

## Social Support among Caregivers of Patients with Schizophrenia

### الدعم الاجتماعي لمقدمي العناية لمرضى انفصام الشخصية

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#### الخلاصة

**الخلفية:** يعتبر مرض انفصام الشخصية من الامراض العقلية الشديدة . والاشخاص الذين يعانون من مرض انفصام الشخصية يعانون ضعف في عملية التفكير ، والتي تؤثر في سلوكهم.

**الهدف:** تقييم الدعم الاجتماعي عند مقدمي الرعاية لمرضى الفصام من اسرهم، والتحقق من التأثيرات الدعم الاجتماعي في حالة وجود مسببات الكرب النفسي ولتحديد الارتباط بين محددات بعض المتغيرات المرتبطة بالدعم الاجتماعي.

**المنهجية:** تم اختيار (60) فرداً من مقدمي الرعاية الى 60 مريض فصام خلال مدة مرافقتهم للمرضى من ذويهم في المستشفى. تم إجراء المقابلة الشخصية مع مقدمي الرعاية الصحية لغرض جمع البيانات بالإعتماد على إستبانة الدعم الاجتماعي متعددة الجوانب والمعدة لغرض تحقيق أهداف الدراسة. تم تحليل البيانات بإستعمال أساليب الإحصاء الوصفي وأسلوب الانحدار الخطي البسيط.

**النتائج:** كان الدعم الاجتماعي بصورة عامة بمستوى متوسط. وهناك ارتباط بارز بين الصفات السريرية للمرضى، الصفات الاجتماعية والديموغرافية لمقدمي الرعاية والأداء الوظيفي للأسرة.

**الاستنتاجات:** تقييم الدعم الاجتماعي يكون هدفاً هاماً في هذه الدراسة. وكان الدعم الاجتماعي لمقدمي الرعاية لاسر المرضى كافياً، بل وصلت إلى مستوى جيد من الدعم.

**التوصيات:** يوصي الباحثان بإجراء المزيد من الدراسات بشأن دور الدعم الاجتماعي في تسهيل شفاء مرضى الفصام وإندماجهم في المجتمع وضمن أسرهم.

#### Abstract

**Background:** schizophrenia is considered a severe mental illness. People with schizophrenia may experience impairment in their thought process, which influences their behavior.

**Objective:** To assess the social support among caregivers of patients with schizophrenia, and to examine the effects of social support in the presence of health stressors and to determine the association between determinants of some variable and social support.

**Methods:** sixty caregivers of 60 patients with schizophrenia were recruited during their relative's hospitalization. Caregivers were interviewed and the data were collected by self report questionnaire using the multidimensional social support scale (MSPSS). Then, data was analyzed by descriptive and Linear Regression correlation.

**Results:** overall social support was perceived at a moderate level. There was significant association between patients' clinical characteristics and caregivers' socio-demographic characteristics with family functioning in some variables.

**Conclusions:** The study concluded that there is an acceptable level of social support for schizophrenic patient family care givers.

**Recommendations:** The researchers recommend made another research on the role of social support in facilitating recovery and integration into the community those living with mental illness and their families.

**Key words:** Caregivers; social support; Schizophrenia

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## INTRODUCTION

Schizophrenia is a severe mental illness, which is stressful not only for patients, but also for their family members. Numerous studies have demonstrated that family caregivers of persons with a severe mental illness suffer from significant stresses, experience moderately high levels of burden, and often receive inadequate assistance from mental health

professionals. Effective family functioning in families with schizophrenia may be influenced by a variety of psychosocial factors.<sup>[1]</sup> Family is a basic unit that is responsible in preserving the integrity of individuals, who form the unit. Families extend emotional, social, and economic support to their members. An illness like schizophrenia is serious and disabling

and causes an emotional and financial brunt on the supporting family members.<sup>[2]</sup> In the last three decades, many researches were published discussing the role of the family in the course of schizophrenia. The Importance has been given to the family environment, role of supportive caregivers and a well-functioning family as contributing factors to the relapse or rehabilitation of the patient <sup>[3]</sup>. The development of services for families has to be an integral part of any comprehensive program for patients with first-episode psychosis. The family involvement in initial treatment-seeking is very important issue to be considered in efforts to reduce treatment delays <sup>[4],[5]</sup>.

