ORIGINAL ARTICLE

Perceived social support and relationship between domain of Family functioning of people with Schizophrenia

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ABSTRACT

Background: The family's environment and other activities also impact the mental health of the person. The family's negative attitude such as inadequate problem solving, communication, role, general functioning and inadequate social support ultimately impact the person diagnosed with schizophrenia. **Aims:** The purpose of this study is (i) to explore the impact of Social support among the person diagnosed with schizophrenia across the gender (ii) to explore the Association between Family functioning and social support among families of person with Schizophrenia. **Materials and Methods:** The cross-sectional hospital based observational study has been conducted at Centre of Excellence in Mental Health, Atal Bihari Vajpayee Institute of Medical Sciences &Dr Ram Manohar Lohia Hospital, New Delhi. Multidimensional Perceived Social Support Scale (MDPSSS) and McMaster family assessment device has been applied. For assessing the result of the study SPSS 20 version was used. Descriptive statistics such as frequency, percentage, mean, standard deviation, correlation were applied. **Results and conclusion:** MDPSSS shows a not significant difference of mean and Standard deviation between the genders. Positive correlation was found between multidimensional Perceived Social Support and family assessment device like, communication and family, role and problem solving, role and communication, general functioning with affective responsiveness and behavior control.
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Keywords:Schizophrenia, social support, Family Functioning, Role, Problem Solving, Communication.

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INTRODUCTION

Schizophrenia is chronic mental illnesses with typical onset in early adulthood or late adolescence (Charlson et al., 2018, Correll et al., 2018). That affect nearly 1% of the all population during entire life (Hamaideh, Al-Magaireh, Abu-Farsakh, & Al-Omari, 2014) and around 23 million people worldwide (WHO,2001). Approximately 59.6%-77.6% of primary family caregivers of schizophrenia presented unhealthy family functioning during the 6-month post-discharge period. It has found that significant reductions in family functioning of primary family caregivers were noted in the group with unhealthy family functioning. Affiliate stigma and family empowerment significantly accounted for the changes in family functioning of primary family caregivers in the groups with unhealthy and healthy family functioning, respectively. (Hsiao et al 2023).

Schizophrenic individuals have an abnormally restricted circle of allies, usually family members and social support is more of a clinical art than a science (Beels.1984). It has found that significant connection between social support and the development of schizophrenia. [Buchanan,1987]

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The measures of the availability of social support are frequently confused with measures of social competence and prognosis in the literature on the relationship between social support and schizophrenia (Beels,1981). A study explored that some people with schizophrenia experience overwhelming support rather than support from their social relationships. In a 7-year follow-up study of people with "schizophrenic psychosis," it was discovered by (1990) that those with higher levels of social support (defined as confiding relationships, personal assets, environmental assets, and a positive home environment) had better social functioning, better symptomatology, and less dependence on inpatient facilities. (Buchanan,1995).In Naples and Lisbon, a high objective burden was also correlated with a lack of practical support. Social networks are essential for decreasing the negative effects of stress by acting as a buffer between psychological health and stressful situations. (Magliano,1998).It has found that positive symptoms of schizophrenia have a noticeable influence; nevertheless, negative symptoms, such as decreased working memory and executive functioning, can have a negative impact on carers' quality of life. (Raj et al,2016).The family studies of schizophrenia indicated relatives of schizophrenic patients had more difficulty on the roles, general functioning, and behavior control domains in the Family Assessment Device (Sawant et al 2010).Unal et al. reported that the general functionality level and subscales of communication were low in families with schizophrenia, whilst behavior control was reported as highly ineffective.(Unal et al,2004).

Social support is the actuality and perception that the person is cared for, being a part of supportive family and friendship network, and has assistance available and adequate from others including family members, friends, doctor, nurses, and other health care providers (Harfush & Gemeay, 2018).A patient's support systems may come from several sources, including family, professional, residential or day program providers, shelter operators, friends, and roommates. There are numerous situations in which a patient with schizophrenia may need help from people in their family or community. Often, a person with schizophrenia will resist treatment, believing that delusions or hallucinations are real and that psychiatric help is not required. At times, family or friends may need to take an active role in having them seen and evaluated by a professional. Many patients live with their families; however, this should not imply that families must be the primary support system (Sewlikar et al 2016). Study show that poor family functioning among caregivers of patients with psychiatric disorders specially schizophrenia. This may be due to the presence of emotional distress and frustration related to taking care of these patients. Mental health professional must remember that the family and friends are major support systems for their loved ones with schizophrenia and other psychiatric disorders and the promotion of family involvement in all steps of the treatment process and the respectful treatment of families are essential to the welfare of the family as a cohesive unit.(Foruzandeh et al 2014).

