

Intervention for Reducing the Distress of Schizophrenic Patients

R. Kannappan

Vinayaka Mission's Medical College, Salem.

Schizophrenia is a disabling, chronic psychiatric disorder that poses numerous challenges in its management and consequences. The present study assessed the impact of two groups, one with medications, and the other group with medications and psychosocial management. Qualitative research method of assessment was used to observe whether the patients had change in their symptoms, distress, and family burdens. To capture the effect of different kinds of intervention, qualitative research method was adopted. Focus group discussion was conducted with the two groups subjected to different kinds of intervention and it was properly documented for analysis. The main aim of the discussion was to investigate the effect of psychotropic medications and also the effect of psychotropic medications with psychosocial program. The focus groups were held at confidential settings inside the hospital. The findings were validated by presenting them to the patients. It is interesting to observe that the symptoms of schizophrenia such as delusions, hallucinations, confused thinking and speech, bizarre or disorganized behavior, self-neglect, and inappropriate emotions were reduced in the groups. The salient highlights in the focus group discussions are that the group which underwent the combined pharmacotherapy and family psychosocial intervention was benefited much more since they expressed that they had increased coping ability in their quality of life. It can be inferred that patients who had schizophrenia were definitely benefited with the interventions in reducing the severity of symptoms of schizophrenia. However the method of intervention which took care of treatment with family psychosocial intervention was much more effective in bringing about symptomatic and functional recovery and about change in their distress, work, and burden of the carers.

Keywords: Schizophrenia, Pharmacotherapy and Family psychosocial intervention.

Many studies have highlighted the experience of burden in families and psychological stress of the caregivers of psychiatric patients. The caregivers spend more time as they live with the patients and handle the psychotic symptoms, more behavior problems and more care giving demands of the patients (Karno, Jenkins, de la Selva, 1987; Kopelowicz, Zarate, López, 2002; Jenkins, Karno, de la Selva, 1986; Kopelowicz, Zarate, Gonzalez Smith, 2003). Some other studies focused on how family attitudes and interactions could impact the patient for care giving within the family (Cook, Pickett & Cohler, 1997; Lefley, 1987; Kessler & Gouache 1994; Solomon, &

Draine, 1996). Martens & Addington (2001) observe that family members are significantly distressed as a result of having a family member with schizophrenia. Ivarsson, Sidenvall, & Carlsson (2004) express that family caregiver burden is complex and it includes several areas such as activities in daily life, worry and social strain.

Interpersonal conflict and disruption of the daily routines are positively linked with the caregivers. They can be considered as objective stressors for family caregivers (López, Hipke, Polo, 2004; Pearlin, Mullan, Semple, 1990). Besides, family conflict reflects

the degree of burden or caregiving burden (Heru, 2000). High levels of positive symptoms can be related to more burdensome appraised by the caregivers. Each psychiatric symptom has impact towards stigma, subjective burden and depression. For example, schizophrenia poses numerous challenges in its management and consequences. This impact takes a toll on the patient or ends up in hospitalization of the patient.

Indian families believe that the main cause of mental illness is due to supernatural forces for which they seek remedial measures from magicians for healing (Srinivasan & Thara, 2001). The caregivers have poor quality of life as they are burdened and strained for long duration (Sales, 2003) and prefer to get very less assistance from mental health professionals (Saunders, 2003). The chronic burden of everyday living can profoundly reduce the quality of life and can decline satisfaction with the partners. The illness control / cure of the patients is related to the changes in the parents' burden level.

Hence there is a distinct need to assess the extent and nature of burden experienced by the caregivers of schizophrenics and to initiate objective measures of any intervention for the patients to enhance their quality of life. The present study attempts to understand this lacuna and is comparative kinds of intervention that seeks to determine the extent of change in the schizophrenic patients in terms of reducing the symptoms, distress, and family burden of the patients.

Objectives:

The scope of the study involved assessment of pharmacotherapy and pharmacotherapy with family psychosocial intervention using qualitative research method of data collection. The objectives were as below:

1. To assess the effect of different types of intervention - pharmacotherapy with men

suffering from paranoid schizophrenia, and

2. To assess the effect of two types of intervention comparatively-a) pharmacotherapy and, b) pharmacotherapy with family psychosocial intervention.

Method

Sample:

Schizophrenic patients visiting to the department of psychiatry for getting treated for mental disturbances were taken as sample for the study. The total number of patients was 28 and of carers (spouse or caregiver) was 28. The age of the participants were adults with ages ranging from 18 to 45 years. The sampling strategy is purposive sampling. The carers of the patients consented to participate in the study.

Therapeutic intervention:

One group (n=14) of patients received pharmacotherapy and another group (n=14) of patients got both pharmacotherapy and family psychosocial intervention.

i. Pharmacotherapy: Twenty eight patients were subject to history taking and diagnosis of the disorder. They were put under medications by the psychiatrist and followed up for a period of time. The drugs, Tab. Oleanz 5 mg 0-0-1, Tab. Nitrosun 5mg 0-0-1, and Tab. Depakota 250 mg 0-0-1 were given to all patients. They were instructed to continue take the drugs regularly.

ii. Pharmacotherapy with Family Psychosocial Intervention (PFPI): The patients' caregivers were given oral information about the illness and guidelines on its management were provided. The main goals in this discussion were acceptance and understanding of the reality of the illness, identification of precipitating factors for the present episode and future, within and outside of the family, elucidation of family interactions, planning strategies for managing stresses and acceptance of the need for continued treatment after the discharge.

