"A Study to Assess the Symptoms of Paranoia among Adolescents at Selected Community Area, Puducherry."

Ms.P.Pavithra[1], Mrs.K.Nithiya[2], Dr.G.Muthamilselvi[3]

[1]Final year student , Sri Manakula Vinayagar Nursing College, Puducherry-605 107,India
[2]Assistant professor in Department of Mental health nursing ,Sri Manakula Vinayagar Nursing College,
Puducherry – 605 107,India
[3]Principal, Department in Obstetrics and Gynaecological Nursing, Sri Manakula Vinayagar Nursing
College,Puducherry-605 107
Corresponding Author: Mrs.K.Nithiya-Mail ID:nithiyak@smvnc.ac.in

Abstract
Paranoia is the irrational and persistent feeling that people are „out to get you" or that you are the subject of persistent, intrusive attention by others. This unfounded mistrust of others can make it difficult for a person with paranoia to function socially or have close relationships. Paranoia may be a symptom of a number of conditions, including paranoid personality disorder,delusional (paranoid) disorder and schizophrenia. Before the 19th century , the term paranoia could be used for almost any form of dilusional thinking . In 1863 kahlbaum used the term paranoia to describe chronic delusion of persecution.The present study was conducted to assess the depression level of depression patient in FLSH at puducherry. The study was true experimental research design with one group pre-test and post-test design. A total of 30 patients who met the inclusion criteria were selected from the FLSH at puducherry by using convenient sample technique. There was a significant difference in pre and post-test level of stress and depression is the overall 't' value (9.58) at p < 0.0001 (p < 0.05) level. The level of symptoms of paranoia regarding adolescents shows that 0% of them high and severe level of symptoms of paranoia, 1(3.4%) of them moderate level of symptoms, 7(23.3%) of them mild level of symptoms, 22(73.3%) of them Almost no level of symptoms of paranoia.
Key Words: *Savasana, Reduction of stress, Depression*

I. Introduction

Paranoia is just a heightened sense of awareness   - John Lennon

Paranoia is the irrational and persistent feeling that people are „out to get you" or that you are the subject of persistent, intrusive attention by others. This unfounded mistrust of others can make it difficult for a person with paranoia to function socially or have close relationships. Paranoia may be a symptom of a number of conditions, including paranoid personality disorder,delusional (paranoid) disorder and schizophrenia. Before the 19th century , the term paranoia could be used for almost any form of dilusional thinking . In 1863 kahlbaum used the term paranoia to describe chronic delusion of persecution. In describing dementia praecox , kraepelin initially regarded paranoia as an instinct disorder. Bleuer argued that there was no need for distinction between paranoia and his concept of schizophrenia. In 1921 , Mayor comcluded that paranoid psychosis could not be seperated from schizophrenia, based upon phenomenology. A variety of paranoid condition have been described in society for centuries. The term paranoia is derived from Greek word "para" (beside) and "noos" (mind). In other words , a condition of mental illness where a preoccupation of the mind occurs.However, a person with paranoia is unlikely to talk openly and freely to a therapist, so progress can be extremely slow. Coping skills other treatments aim to improve the person"s ability to function socially. Options may include relaxation therapy, techniques to reduce anxiety, and behaviour modification. Hospital admission in severe cases, the person may need to stay in hospital until the condition causing paranoia stabilises. While it may not be possible to prevent paranoid personality disorder, treatment can sometimes allow a person prone to this disorder to learn more productive ways to deal with   situations.

II. Review Of Literature

Raylon et al, (December 10, 2021) conducted study on paranoia in patients attending child and adolescent mental health services. The sample consists of a total of 301 patients (11–17 years old) completed measures of paranoia, affect, peer difficulties and behavioural problems. Patterns of association were examined using linear regressions and network analyses. In total, 105 patients repeated the measures several months later.

The results showed that most sof the adolescents had affective disorders (n = 195), self-harm/suicidality (n = 82), or neurodevelopmental conditions (n = 125). Few had suspected psychosis (n = 7). Rates of paranoia were approximately double compared with previous reports from the general population. In this patient sample, 35% had at least elevated paranoia, 15% had at least moderate paranoia, and 6% had high paranoia. The study concluded that when paranoia occurs alongside emotional problems, important peer interactions may be adversely affected

STATEMENT OF THE PROBLEM:
"A STUDY TO ASSESS THE SYMPTOMS OF PARANOIA AMONG ADOLESCENTS AT SELECTED COMMUNITY AREA, PUDUCHERRY."

OBJECTIVES:
1.   To assess the symptoms of paranoia among adolescents.
2.   To associate the symptoms of paranoia among adolescents with selected demographic data.