Thus, the aim of the present study was (i) to explore the impact of Social support among the person diagnosed with schizophrenia across the gender (ii) to explore the Association between Family functioning and social support among families of person with Schizophrenia

Material and Methods:

The study was conducted at the Centre of Excellence in Mental Health, Atal Bihari Vajpayee Institute of Medical Sciences & Dr. Ram Manohar Lohia Hospital, New Delhi, from October 2022 to January 2023. The study design was hospital-based cross-sectional observational study The sample was selected using a purposive sampling technique. The sample size formula applied was $Z2\ 1-\alpha/2\times SD2/d2$ The sample size was calculated based on a study by Sawant & Jethwani(2010). Inclusion Criteria of Patient: (a) Individual diagnosed with schizophrenia as per (ICD-10 criteria). (b) Duration of illness more than two years. (c) Age group of individual more than 21 years to 60 years (d) Individual giving written informed consent for the study. (e) Individual of both male and female. Exclusion criteria of Patient: (a) the person with co-morbidity psychiatric/organic illness. (b) History of substance abuse (except nicotine). Inclusion Criteria for Family Caregiver: (a) Family Caregivers involved in care giving for at least one year.(b) Individual giving written informed consent for the study. (c) Family Caregiver of both male and female. Exclusion Criteria for Caregiver: (a) the family caregivers of individual with co-morbid psychiatric/organic illness. (b) Family Caregivers with history of substance abuse. (c) Family members are giving care for more than one patient with mental illness

Description of Tools:

(i)socio demographic data sheet: It is a semi-structured and self-prepared Performa. It contains information about socio- demographic variables like age, sex, religion, education, marital status etc.

(ii) Multidimensional scale of perceived social support (MSPSS G.D. Zimet et al 1988) was used . These scales are clinician rated. It consists of 12 questions that evaluate support from three different groups: friends, family and significant others. This a Liker-type scale with 7 stages: very strongly disagree, strongly disagree, mildly disagree, neutral, mild agree, strongly agree, and very strongly agree. Each total score ranges from 12 to 48 and each subscale ranges from 4 to 28, respectively. A total score of 12- 48 is considered to be low perceived social support, 49-68 is considered to be moderate, and 69-84 is considered to be good perceived social support.

(iii) Family Assessment Device (FAD, Westerly and Epstein, 1969): Family assessment device has given by McMaster. FAD has been consisting of 60 items. The FAD is a standardized measure for assessing family functioning. The FAD gives a total score and seven subscale scores like communication, problem solving, Roles, Affective responsiveness, Affective involvement, Behavioral control, General functioning.

Statistical Methods: For assessing the result of the study SPSS 20 version was used. Descriptive and inferential statistics such as frequency, percentage, mean, standard deviation and co- relation were applied.

Results:

Table1:-Distribution of socio –demographic characteristics of the study subjects.

Socio-demographic Characteristics	Frequency	Percentage%
Age in years		
21-30	24	36.9
31-40	30	46.2
41-50	8	12.3
51-60	3	4.6
Gender		
Male	31	47.7
Female	34	52.3
Highest Education		
Illiterate	6	9.2
Primary	13	20.0
Secondary	14	21.5
Higher Secondary	15	23.1
Graduation	11	16.9
PG and above	6	9.2
Domicile		
Rural	1	1.5
Semi-Urban	1	1.5

Urban	63	96.9
Occupation		
Farmer/Agri	4	6.2
Business	6	9.2
Professional/Govt	5	7.7
Housewife	23	35.4
Unemployed	22	33.8
Student	5	7.7
Religion		
Hindu	62	95.4
Muslim	3	4.6

