the Gaza Strip in July 2014.
5. Lack of logistic support (frequent power cut).

Demographic characteristics of the two groups:

Table (16): shows the demographic characteristics of the control group and the intervention group according to demographic variables (n = 38)

demographic characteristics	control group (n=21)		intervention group (n=17)		x2	P value
	N	%	N	%		
Kinship					1.59	0.66
Father	4	19.0	4	23.5		
Mother	5	23.8	5	29.4		
Wife	6	28.6	6	35.3		
Other relative	6	28.6	2	11.8		
father\husband job					4.6	0.32
without	13	61.9	7	41.2		
Worker	1	4.8	4	23.5		
employee	5	23.8	4	23.5		
free works	1	4.8	2	11.8		
Other relative	1	4.8	0	0.0		
Mother\wife job					2.6	0.27//
Employee	2	9.5	1	5.9		
free works	0	0.0	2	11.8		
without	19	90.5	14	82.4		
Father \husband educational level					4.3	0.22
secondary	13	61.9	14	82.4		
postsecondary	3	14.3	1	5.9		
university	5	23.8	1	5.9		

higher education	0	0.0	1	5.9		
mother \wife educational level					3.4	0.17
secondary	15	71.4	16	94.1		
postsecondary	2	9.5	0	0.0		
university	4	19.0	1	5.9		
patient age					1.55	0.45//
17-25 years	11	52.4	6	35.3		
26-33 years	4	19.0	6	35.3		
34-46 years	6	28.6	5	29.4		
Arrangement of patient between kids					6.7	0.15//
First	3	14.3	3	17.6		
Second	3	14.3	4	23.5		
Third	9	42.9	3	17.6		
Fourth	2	9.5	4	23.5		
Fifth	4	19.0	0	0.0		

Results

The results showed insignificant statistical differences among the members of the control group and the intervention group in demographic variables in the schizophrenic patients families as well as the demographic variables of patients themselves and the variables are as follows: (kinship patient, the job of the father / husband, the job of the mother / wife, age of the patient, arrangement of patient between children in the family), and this indicates the presence of homogeneity among the members of the control group and the intervention group regarding demographic variables.

The research questions:

1. What is the level of stigma among the families of patients with schizophrenia in Gaza Strip?

2. What is the level of stigma among the intervention group members and the control group members in the pre test and post test intervention?

To determine the level of stigma among the families of patients with schizophrenia in the Gaza Strip according to the type of group (control and, intervention) before and after the counseling program, the researcher calculated the mean and the standard deviation and the relative weight of the stigma scale and its three dimension (psychological, social, family) for each group separately in pre test and post test intervention, and the results are illustrated in table (17):

Table (17): mean, standard deviation, relative weight of the stigma scale of the control group and the intervention group in the pre and post test intervention

group	dimension	Items No.	Total score	Pre test			Post test		
				Mean	s. Deviation	%	Mean	s. Deviation	%
control group	psychological dimension	11	55	45.8	3.9	83.3	44.7	3.7	81.2
	social dimension	13	65	51.9	6.3	79.8	52.2	6.0	80.3
	family dimension	7	35	28.4	3.6	81.2	30.9	3.5	88.3
	total score	31	155	126.1	11.2	81.4	127.8	9.6	82.4
intervention group	psychological dimension	11	55	44.5	4.6	81.0	24.7	1.4	44.9
	social dimension	13	65	50.6	6.4	77.9	24.0	3.0	36.9
	family dimension	7	35	27.1	3.5	77.5	17.4	1.0	49.8
	total score	31	155	122.3	13.0	78.9	66.1	3.1	42.7

To obtaining the relative weight of the mean is achieved by dividing the mean for each dimension on the total score and then multiplied by 100.

The control group Members:

The previous table(17) shows that the average degrees of stigma for the control group in the pre test intervention reached 126.1 degrees and a standard deviation was 11.2 degrees, and the relative weight was (81.4%) while the relative weight of the post test intervention was 82.4%, when we talk about the dimensions, the psychological dimension has reached 83.3% in the pre test intervention while in the post test intervention it was 81.2% , the social dimension has reached 79.8% in the pre test intervention, while in the post test intervention it was 80.3%, the family dimension was 81.2% in the pre test intervention, while the post test intervention was 88.3%.

The intervention group Members:

In the previous table the mean scores of stigma scale of the intervention group in the pre test intervention reached 122.3 degrees and a standard deviation is 13.0 degrees. The relative weight was (78.9%), while after the post test intervention it was 42.7%, and this indicates that the level of stigma among the members of the intervention group decreased after application of the proposed counseling Program.

As for the dimensions, the relative weight of the psychological dimension reached 81.0% in the pre test intervention, and the relative weight of the post test intervention was 44.9%. The relative weight of the social dimension reached 77.9% in the pre test intervention, and the post test intervention was 36.9%. The family dimension was 77.5% in the pre test intervention while the post test intervention was 49.8%.

