Volume : 2 | Issue : 2 | Feb 2013 • ISSN No 2277 - 8160

Research Paper | Social Science

Perceived Social support and Re-admission: A Comparative Study in Re- Admitted and Non-Admitted Persons with Schizophrenia

Arif Ali	Psychiatric Social Worker, Department of Psychiatric Social Work, LGB Regional Institute of Mental Health, Tezpur Assam, India.
S. P. Deuri	Associate Professor, Department of Psychiatric Social Work, LGB Regional Institute of Mental Health, Tezpur Assam, India.
Sobhana H	Assistant Professor, Department of Psychiatric Social Work, LGB Regional Institute of Mental Health, Tezpur, Assam, India.
Kalpana Sarathy	Associate Professor, Dept. of Social Work, Mizoram University, Aizawl, Mizoram.
Nilufar Karim	M.Phil trainee (Psychiatric Social Work) Department of Psychiatric Social Work.
Athelrine Horo	Psychiatric Social Worker, Department of Psychiatric Social Work, LGB Regional Institute of Mental Health, Tezpur Assam, India.

ABSTRACT

Background: Social support has a positive effect on the process and outcome of psychiatric treatment especially in persons with schizophrenia. Aim: To study the relationship between re-admission and perceived social support in persons with schizophrenia Setting and design: This is a cross- sectional setting and the study was conducted at Lokopriya Gopinath Bordoloi Regional Institute of Mental Health, Tezpur Assam. Material and Method: It is a comparative study. Purposive sampling technique was used for selection of subjects for the study. Admission was defined as any admission in any psychiatric set up on a voluntary basis as per the Mental Health Act of India, 1987. Thirty re-admitted persons with schizophrenia diagnosed according to ICD -10 criteria and thirty non-admitted persons diagnosed with Schizophrenia were included in the present study. Socio – demographic data sheet, Brief Psychiatric Rating Scale and Perceived Social Support Questionnaire were administered to them. Results: Perceived social support was low in the admitted group. Significant difference at P < 0.01 was found between the two groups in reference to perceived social support. Negative correlation was found between perceived social support and number of re-admission in psychiatric set up. Conclusion: Social support and its role in admission and readmission of persons with psychiatric illness.

KEYWORDS: Schizophrenia, Perceived Social Support, Re-Admission

Introduction

Hospitalization is most often a difficult time for families and patients, given the economics and psychological impact it can have. For many close knit families , the process of decision to take admission itself is traumatic . In disorders like schizophrenia that tend to run a chronic course, multiple hospitalizations may be required for several patients. These frequent remissions and readmissions have several implications on the patients concerned. Further the mental health care system has inadequate human resources and such frequent readmissions place pressure on the quality of care delivered per se.

As mental health professionals we need to understand this phenomenon better and ferret out the variables that influence or contribute to, or negate this phenomenon. One such variable that has been found to influence readmissions is lack of adequate social support.

Social support is a multidimensional construct and differentially defined. [1] Social support networks as a determinant of health are believed to have a positive impact on health outcomes.[2,1] Social support can provide a sense of well-being, serve as a source of information, act as a form of coping[3], enhance self-esteem, or provide access to material needs .[4,1]

Social network analysis studies describe a number of characteristics of the network that include size, composition, number and type of contacts/ relationship, physical proximity of individuals to each other etc. Social support analysis examines the perceived value or helpfulness of the support provided. Hence, in social support the perceptions of the recipient of social support are important in determining the effectiveness of support.[4]

Social support was predominantly shown to exert a positive influence on the emotional well-being, [5] the general well-being,[6] the course of psychological illnesses[7, 8,] and in dealing with the illness.[9,10] Unsolicited help, on the other hand, can, for instance, have a negative effect on a person's self-esteem .[11] Perceived social support, in particular, is linked to health variables.[12]Characteristics of social networks have been discussed as factors in the aetiology of psychological disorders; however some findings suggest that social networks change as a consequence of psychological illnesses. In comparison with healthy individuals, the social networks of mentally ill persons (among persons with schizophrenia, depression, anxiety and dependency disorders, among others) are generally smaller and closer. This could be dependent on the level of recovery, acceptance of the illness and the stigma perception of the community, at large. They are seen to have a higher proportion of family caregivers and fellow patients in their networks. The social relationships are frequently experienced as less supportive, are more frequently asymmetrical and aversive. The diversity of role relationships is usually reduced.[13] Further, positive attitudes of relatives and neighbours is reported to be an important prognostic indicator for the outcome of schizophrenia in India.[19]

Social support is a particularly important factor in schizophrenia because it is assumed to facilitate coping and competence.[14] Reduction in social relationships due to institutionalization and the breakdown of social networks has been reported. In this regard, studies by Alloway & Bebbington and Cohen & Wills suggest that social support serves as a protective buffer.[15,16] In a longitudinal study with schizophrenia population, Naechterlein et al [17] report that social and occupational impairment and absence of environmental protectors such as supportive family members' network including treatment facilities were found to have a direct relationship with its' poor outcome.