Table 1 shows the socio-demographic characteristics of the study subjects. The table shows that 36.9% of the respondents were in the age group of 21-30 years, followed by 46.2% in the 31-40 years group. The age groups 41-50 years and 51-60 years comprised 12.3% and 4.6% of respondents, respectively. Regarding gender among the respondents, 47.7% were male and 52.3% were female. The majority (23.1%) had completed higher secondary education, followed by secondary (21.5%), primary (20.0%), and graduation (16.9%). Only 6 respondents (9.2%) had postgraduate education or higher. Regarding residence, most of the respondents (96.9%) were from urban background. In terms of occupation, 35.4% were housewives, 33.8% were unemployed, 9.2% were engaged in business, and 7.7% were students or professionals/government employees. Only 6.2% were farmers. Regarding religion mostly respondents (95.4%) were from Hindu religion.

Table2:- Clinical Details of Person with Schizophrenia.

Socio-demographic Characteristics	Frequency	Percentage%
Duration of Illness		
2-5 years	27	41.5
6-10years	19	29.2
11-15years	8	12.3
16-20 years	8	12.3
21-25 years	1	1.5
Above 25 years	2	3.1
No of hospitalization		
Never	28	43.1
1.00	20	30.8

2.00	12	18.5
3.00	2	3.1
5.00	1	1.5
6.00	1	1.5
7.00	1	1.5
Adherence		
Yes	43	66.2
No	22	33.8

Table 2 shows that the majority of respondents (41.5%) had duration of illness of 2-5 years, while only 1.5% had duration of 21-25 years. Among the respondents, 43.1% had never been hospitalized, and only 1.5% had been hospitalized 5, 6, or 7 times. Additionally, 66.2% of respondents were adherent to their treatment, whereas 33.8% were non-adherent.

Table3- Comparison of Perceived Social Support between male and female

Multidimensional Perceived social Support	Sample group		t(df=63)	P
	Male(M±SD)	Female(M±SD)		
Social support from family	19.90±2.76	19.14±3.27	-1.001	.321
Social support from friends	10.64±4.64	10.97±5.44	.258	.793
Social support from significant other	11.83±5.17	10.73±4. 33	-.935	.353

Table 3: Shows comparison of multidimensional perceived social support scale between male and female. The comparison was based on the three domains of multidimensional perceived social support (social support from family, friend and significant other). T-test was used for this purpose. Result shows that mean and SD of social support from family was 19.90±2.76 in male and 19.14±3.27 in female, Social support from friends was 10.64±4.64 in male and 10.97±5.44 in female significant other was 11.83±5.17 in male and 10.73±4.33 in female and P vale was .321, .793 and .353.

Table 4:-Correlation between domains of Multidimensional Perceived Social Support Scale and Family Assessment Device = N (65)

Variables	SO	FAM	FRI	PS	CM	RL	AR	AI	BC	GF
Social support from others	1									
Social support from family	.277*	1								
Social support from friends	.744**	.270*	1							
Problem Solving	-.064	-.300*	-.151	1						
Communication	.009	-.389**	-.031	.600**	1					
Role	-.078	-.150	-.125	.557**	.444**	1				
Affective Responsiveness	-.058	-.135	-.178	.296*	.357**	.390**	1			
Affective Involvement	.058	.146	.007	.014	.007	.283*	.306*	1		
Behaviour Control	-.040	-.130	-.150	.189	.249*	.331**	.133	.091	1	
General Functioning	-.063	-.303*	-.103	.766**	.696**	.695**	.529**	.135	.319**	1

*. Correlation is significant at the 0.05 level.

**. Correlation is significant at the 0.01 level.

Table.4 Reveal that at 0.01 levels there is a significant positive correlation between communication and family .600**. (at p=0.01) Similarly positive correlation between role and problem solving .557** (at p=0.01) similarly positive correlation between role and communication .444** (at p=0.01) similarly positive correlation between affective responsiveness and general functioning .529** (at p=0.01) similarly positive correlation between general functioning and behaviour control .319** (at p=0.01)

Discussion: Interpersonal relationships and social support affect people's psychological and social functioning (Caplan, 1974). Social support can be further broken down into instrumental support, esteem support, informational support, and social companionship (Cohen & Wills.1985).The aim of this study is (i) to explore the Social support among the person diagnosed with schizophrenia across the gender. In this study, low perceived social support was found in all three domains family, friends and significant others. This finding is consistent with previous findings (Chronister et al 2013). Regarding gender, there were no significant difference has been found in the all three domains of social support between male and female in this study. Social support from family and significant others were more in male respondent compare to female, while female respondent had more social support from their friends in this study.