Patient's support system may come from several sources apart from family such as friends, residential or daycare providers, shelter operators, roommates, and others <sup>[6]</sup>. Most patients with mental disorders live in close contact with their family members, who also frequently represent the main source of patient support. This will ensure proper social support, encouragement, and treatment. Research has shown that a family with a schizophrenic patient suffers from network contraction and condensation, which in turn, increases the vulnerability of the family to stressors due to lack of social support<sup>[7]</sup>. Families of people with schizophrenia often provide considerable support to their ill relatives and experience an important level of burden as result <sup>[8]</sup>. Providing support for family members in caring for loved ones with a mental illness has been shown to improve health outcomes for both the family and the ill loved ones. Family support hastens client recovery from mental illness and addiction, lowers the risk of death, reduces reliance on health care services, reduces the rate of re-hospitalization and relapses, enhances medication compliance, and improves client interpersonal functioning and family relationships <sup>[9]</sup>. Social support for

families providing care for their schizophrenic patients is associated with increased family functioning and recovery, while the absence of social support is related to impairment functioning and increased psychiatric symptoms and reduced potential for full community integration <sup>[10]</sup>. When facing the challenges of mental illness, family members tend to first seek support from other family members and close friends, and then turn to others with similar experiences <sup>[11]</sup>. Family members may also seek support from other families who are facing similar challenges. Participating in a support group reduces social isolation and provides opportunities for family members to grow by gaining knowledge about mental illness, learning advocacy skills, and becoming more confident in their capacity for caregiving<sup>[12],[13]</sup>.

Researchers emphasize that a support group for family caregivers may be an effective intervention modality, which merits greater attention by health professionals <sup>[14],[15]</sup>

### **OBJECTIVES:**

- 1- To assess the social support among caregivers of patients with schizophrenia.
- 2- To examine the effects of social support in the presence of health stressors and to determine the association between determinants of some variable and social support.

### **METHODOLOGY**

#### **Study Design and Sample**

This was a descriptive analytical study carried out from 1 January to 30 May 2012 psychiatric hospital in Baghdad city. The sample comprised caregivers of patients with schizophrenia who attended inpatient clinic of the hospital. The patients' diagnosis of schizophrenia was made by clinical psychiatrist interview based on the 4th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) criteria. Five

Inclusion criteria were: sixty caregivers of 60 patients with schizophrenia were recruited during their relative's hospitalization aged above 18 years, they lived with the patient, Patients who did not live independently; the caregiver was the major person responsible for the patient's well-being after discharge, who gave informed consent to participate in the study.

### MEASUREMENT

The Multidimensional Scale of Perceived Social Support (MSPSS) ;( Zimet, Dahlem, Zimet & Farley, 1988). This questionnaire is self-rated and can be filled out by family members aged over 18 years. The questionnaire consists of 12 items and the subjects have to rate their agreement or disagreement with how well an item describes their families by selecting between 3 alternative responses (Always, sometimes, never).The greater score, the higher

### RESULTS

**Table 1. Demographic characteristics of the sample (n=60)**

| Variable  | Patients    | Caregivers |
|---|-------------|------------|
| <b>Gender</b>                                       | 35          | 34         |
| Men   |             |            |
| Women   | 25          | 26         |
| <b>Age</b>  |             |            |
| 20-29   | 27          | 16         |
| 30-39   | 10          | 19         |
| 40-49   | 13          | 7          |
| ≥50   | 10          | 18         |
| <b>Marital status</b>                               |             |            |
| Married   | 34          | 50         |
| Unmarried   | 26          | 10         |
| <b>Occupation</b>                                   |             |            |
| Employee  | 20          | 29         |
| Unemployed  | 40          | 31         |
| <b>Level of Education</b>                           |             |            |
| ≤Primary school graduate                            | 25          | 35         |
| ≥Intermediate school graduate                       | 35          | 25         |
| <b>Monthly income</b>                               |             |            |
| Sufficient  | 40          | 34         |
| Insufficient  | 20          | 26         |
| <b>Residence</b>                                    |             |            |
| Urban   |             | 47         |
| Rural   |             | 13         |
| <b>Kinship</b>                                      |             |            |
| Father / Mother                                     |             | 23         |
| Brother / Sister                                    |             | 27         |
| Husband or Wife                                     |             | 3          |
| Daughter / Son                                      |             | 6          |
| Relative  |             | 1          |
| <b>Years of providing care</b>                      |             | 53.4%      |
| <b>Time of hospitalization</b><br>(No. of relapses) | 1-2 (71.7%) |            |

Table 1 shows that one third of the subjects of family caregivers (31.7%) were 30-39 years old, more than half were males (56.7%), most of them were married (83.3%) and

perceived social support. The purpose of this scale was to measure the caregivers' perception of support from family, friends, and other significant persons.