Verghese et al [18] commented that in developing countries mentally ill patients faced lesser degree of environmental stressors as they have

strong social network, which is further helpful for a lesser relapse rate as compared to western countries. A series of empirical findings also exist on the interaction of social support and psychiatric/psychotherapeutic treatment. Thus, social backing and social support can have a negative effect on a patient's willingness to seek psychotherapy , or it may be also connected with a patient breaking off psychotherapy . [19]

Social support has a positive effect on the process and outcome of psychotherapy and psychiatric treatment, provided the treatment is taken up and sustained. [20,21,19] Plotkin and Wells found that the initially existing social support has a positive influence on the day hospital treatment of psychiatrically ill older persons ,[22] while Potvin et al showed the social support existing at the start of treatment has no predictive value whatsoever.[23] Gutknecht demonstrated a link between the search for social support and the outcome of treatment at a general psychiatric day hospital. [24]

Social support forms an important parameter in social assessment and intervention. Therefore, social support enquiry and enhancement during readmission is an important variable and a thrust area for psychiatric social workers to study and it has implications for interventions .

MATERIALS AND METHODS

Aim: To study the relationship between Re-admission and Perceived Social Support in persons with schizophrenia.

Objectives:

- To find out the relationship between re-admission and perceived social support in persons with schizophrenia.
- To study the difference in perceived social support among re-admitted and non admitted person with Schizophrenia

Methodology: The study was conducted at Lokopriya Gopinath Bordoloi Regional Institute of Mental Health (LGBRIMH), Tezpur Assam. It was a comparative study. Purposive sampling technique was used for selection of subjects for the study. Admission was defined as any admission in any psychiatric set up on voluntary basis as per Mental Health Act of India ,1987. Thirty re-admitted persons with diagnosis of schizophrenia according to ICD -10 criteria and thirty non admitted persons diagnosed with Schizophrenia were included in the present study. For stability of patients, Brief Psychiatric Rating Scale (BPRS) was administered to assess the level of psychopathology. Participants with scores below 31 were selected for the study .

Inclusion criteria (For re-admitted group)

- Diagnosis of schizophrenia according to ICD -10 criteria
- Both genders within age group of 18 – 60 years
- Having total duration of illness more than 1 year
- History of previous admission in any psychiatric set up .
- Registered as a patient for at least a period of one year at the LGB Regional Institute of Mental Health ,Tezpur ,Assam .
- Duration of previous admission not less than thirty days .
- Currently admitted in LGB Regional Institute of Mental Health ,Tezpur , Assam

Inclusion criteria (For Non Admitted Group)

- No history of previous admission to any psychiatric facility
- Diagnosis of schizophrenia according to ICD -10 criteria
- Both genders within the age group of 18 – 60 years.
- Having total duration of illness of more than 1 year.
- Registered as a patient for at least a period of one year at the LGB Regional Institute of Mental Health ,Tezpur ,Assam .
- Currently taking OPD treatment from LGB Regional Institute of Mental Health , Tezpur ,Assam for not less than one year.

Exclusion criteria for both the group

- Persons with mental retardation, organicity, substance abuse (excluding tobacco) will be excluded from the present study.
- Family history of mental illness/major physical illness.

Tools of data collection:

The following tools were used for data collection -

1. Socio – demographic data sheet: Semi structured proforma was constructed to record socio–demographic details, including age, sex, education, occupation, domicile, marital status, family type, clinical presentation, age of onset and duration of illness and family history.

2. Perceived Social Support Questionnaire [26]: This scale measures perceived social support i.e. social support as perceived by the subject. It has a total of 18 items and 4 possible responses are 4 =extremely, 3 = quite a bit, 2 = a little, 1 = not at all. Six (6) items were positively worded and scoring remains same as 4,3,2,1 as in the scale . Eleven (11) are negatively worded, so the scoring is reversed for these items i.e. 1,2,3,4. Score indicates the amount of perceived social support. Higher score indicates more perceived social support and vice -versa .It is a reliable and valid questionnaire. Test- retest reliability after two weeks interval on 50 subjects was found to be 0.59, significant at .01 levels. This scale is an Indian adaptation of the social support questionnaire by Pollock & Harris , 1983. The scale was translated to local language (Assamese) as per prescribed translation procedures.

Statistical analyses: Analysis of data was done using descriptive techniques such as mean, standard deviation and frequency .To compare the significant differences between means of two groups, independent sample 't' test has been used. Pearson correlation was used to find out the degree of association between the readmission & perceived social support scale. The positive value (+) indicates positive correlation & the negative value (-) indicates negative correlation.