Family members or caregivers could play a very important role in detecting subtle fluctuating behavior of the patients, and could act therapeutically if properly prepared. It is possible that improving the environment, in which family functioning played a major role, might be one kind of help for the patients. Family interventions might be as promising as other psychosocial interventions in improving therapeutic outcomes, and perhaps even more so, because they involve the patient's immediate world. It would be necessary to gather more data yielded by good quality of family psychosocial intervention to provide a sound scientific basis.

Family intervention might be an important means of increasing the effectiveness of treatment for schizophrenic patients, and of helping relatives and clinicians in the task of better dealing with the illness and its consequences. PFPI was administered after one and half months in 17 one-hour session - psycho education (6 sessions), communication enhancement training (6-7 sessions) and problem-solving skills (4-5 sessions). The therapy focus was directed to clinically relevant dimensions of family functioning as problem solving, communication, involvement and behavior control. This therapy relied on a core set of therapeutic principles tailored to the individual family's problems. The specific problems of the family were determined by the therapist and the family together. The therapy was performed through a progressive series of stages - assessment, contract, treatment and termination. The number of sessions varied depending on the needs of the family ranging from 17 to 20 fifty-minute sessions. Inpatients who were discharged, were included in this study. The report of the family member, such as hospitalization, medication compliance, relationships in the family and environment were collected.

Material:

Focus group discussion guide was used to facilitate the discussion. The discussion

conducted in a non threatening environment. The discussion set a common platform for the carers to discuss freely about the effect of the treatment in their daily life. The discussion was analyzed for its contents and the highlights of the study were framed. Special efforts were taken to validate the findings from the discussion with the patients.

Focus group discussion: The carers who were willing to participate in the data collection were encouraged to come on specific day for focus group discussion. Four focus group discussions were conducted among 28 carers. In each group a maximum of six carers participated. Discussion between the participants was facilitated to have more interaction. Two focus groups from the carers of the patients who got only medications and two focus groups from the carers of the patients who exclusively got both medications and family psychosocial intervention. The focus groups were used to collect detailed information on the personal experiences of people with schizophrenia.

Results and Discussion

The male patients who had pharmacotherapy and combined pharmacotherapy and family psychosocial intervention were primarily in the age group of 20-27 years (50% & 57%) respectively. Majority of them belonged to Hindu religion (78.5% & 71.5%), had education of 8th standard (43 %) & (43 %) and income of Rs 2000 (36%) and (50%) respectively. Majority of them in these groups worked as coolie (64%) & 50 %) respectively and both groups (43% and 50%) had two children.

Experience of schizophrenia and its impact on functioning: Majority of the patients stated that they were unaware of exhibiting the symptoms of schizophrenia and of upsetting their family members who recognized the symptoms and were trying to help them. Majority stated that they heard about the crisis situation which came up in their life which made them get treated in the hospital of Vinayaka Mission Medical College.

Findings from the group which underwent pharmacotherapy:

Majority of them stated that the following hardships which they faced reduced after treatment. The hardships were the symptoms such as delusions, hallucinations, disordered thinking and speech, bizarre or disorganized behavior, self-neglect, and inappropriate emotions. Almost all the carers of patients expressed that the patients

- had no / less symptoms of paranoid schizophrenia.
- they had less problem behaviors though they had much conflict with spouse.
- they had disturbance of domestic routines, constraints on social and leisure activities.
- they had no change in coping skills to carry out their daily activities.
- they wanted to get back to their work due to the effect of the medications and could not continue their works.
- they had dysfunction related to work and sexual function.
- they worried about the cost of drugs as the part of the hard earned money spent for the medicines for long duration and the side effects of the drugs.
- they also worried about patient's health, and their own future, safety and financial position.
- they had more economic dependency and unresolved grief in their families.
- family members had to forego work outside the home.
- they had social withdrawal, under activity, lack of participation in household duties and lack of self-care.
- they had tobacco / alcohol abuse, no reliable friends, and few leisure activities.
- they had poor satisfaction with mental health services, and social relationships.

- Few of them reported that they worried about the reoccurrence of symptoms.

- Few of them had residual symptoms and could not do work with others.

- Few of them had poor compliance with the medications and refused to take medicines after sometimes.

Findings from the group which underwent Combined Pharmacotherapy and Family Psychosocial Intervention:

- In the personal life, most of the carers of the patients stated the following that they

- had peaceful experience for which they went to temple/ church/ mosque at least once in a week

- with their spouse and pray for peace.

- had increased patient's functional state of self care.

- had no / less strained relationship with their spouse and family members.