The test-retest reliability for the different scales was good and was found to have good sensitivity and specificity. This (MSPSS) has been translated to Arabic and back-translated into English. Forward and backward translation was done to reach the strong face validity of the questionnaire. The (MSPSS) Arabic version has been successfully used by other local researchers selected for use in this study.

### Statistical Analysis

Data were analyzed using the Statistical Package for Social Sciences (SPSS) computer program, Windows version 16.

nearly two third had elementary school educational level (61.4%). More than thirty percent of them were unemployed and their monthly income is sufficient for more than half (56.7%). The majority of subjects (78.3%) lived in urban. Concerning the patient's characteristics, the majority of them (61.7%) were 20-29 years old, 58.3% were males, 1-2 times hospitalization (71.7%). The majority of the subjects were brothers and sister (30.5%), 1-5 years of providing care (53.4%) and 90.9% were providing full day care.

**Table 1. Social Support level among the sample**

| #                     | Items   | Always |      | Sometimes |      | Never |      | MS          | Sig.     |
|-----------------------|---|--------|------|-----------|------|-------|------|-------------|----------|
|                       |   | F      | %    | F         | %    | F     | %    |             |          |
| <b>Social Support</b> |   |        |      |           |      |       |      |             |          |
| 1                     | There is a close friend who help me when I need                 | 23     | 38.3 | 26        | 43.3 | 11    | 18.3 | 2.20        | M        |
| 2                     | I have close individual share him in happiness and sadness      | 35     | 58.3 | 18        | 30.0 | 7     | 11.7 | 2.47        | M        |
| 3                     | My family tries to help me                                      | 42     | 70.0 | 10        | 16.7 | 8     | 13.3 | 2.57        | H        |
| 4                     | I receive the emotional support that I need from my family      | 39     | 65.0 | 12        | 20.0 | 9     | 15.0 | 2.50        | H        |
| 5                     | I have a close individual who is the real source of my comfort  | 36     | 60.0 | 15        | 25.0 | 9     | 15.0 | 2.45        | M        |
| 6                     | My friends try to help me                                       | 26     | 43.3 | 23        | 38.3 | 11    | 18.3 | 2.25        | M        |
| 7                     | I can talk to my family about my illness                        | 33     | 55.0 | 24        | 40.0 | 3     | 5.0  | 2.50        | H        |
| 8                     | I talk to my friends about my illness                           | 21     | 35.0 | 23        | 38.3 | 16    | 26.7 | 2.08        | M        |
| 9                     | I have friends share them in happiness and sadness              | 28     | 46.7 | 24        | 40.0 | 8     | 13.3 | 2.23        | M        |
| 10                    | I have a close friend who take care my feelings and interest it | 33     | 55.0 | 19        | 31.7 | 8     | 13.3 | 2.42        | M        |
| 11                    | My family help me in making necessary decisions                 | 41     | 68.3 | 11        | 18.3 | 8     | 13.3 | 2.55        | H        |
| 12                    | I depend on my friends when matters get worse                   | 23     | 38.3 | 25        | 41.7 | 12    | 20.0 | 2.18        | M        |
|                       | <b>Total</b>  |        |      |           |      |       |      | <b>2.46</b> | <b>M</b> |

MS: mean of score ; Sig.: Significant ;H=high; M=moderate, the higher the score, the good social support

Table 2 reveal that the mean scores of the overall social support was interpreted at a moderate level (M=2.46; SD=1.20) among caregivers of patients with schizophrenia.

**Table 2: Linear Regression analysis for provider's socio- demographic variables**

| Variable                              | B       | SE    | $\beta$ | P            |
|---------------------------------------|---------|-------|---------|--------------|
| Provider's Gender                     | -3.033- | 3.926 | -.164-  | 0.53         |
| Age                                   | .318    | 1.196 | .045    | 0.69         |
| Marital status                        | .006    | 4.195 | .000    | 0.90         |
| Occupation                            | 1.637   | 3.666 | .089    | 0.20         |
| educational level                     | 2.244   | 2.781 | .121    | <b>0.03*</b> |
| Monthly                               | -2.127- | 2.547 | -.115-  | 0.77         |
| Type of House                         | -.610-  | 3.121 | -.027-  | 0.57         |
| Number of Family member live together | 2.697   | 2.685 | .144    | 0.68         |
| Residency                             | -.646-  | .298  | -.247-  | 0.13         |
| Kinship of caregivers                 | .313    | .151  | .264    | <b>0.04*</b> |

\*Correlation is significant at the 0.05 level (2-tailed); \*\*. Correlation is significant at the 0.01 level (2-tailed) B: Regression coefficient, slop of the line; SE: Standard error of the mean;  $\beta$ : Standardized Regression Coefficient; P: Probability level

Table 3 reveals that there was an association between level of education of caregivers, and kinship of caregivers with the social Support (P=0.03; P< 0.05).