III.   MATERIALS AND METHODS
The present study was conducted to assess the depression level . The study design   was true experimental research design with one group pre-test and post-test design. A total of 30 patients who met the inclusion criteria were selected by using convenient sample technique. The researcher first introduced himself to the patients and developed a rapport communication with them. After the selection of samples the data was collected with the prepared tools.

DESCRIPTION OF THE TOOL:
SECTION A - DEMOGRAPHIC VARIABLES:
It consists of demographic data such as age, gender, place of living, educational status, type of family, symptoms of paranoia, living status, occupational status, family income, socioeconomic status, residency, health status for adolescents.

SECTION B –STRUCTURED TOOLS FOR ASSESS THE PARANOIA SYMPTOMS

This section deals with questionnaire to assess the paranoia symptoms among adolescents. It consists of 18 standardized questions for adolescents and 18 standardized questions for adult related to paranoia

Table 1: Frequency and percentage wise distribution to assess the effectiveness of savasana on reduction of stress among depression patients admitted in selected hospitals at puducherry

LEVEL OF DEPRESSION	PRE TEST		POST TEST	
	f	%	f	%
Normal	3	10	24	80
Mild	25	83.3	6	20
Moderate	2	6.7	-	-
Severe	-	-	-	-

Table 1: The above table findings revealed that in pretest 3(10%) were in normal, 25(83.3%) were in mild, 2(6.7%) were in moderate, in posttest 24(80%) were in normal, 6(20%) were in mild level of depression.
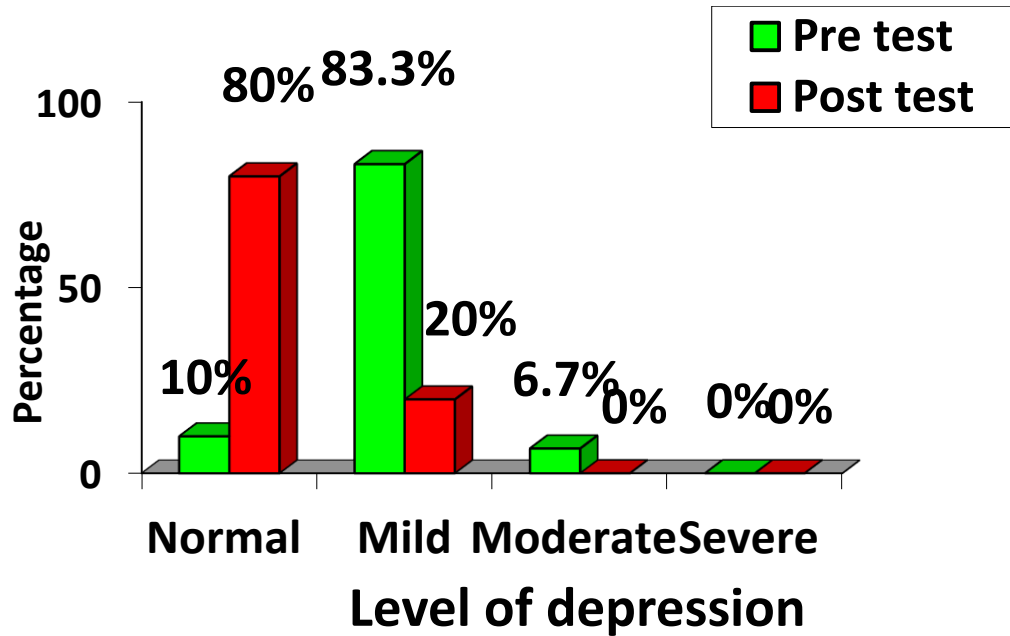
Fig 1: Bar diagram showing percentage wise distribution of depression level in pre and post-test

Table 2: Paired "t"-test was found to assess the effectiveness of savasana on reduction of stress among depression patients admitted in selected hospital at puducherry

Area	pre test		post test		Mean difference	't'-value	P-value
	Mean	SD	Mean	SD			
Overall	24.97	3.96	17.37	3.59	7.6	9.58	**P<0.0001*****

*-P<0.05 ,significant and **-P<0.01 &***-P<0.001 , Highly significant

Correlation between Stress and Depression:

The findings revels that correlation between stress and depression is pre test 'r' value is 0.489 and p-value is 0.006 in posttest 'r' value is 0.353 and 'p' value is 0.0559.

IV. DISCUSSION

This chapter deals with discussion. The present study was attempted to assess the symptoms of paranoia by using R-GPTS scale among adolescents with paranoia at Community Area, Pondicherry. A total number of 30 adolescents were selected for the study. The present study was aimed toassessthe paranoia symptoms by using R-GPTS scale among adolescentswith Paranoia. The first objective of the study was to assess the paranoia symptoms among adolescents by R-GPTS scale.