Previous finding suggested that schizophrenia patients with higher levels of social support have higher rates of remission, and family support is crucial for symptomatic remission. People with schizophrenia had low perceived social support (Zimet et al 1988). The association between clinical remission and social support could therefore be accurately reflected in the results. One of the main variables promoting adaptation to challenging circumstances and symptomatic remission in schizophrenia patients in communities is social support (Munikanan et al 2017). When compared to other sources of support, the family plays a critical role in the care of schizophrenia patients during illness, as seen by the substantial correlation between the family domain of social support and symptomatic remission (Aguocha, 2015). Findings indicated that schizophrenia patient's histories indicate that social support influenced life quality (Hamaideh et al 2014). Quality of the social support plays an important role in recovery among schizophrenic patients. Mental health services can provide social inclusion program for schizophrenic patients. Re-building of social relationships may be a major aim of interventions in mental health services (Ahmed,2020). It might be assumed that better social supports in the work place correlated with better outcomes of recovery and help patients to cope with stresses. (Chabungbam et al 2007).

Another aim of the study was to explore the association between family functioning within the sub domain communication, problem solving, Roles, Affective responsiveness, Affective involvement, Behavioral control, General functioning families of person with Schizophrenia. Result shows that there is significant relation between family devices .It suggested that there is positive correlation in communication and family functioning, role and problem solving, role and communication. There were significant positive correlation of general functioning with affective responsiveness and behavior control.

A finding suggested that positive relationship between family functioning and perceived social support (Chronister et al., 2013). Patients who report having strong social support and higher levels of emotional and material support are more likely to report being satisfied with their family's functioning. The recovery of a schizophrenia patient's mental health is, on the other hand, worse if they have few relationships with family, friends, and romantic partners. Explanations include the notion that schizophrenia patients who have great social support feel valued and cared for by others and are consequently less likely to face societal discrimination, which in turn maximizes their chances of recovering their mental health. The stronger degrees of recovery are connected with social support, which includes supportive family, friend networks, and significant others. This may not come as a surprise considering that family members are more reliable in helping the patient throughout the course of the disease, indicating that family members are more likely to continue helping. Peers also have an increasing impact on social life during adolescence, the age group most frequently afflicted by schizophrenia. As a result, friendships have a bigger effect on overcoming difficulties in daily life. A changeable element that could be targeted for early intervention is contented connections with family, friends, and significant others. The findings are in line with earlier studies that have demonstrated a relationship between social support and a patient's ability to recover from mental diseases. (Monshed & Amr,2020).

Family functioning and social support serve as relevant risk and protective factors in the context of parental mental illness. Researchers should further improve the knowledge based on malleable risk and protective factors related to the mental health of children with mentally ill parents. Moreover, progress in the development and long-term evaluation of preventive programs is needed (Thanhauser et al., 2017). There are a range of family-based interventions that have shown

significant improvements in the mental health (Siegenthaler et al., 2012; Thanhauser et al., 2017) and family functioning (Beardslee et al., 2007).

LIMITATIONS (a) Present study was conducted over a brief period with limited resources, posing challenges in data collection within the required timeframe. (b) The FAD covers various domains of family functioning, necessitating more time for comprehensive assessment. (c) The study focused solely on schizophrenia, excluding other psychiatric comorbidities. (d) Rater bias may have influenced results due to the researcher's familiarity with the study subjects. (e) A follow-up measurement was not feasible within the time constraints of the study.
Future direction: The study is a drop in ocean in considering the large population of India. Study with large sample size randomly drawn from the community representative required to validate or disapprove the above findings.

Conclusion:

Schizophrenia is a chronic psychiatric disorder comprising cognitive, behavioral, and often emotional dysfunction. It is often accompanied by limited social support, which plays a crucial role in not only enhancing treatment adherence and resilience but also overall patient satisfaction. This study provides clues that the quality of the social support and family function plays an important role in recovery among schizophrenic patients. Health care professionals should be provided with more knowledge related to family and social support resources to detect family functioning and provide them with the appropriate support.

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