It is already clear from the results that the proposed counseling program has an indicative effect in reducing the level of stigma among the families of patients with schizophrenia in the Gaza Strip.

Table (18): The results of (T-test) by comparison between the intervention group and the control group in degrees of stigma scale before applying the program (n = 38)

dimension	type of group	No.	mean	standard deviation	T value	P value
psychological dimension	control	21	45.8	3.9	1.07	//0.29
	intervention	17	44.5	4.6		
social dimension	control	21	51.9	6.3	0.80	//0.43
	intervention	17	50.6	6.4		
family dimension	control	21	28.4	3.6	1.04	//0.30
	intervention	17	27.1	3.5		
total degree of stigma scale	control	21	126.1	11.2	1.27	//0.21
	intervention	17	122.3	13.0		

**Significant at 0.01 *significant at 0.05 //not significant

The result in the previous table shows insignificant statistical differences between the intervention group and the control group members in the total degree of stigma scale and its dimensions (psychological, social, family). This ensures that the degrees of control group members and the degrees of intervention group members are equal in the pre test of stigma scale and this shows that the degrees of control group members and the intervention group members are homogeneous in the pre test among stigma scale and its three dimensions (psychological, social, family).

Study Hypotheses

First hypothesis: "There are no statistically significant differences at the level of significance (0.05) in level of stigma among the intervention group and the control group after the application of the counseling program.

To test this hypothesis, the researcher uses a T-test to compare between mean scores of the intervention group and mean scores of the control group after the application of the counseling program. This is shown in Table (19):

Table (19): The results of (T test) by comparison between the intervention group and the control group in degrees of stigma scale after application of counseling program (n = 38)

dimension	type of group	No.	mean	standard deviation	T value	P value
psychological dimension	control	21	44.7	3.7	20.86	**0.001
	intervention	17	24.8	1.4		
social dimension	control	21	52.2	6.0	17.80	**0.001
	intervention	17	23.9	2.9		
family dimension	control	21	30.9	3.5	15.22	**0.001
	intervention	17	17.4	0.9		
total degree of stigma scale	control	21	127.8	9.6	25.42	**0.001
	intervention	17	66.1	3.0		

**Significant at 0.01 *significant at 0.05 //not significant

Table (19): shows the following results:

Stigma Scale: Statistically significant differences were found between the mean scores of the control group members and the mean scores of the intervention group members in degrees of stigma scale in post- test (T-test = 25.42, P-value <0.01) and these differences were in favor of the intervention group and this shows that members of the intervention group who Underwent application of counseling Program have lower level of stigma compared by members of the control group who did not Undergo application of counseling Program. The mean scores of the intervention group members in stigma scale was (66.1) degrees while the mean scores of the control group members was (127.8) degrees. This gives an indication that the counseling program has a substantial impact in reducing the level of stigma among the intervention group members.

Dimensions of stigma scale: (psychological, social, family)

Statistically significant differences were found between the mean scores of the control group members and the mean scores of the intervention group in grades of stigma scale dimensions (psychological, social, family) in post- test.

Differences were in favor of the intervention group members and this shows that the intervention group members who underwent application of counseling Program have lower degrees of stigma in the psychological, social, and family dimensions compared to the control group members who did not undergo application of counseling Program and this gives an indication that the sessions of proposed counseling Program has big role to reduce the level of stigma among the intervention group members.

Second hypothesis: "There are no statistically significant differences at the level of significance (0.05) between the scores of pre-test and post-test in stigma level among the intervention group members in the counseling program.

To check the third hypothesis, the researcher uses (Wilcoxon T-statistic) non parametric because the sample size is small and the study is about two related samples in order to detect differences between the scores of pre test and post test interventions of the stigma scale and its dimensions (psychological, social, family) among the intervention group members that underwent the counseling program. The researcher calculates the size effect of ETA square and the results are illustrated by the following table:

Table (20): Shows the mean average of the scores of pre test and post test of stigma scale and the value of (Wilcoxon T-statistic) and the value of ETA to measure the impact on the intervention group

Dimension	Pre Test		Post Test		Z. value	P. value	D. value	Efficiency value %
	mean	s. Deviation	mean	s. Deviation				
psychological dimension	44.5	4.6	24.7	1.4	-3.624	**.0001	8.6	44.6
social dimension	50.6	6.4	24.0	3.0	-3.627	**.0001	6.9	52.6
family dimension	27.1	3.5	17.4	1.0	-3.631	**.0001	5.4	35.7
total degree of scale	122.3	13.0	66.1	3.1	-3.624	**.0001	7.9	45.9

**Significant at 0.01 *significant at 0.05 //not significant

D.value: d>0.8: high efficiency value d(0.5-0.7) middle efficiency value d(0.2-0.4) low efficiency value

The previous table (20) shows the presence of statistically significant differences between the scores of pre-test and the score of post-test intervention of stigma scale and its three dimensions (psychological, social, family). The differences were in favor of the post-test intervention which indicates the effectiveness of the counseling program on reducing level of stigma among schizophrenic patients families in general as well as reducing the level of psychological, social stigma.