Ethical issues: All the subjects were explained about the purpose, the objectives & the procedure of the study. Informed consent was acquired. Information collected was used only for research purpose & confidentiality was ensured. The study was approved by the Scientific and Ethical Committee of the Institute .

Result

The mean age of the non- admitted group was 37.43 ± 7.58 years and of re-admitted group 37.43 ± 7.80 years. Both groups consisted of 23 male and 7 female participants. The majority of the patients in both the groups were male, married ,Hindu, engaged in agriculture activity and were from a lower socio- economic status .When chi square was computed, no significant difference was found between both groups in terms of education, occupation, marital status, religion, domicile, socio-economic status and family type.

The mean duration of illness of the non admitted group was 3.43 ± 1.22 years and of readmitted group 3.60 ± 1.62 years. There was no significant difference in the age and duration of illness distribution between the groups .

Table1. Group comparison of Perceived Social Support

Variables	Non admitted group		Admitted group		df	t
Perceived Social Support	Mean	SD	Mean	SD	58	4.605**
	49.0	11.86	35.73	10.40		

P<0.001

Table 1 shows Mean and Standard deviation of scores obtained by both the groups in total score of perceived social support. t test showed a significant difference at P < 0.01 between the two groups.

Table 2. Correlation between Social Support and number of re admission

Variables	Number of re-admission
Perceived Social Support	-.429**

** Correlation is significant at 0.01 Level (2-Tailed).

Table 2 shows that Correlation between Perceived Social Support and number of re-admissions was found to be significant and that there is negative correlation between perceived social support and number of re-admission at 0.01level.

DISCUSSION

In the present study, it was found that the persons in non -admitted group had a higher score in perceived social support scale than the admitted group, with a significant difference in the scores. Our findings are consistent with other research findings . It is reported that a rela-

tionship between hospitalization and breakdown of social network is evident . [26,27] Study by Warnke et al has also found that both, clinical and social factors influence the risk of psychiatric re-admission; Louk et al had also found that social support for patients with mental illness is associated with a lower rate of hospitalization. [28,29] The finding of our study indicates that presence of adequate social support system could be a variable that prevents frequent hospitalization. Provision of conducive and congenial home environment, emotional, informational and financial support can help mitigate impact of stress of daily living as well as that of the psychiatric disorder.

Negative correlation found between number of re-admissions and perceived social support is also indicative of the fact that better the social support, less the re-admission. This finding vindicates the fact that presence of good social network has a positive impact on the social functioning and maintenance of recovery and can prevent multiple hospitalizations. Research on social support and related areas have also reported similar observations. Persons with schizophrenia with greater instrumental and emotional social support, are healthier than those who are not supported by their family members and other people. [11]

Results of our study also further support the understanding that good social support and network can minimize hospitalization. The implications from our study are that it will help in understanding the burden of illness and perceived social support, existent in caregivers of patients with a chronic mental illness such as schizophrenia in a north eastern society. There is often a perception that the burden of care and social support existent in a traditional society like the one in Assam may be different from other parts of the country. From our clinical experience and observations we find that that social support services at various levels are inadequate and stigma associated with treatment of mental illnesses is quite prevalent. Knowledge about burden perception and enhancement of social support services will go a long way in improving the quality of life of patients and their families and also towards management of chronic illnesses like schizophrenia. Medication adherence and management is highly dependent on primary social support from family , especially in rural based, agrarian and semi-literate populations . Further, the focus and thrust area of social support enhancement at primary, secondary and tertiary levels is very much relevant and pertinent for psychiatric social workers whose role performance is in reference to intervening in psychosocial management of persons with schizophrenia .

Conclusion

Social support and its role in admission and re-admission of persons with psychiatric illness, and other mitigating factors need to be studied further. As mental health professionals dealing with the psychosocial environment, this knowledge can be effectively utilized to augment the gains of treatment and prevent frequent hospitalizations that can have a telling impact on the family and the economy of the nation as well. Studies need to be carried out with a larger and more representative sample to generalize and get more gainful insights in this area.