**Table 3: Linear Regression analysis for patient's socio-demographic and clinical characteristics variables**

| Patients' variables   | B       | SE    | $\beta$ | P            |
|---|---------|-------|---------|--------------|
| Gender  | -.448-  | .389  | -.154-  | 0.25         |
| Age   | -2.475- | .970  | -.367-  | 0.51         |
| Marital status  | -1.044- | .936  | -.145-  | 0.26         |
| Education Level   | .960    | 1.011 | .135    | 0.34         |
| Occupation  | -.323-  | .875  | -.046-  | 0.71         |
| Monthly Income  | -.669-  | .967  | -.099-  | 0.49         |
| Age on Diagnosis  | -4.021- | 2.754 | -.215-  | 0.15         |
| Number of Relapse   | -7.469- | 3.113 | -.367-  | <b>0.02*</b> |
| Duration of Illness   | -.806-  | 2.543 | -.043-  | 0.75         |
| Average no. of Hospitalization  | -1.072- | 2.490 | -.056-  | 0.66         |
| Type of Admission   | 2.437   | 2.469 | .128    | 0.32         |
| Duration of Psychotic Symptoms Appeared on Patient before Hospitalization | 1.194   | 2.324 | .067    | 0.61         |

\*Correlation is significant at the 0.05 level (2-tailed); \*\*. Correlation is significant at the 0.01 level (2-tailed)

**B:** Regression coefficient, slop of the line; **SE:** Standard error of the mean;  **$\beta$ :** Standardized Regression Coefficient; **P:** Probability level

Table (3) describes that there were associations between number of relapse and the Social Support (P=0.02; P < 0.05).

## DISCUSSION

The result of the study showed that there were the characteristics of the patient sample did reveal a male preponderance, while the caretakers were predominantly parent of the patients. Majority of the schizophrenics had secondary education and above as compared to their caretakers, who were illiterates, caregivers are married as compared with patients are single and they lives in urban area and the number of admissions for patients was 1-2 time. In contrast to previous studies, Siti, (2008) he found the majority of our respondents were male and had an average monthly income are sufficient. [16] Osman et al., (2010) we said the mean age of the relatives group was  $39.9 \pm 12.37$  years. Majority of the primary

caretakers were brother. [17] The majority of caregivers sample (80.3%) were married. Stephien and Siu-Kau, (1997) found that two third of sample is primary or below of education level. [18] Umaporn, (2006) found the high of sample is unemployed. [19] Osman et al., (2010) found the demographic structure of the sample showed the mean age of the patient group as  $34 \pm 12.61$  years. The study population consisted of 35 (70%) men. Thirty five of them (70%) had secondary or higher education, Twenty-one subjects (42%) were unmarried and 23 (46%) were unemployed. and the number of admissions was 1-2. The other findings showed that Social support among caregivers of patients with schizophrenia showed that all of the

domain of social support were good, which was consistent with the previous study, <sup>[17]</sup> Tien et al., (2006) found that the mean score of the overall social support was perceived at a moderate level. and there were a correlation between social support and the providers level of education, which was consistent with the previous study. <sup>[18]</sup> Imas et al., (2011) said social support may provide information about emergency management, clinical knowledge about how to access social resources is especially important to caregivers of severally mentally ill patients. <sup>[21]</sup> And there were a correlation between social support and kinship of caregivers, which was consistent with the previous study, Stephien and Siu-Kau, (1997) reported that the family members of schizophrenics indicated that they received social support from different parties. Relative, social workers, and medical doctors were the principle sources of support. And there were a correlation between social support and number of relapse, which was consistent with the previous study. <sup>[18]</sup> Tien et al., (2006) he found the role of social support provide both patients and their families may prevent patients have a relapse. <sup>[20]</sup>

## CONCLUSION

The study concluded that there is an acceptable level of social support for schizophrenic patient family care givers.. It also identified some of the factors associated with high level of social support among caregivers of patients with schizophrenia.

## RECOMMENDATIONS

In view of the finding of this study, we would like to make the following recommendations:

1. Nurses should pay attention to the emotional need and provide social support for caregiver of patients with chronic mental illness.
2. For further study, it is suggested to investigate in-depth social support and coping on family caregivers caring for persons with schizophrenia using a qualitative study.

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