The table(20) shows that the total level of stigma dropped after applying the counseling program on the intervention group which has been selected from the family of schizophrenic patients in Gaza Strip and with respect to the size of the impact of the counseling program on reducing level of psychological ,social stigma among the family of schizophrenic patients of the intervention group that underwent the program we seen that the effect size was high because the D.value is about (0.8) and this means that the counseling program has a positive effect on reducing level of stigma of the intervention group while the percentage change was (45.9%) for the intervention group in level of stigma after the application of the counseling program. The effectiveness value ranged between (35.7% - 52.6%).

Third hypothesis:

There are no statistically significant differences at the level of significance (0.05) between the scores of post-test and Sequential test of stigma scale among the intervention group of the counseling program.

To check the fourth hypothesis, the researcher uses (Wilcoxon T-statistic) non parametric because the sample size is small and the study is about two related samples in order to detect differences between the scores of post- test and sequential test interventions of the stigma scale and its dimensions (psychological, social, family) among the intervention group members that underwent the counseling program and the results are illustrated by the following table:

Table (21): shows the mean average of the scores of post test and sequential test of stigma scale and the value of (Wilcoxon T-statistic)

dimension	Post-Test		sequential Test		Z. value	P. value
	mean	s. Deviation	Mean	s. Deviation		
psychological dimension	24.7	1.4	26.2	4.3	-1.37	//0.19
social dimension	24.0	3.0	25.1	5.9	-0.61	//0.55
family dimension	17.4	1.0	18.4	3.3	-1.49	//0.15
total degree of scale	66.1	3.1	69.7	12.4	-1.15	//0.27

**Significant at 0.01 *significant at 0.05 //not significant

The above table (21) shows insignificant statistical differences between the scores of post-test and the scores of sequential test of stigma scale and its three dimensions (psychological, social, family) after one month of counseling program intervention. This ensures the continuity of the positive impact of counseling program on reducing level of stigma among the intervention group of schizophrenic patients families in Gaza Strip and this gives an indication that the counseling

program and its sessions works on the stability improvement of the schizophrenic patients families toward stigma of mental illness.

Conclusion:

The results of the current study revealed the presence of statistically significant differences in the stigma of the mental illness among members of the intervention group before and after applying the counseling program and this means that the scores on stigma scale of mental illness has declined after applying the counseling program. This ensures the effectiveness of the counseling program. The Researcher finds that the activities of the counseling program sessions' contents (De-briefing, psychodrama, discussion, dialogue and religious counseling) have contributed to reduce the stigma level among the members of the intervention group in post test intervention.

The results of the current study show the insignificant statistical differences in the level of stigma among members of the intervention group after one month of counseling program application and sequential test intervention.

The researcher finds that the decreasing scores of stigma scale after applying the counseling program on the intervention group were due to many experiences and social and psychological skills of people which are considered an important element in immunizing and providing them with ways to adapt to stressful situations.

One of the most important reasons that helped essentially in the response of the intervention group is their religious culture (Islamic culture) the effective influence of the religious scruples as well as the belief in fate and destiny. In addition, there are effective influences of Quran recitation and praying on decreasing stress and helping people greatly for how to deal with stressors and tribulation.

The results ensure the effectiveness of the counseling program used in the recent study on decreasing stigma level among families of patients with schizophrenia. There were no statistically significant differences of stigma level between post-test and sequential test after one month there was no change in stigma scale score and this is related to the stability of the program and ensures the positive effects of counseling program.

The stigma means a sign of shame or rejection attached to individuals themselves and may result in isolation and causes of prejudice, discrimination and harassment of family members when they listen to people talking about the actions of psychiatric patients especially if they were seen in streets. Accordingly there is no doubt that the presence of patients with mental illness creates stress situation in family relations and this leads to poor relationships of family members at a time when their relationships should be stronger than ever. So, the family should know more and more about the mental illness as an organic disease and that it can be cured based on that come to know that when their patients family can avoid the stigma of mental illness so that all of them can treat their patient.

The Palestinian families affected by trends in society. For example, when a young man wants to get marred he may be affected by stigma and rejected if the people know he went to a psychiatric clinic that is because of the negative impact of the idea people bear about the patients with mental illness.

Recommendations:

- Applying such program in the community mental health clinic and social centers to reduce stigma of mental illness.
- Training of psychiatric health workers and social workers on counseling program as a tool of treatment.
- Building other programs to treat other problems related to stigma of mental illness.
- Providing public education to fight the stigma. This involves people with mental illness and their families. Public meetings should be held to raise awareness of mental health and its prevention and promotion.
- Encouraging positive and responsible reporting and discussion of mental illness by the media and assigning to the Palestinian media the responsibility for removing the attitudinal barriers and changing behavior and attitudes towards patients with mental illness and their families.
- Increasing the spiritual support which plays an important role in defining health and illness as well as stigma reduction and management.

Suggestions for future Studies:

- Further research is necessary to measure the level of stigma related to all different mental disorders.

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