REFERENCES

1. Weber ML. She stands alone: A review of the recent literature on women and social support. Prairie Women's Health Centre of Excellence. Winnipeg, Manitoba;1998 | 2. Federal/Provincial Territorial Working Group on Women's Health. Working together for women's mental health: A framework for the development of policies and programs. March; 1993 | 3. Thoits PA. "Social support as coping assistance". Journal of Consulting and Clinical Psychology, 1986, 54(4), 416-423. | 4. Bowling A. Measuring health: A review of quality of life measurement scales. Philadelphia: Open University Press;1991 | 5. Beck AT. Cognitive therapy and the emotional disorders. Oxford, International Universities Press ;1976 | 6. Schwarzer R, Leppin A. Social support and well-being. In: Abele A, Becker P (eds) Well-being. Theory - empirical - diagnostics. New York: Guilford 1994:175-189 | 7. Holahan CJ, Moos RH, Holahan CK, Brennan PL. Social support, coping, and depressive symptoms in a late middle-aged sample of patients reporting cardiac illness. Health Psychology 1995;14:152-163 | 8. Sarason BR, Sarason IG, Gurung RAR. Close personal relationships and health outcomes: A key to the role of social support. In: Sarason BR, Duck S (eds) Personal relationships. Chichester: Wiley 2001:15-41 | 9. Hessel A, Home E, Geyer M, E. Brähler .Coping with illness in a representative population sample. Situational, sociodemographic and social-influencing factors. Psychother Psychosom Med Psychol 2000; 50:321 | 10. Vossler, Summer G, Buhler KE, Haltenhof H. Social support and coping in 41 patients with depressive disorders. Neurology 2001 20:17-21 | 11. Knoll N, Schwarzer R, Soziale Unterstützung. In: Schwarzer R (ed) Enzyklopädie der Psychologie. Band 1: Gesundheitspsychologie. Göttingen: Hogrefe; 2005:333-349 | 12. Fydrich T, Sommer G. Diagnosis of social support. In: Jerusalem M, Weber H (eds) Psychological health promotion. Diagnosis and prevention. Göttingen: Hogrefe 2003:79-104 | 13. Röhrle B. Social networks and social support. Weinheim: Beltz, psychology, Verl-Union; 1994 | 14. Buchanan J. Social support and schizophrenia: A review of the literature. Archives of Psychiatric Nursing 1995; 9:2: 68–76. | 15. Alloway R & Bebbington P. The buffer theory of social support: a review of the literature. Psychological Medicine 1987;17:1: 91–108. | 16. Cohen S, Mermelstein R, Kamarck T E & Hoberman H. Measuring the functional components of social support. In I. G. Sarason & B. R. Sarason (Eds.), Social support: Theory, research, and applications (pp. 73–94). The Hague, The Netherlands: Martinus Nijhoff,1985 | 17. Neuchterlein KH & Dawson ME . Information processing and attentional functioning in the developmental course of schizophrenia disorders. SchizophreniaBulletin 1984; 10: 160–203. | 18. Verghese A, John JK, Rajkumar S, et al . Factors affecting course and outcome of schizophrenia in India: results of a two year multicentre follow-up study. British Journal of Psychiatry1989; 154: 499 –503. | 19. Klauer T. Psychotherapy and Social Support. Psychotherapeutics 2005, 50:425-436 | 20. Bankoff EA. Pre-treatment social support and effective psychotherapeutic process: A panel study. Psycho-therapy 1996;33:51-60 | 21. Billings AG, Moos RH. Life stressors and social resources affect post treatment outcomes among depressed patients. J Abn Psychol 1985;94:140-153 | 22. Plotkin DA, Wells KB. Partial hospitalization (day treatment) for psychiatrically ill elderly patients. Am J Psychiatry1993;150:266-271 | 23. Potvin KM, Busby K, Johnston M, Wood J, Docherty C.Predictors of outcome in a short-term psychiatric day hospital program. Gen Hosp Psychiat 2000;22:184-194Pukrop R. Sub | 24. Gutknecht H. As psychiatric patients, various research their disease: standardized cause-rank assumptions, disease and emotional reactions heitsverarbeitungsmodi-A study in the outpatient clinic. Bonn: In psychiatry-Verl, 2004 | 25. Nehra R, Kulhara P and Verma SK. Adaptation of Social Support Questionnaire in Hindi. Indian Journal of Clinical Psychology 1996; March; 23:1: 33-9 | 26. Holmes-Eber P, and Riger S. Hospitalization and the composition of mental patients' social networks. Schizophrenia Bulletin 1990: 16;1: 157-164. | 27. Lipton FR, Cohen CI, Fischer E, Katz SE. Schizophrenia: A network crisis. Schizophrenia Bulletin 1981;7:144-51. | 28. Warnke I, Nordt C, Ajdacic-Gross V, Haug A, Salize HJ, Rössler W. Clinical and social risk factors for the readmission of patients with schizophrenia to psychiatric inpatient care: a long-term analysis. Neuropsychiatry 2010;24:4:243-51. | 29. Louk FM, Mulder, CL, Jaap Peen, Visch I, Dekker J, Beekman ATF Social Support and Risk of Compulsory Admission: Part IV of the Amsterdam Study of Acute Psychiatry . Psychiatric Services 2012; l 63:6 |