The Table –2 shows frequency and percentage wise distribution of the level of symptoms of paranoia among adolescents. Majority of the adolescence 22 (73.3%) had Average level of symptoms of paranoia, 7 (23.3%) had Mild Elevated level of symptoms of paranoia and 1(3.3%) had Moderate level of symptoms of paranoia and the mean and standard deviation the level of symptoms of paranoia among adolescents is (19.47+7.210) respectively. Felicity weite et al., 2017) was conducted a study based on Body image and paranoia: Data were used from 5515 participants in the US National Co morbidity Survey Replication (NCS-R). To validate the findings, the analyses were replicated with 10,113 participants in the US National Co morbidity Survey-Adolescents (NCS-A). Concerns about weight were associated with paranoia in the NCSR (OR=1.48, p =0.006, CI = 1.123, 1.955) and NCS-A (OR = 1.67, p < 0.001, CI = 1.490, 1.873). The associations remained significant after controlling for gender and body mass index. The results show that negative body image and paranoia are associated in the general population, consistent with the idea that paranoia may build upon feelings of vulnerability arising from body image concerns. Studies are needed to examine whether there is a causal relationship.

The second objective of the study to associate the paranoid symptoms by using RGPTS scale among adolescents with this selected demographic variables.The chi square reveals that it is statistically association

with educational status and siblings status belongs to highly significant **-p=0.049, p=0.026 respectively.

V.   SUMMARY AND CONCLUSION

The present study was conducted to assess the symptoms of paranoia by using by using GPTS scale among adolescents with paranoia at Selected Area, Pondicherry. All the adolescents who met the inclusion criteria were selected by using a convenience sampling technique. The researcher first introduced himself to the community adolescent's people and developed a rapport communication with them. After the selection of samples, the data was collected with selected tool.

MAJOR FINDINGS OF THE STUDY

The level of symptoms of paranoia regarding adolescents shows that 0% of them high and severe level of symptoms of paranoia, 1(3.4%) of them moderate level of symptoms, 7(23.3%) of them mild level of symptoms, 22(73.3%) of them Almost no level of symptoms of paranoia. Mean and standard deviation the level of symptoms of among adolescents with paranoia is (19.47 ± 7.210). Association on assess the level of symptoms of paranoia by using among adolescents with educational status and siblings status belongs to highly significant **- p=0.049, p=0.026 belongs to non significance.

CONCLUSION:

A descriptive study to assess the level of symptoms of paranoia by using R-GPTSscale among adolescents with paranoia at Selected Community Area, Pondicherry. The findings of the study revealed that Out of 30 samples, 22(73.3%) had average level of symptom paranoia, 7(23.3%) had mild elevator level of symptom paranoia and 1(3.3%) had moderate level of symptoms of paranoia. At present the study found that most of them have average level of symptoms.

NURSING IMPLICATIONS:
The study has implicated for nursing practice, nursing education, nursing administration and nursing research.

NURSING PRACTICE:
- This study emphasis in improving the knowledge of symptoms through educative measures.
- More knowledge regarding symptoms of paranoia will help for early identification of the adolescents with Paranoia.
- Questionnaire will help the client to increase the knowledge regarding symptoms of paranoia.
- Nurses' active participation in community health program by providing direct and indirect care helps to achieve the goals of health services.
- Adolescents deficit in level of symptoms paranoia indicate the needs for arranging Health education session in related topics.

NURSING EDUCATION:
- Nurse educator should emphasize more on preparing adolescents to impact Health information to the public regarding self concept.
- The study has clearly proved that questionnaire was effective in improving the self concept in paranoia.
- To practice this, nursing personal needs to be equipped with adequate knowledge and practice regarding questionnaire.
- The curriculum of nursing education should enable student nurse to equip themselves within the knowledge in symptoms of paranoia

NURSING ADMINISTRATION:
- Nurse as an administrator should take limitation in formulating policies and protocols for health teaching.
- The nursing administration should motivate the subordinate for participating in various educational programs and improve their knowledge and skills.
- The administrator serves as a reserve's person for young nursing students, parents and community health nurses for proving guidance and counseling regarding symptoms of   paranoia.
- The nurse administrator has given through questionnaire for awareness of symptoms in paranoia.

NURSING RESEARCH:
- There is a good scope for nurse to conduct research in this area, to find out the effectiveness of various teaching strategy to educate the community health nurse and the parents
- The research study can be made by further implication of the study.

- Can be used for evidence based nursing practice as a rising trend.

RECOMMEDATIONS:
- The study can be conducted to assess the attitudes and coping strategy of nurse towards adolescents with Paranoia.
- Comparative study can be done between urban and rural areas.
- A quasi experimental study can be conducted with control group for the effective comparison.
- Similar study can be conducted in a large group to generalize the study findings

SECTION A - DEMOGRAPHIC VARIABLES:

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SECTION B –STRUCTURED TOOLS FOR ASSESS THE PARANOIA SYMPTOMS

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