- kept quiet rather than arguing with their spouse to handle unpleasant situations.

- had economic dependency and unresolved grief in families.

- family members gave up work outside the home some times.

- did not discontinue the drug taking behavior, though they tried once or twice.

- felt hope to manage illness, family, and work now.

- started solving of financial problem.

- felt the reduction of positive symptoms and disorganized behavior.

- spent more time with their family members and exhibited less disorganized behavior such as threats, nuisances, etc.,

- relieved from the symptoms of schizophrenia, and most felt happy, good at handling situations, and solving some problems.

- carried the social stigma and few might feel addicted to the drugs.

- felt side effects of the drugs of problem.

- few of them had residual symptoms of schizophrenia.

- they had less disability related to work and sexual activity.

- they had less social withdrawal, under activity, lack of participation in household duties and lack of self-care, carer's social support.

- they had less tobacco / alcohol abuse, lack of reliable friends, unemployment, and few leisure time activities.

- In work life majority of them felt that they had increased functional state of the patients; increased joy and productivity in their works and their earnings and increased their positive out look as they could do work.

- they cooperated with their employer and did not prefer to get free medicines from other available source.

- they had the change in beliefs and attitudes towards mental health.

In general, the patients and carers got more satisfaction with less burden relating to the combined medications with family psychosocial intervention than the drug therapy and had the subjective state of well being, though personality factors of the family members could interfere and influence in handling situations of the patients.

Discussion

Adopting a qualitative methodology, this study explored the impact of schizophrenia and the medications prescribed for the condition on family and working life. The study relied on volunteers and it is reasonable to assume that patients who had experienced problems may be more likely to participate in such a study. However, this study provides insight into the problems faced by the sufferers

of schizophrenia and the factors determining family, work and burden. The main finding to emerge from this study is that the medications had impact on their work due to the reduction of symptoms. The medications had a range of side effects including dizziness, nausea, lethargy, and headache, problems with balance, drowsiness, confusion, weight gain, tremors, insomnia, and agitation.

Most people believed that they were not given sufficient information regarding mechanisms by which the medication would work and the possible side effects. When they were given accurate information, patients were more likely to comply with the treatment regimen. When the patients felt better and were tempted to discontinue their medications prematurely. Poor compliance with medications is a major obstacle to the effective management of the schizophrenia. It explores barriers to patients' adherence including the nature of schizophrenia and the methods of treatment and attitudes toward the medications.

Personal suffering, frequent hospitalizations and the need for long-term psychosocial and economic support, as well as life-time lost productivity are not uncommon in schizophrenia. Further caregivers are challenged with financial responsibilities, missed work, disturbance of domestic routines, constraints on social and leisure activities, and reduced attention to other family members. Often family members forego work outside the home to provide care for the patients and have an unresolved grief due to the severe mental illness.

Family burden in caregivers of patients can be disability related to work and sexual function, lack of participation in household duties and lack of self-care, satisfaction with mental health services, and social relationships, nuisances, and burden due to restricted social life and leisure activities, worries about the patients' health, future, and safety.

The information source about medications was limited and made it difficult for the patients to gain accurate information. There is a need to develop accessible information leaflets for schizophrenia.

The patients tended to cease medication once they started to feel better and they concerned about addiction to the drugs. Patients experienced both a psychological dependency and a physical discontinuation due to the reaction of medications. Physicians could reassure patients that this is a manageable disorder and ensure gradual tapering schedules.

The patient's attitude toward the medications is likely to offer important benefits in terms of compliance, patients' satisfaction and clinical effectiveness. The present research supports the earlier findings of the Miller, Dworkin, Ward, & Barone, 1990; Solomon & Draine, 1995; Thornicroft et al. 2004; Kreisman, Joy, 1974; Hatfield, & Lefley, 1987; Franks, 1987; Stanley & Shwetha, 2006.

Conclusion

The symptoms of the schizophrenia were reduced remarkably. The salient highlights in the focus groups discussion is that the group which underwent the combined pharmacotherapy and family psychosocial intervention was benefited much more since they expressed that they had increased coping ability of communication, decision making, problem solving and drug compliance and they too had less carer burden. The combination of pharmacotherapy and family psychosocial intervention could allow patients to achieve better symptomatic and functional recovery, though they had residual symptoms.

It can be inferred that patients who had schizophrenia are definitely benefited with the types of intervention. However the method of intervention which took care of treatment for changing their problem behavior was much more effective in their improvement in distress, work, and burden of the carers.

References

- Cook, J. Pickett, S. & Cohler, B. (1997). Families of adults with severe mental illness: the next generation of research, *American Journal of Orthopsychiatry*, 67, 172-176.
- Franks, D.P. (1997). *Report on economic expenses of families of the chronically mentally ill*, Washington, DC: National Institute of Mental Health.
- Hatfield, A.B. (1987) Coping and adaptation: a conceptual framework for understanding families. In: Hatfield AB, & Lefley HP, editors, *Families of the mentally ill*. New York: Guilford; p 60–84.
- Heru, A.M. (2000). Family functioning, burden, and reward in caregiving for chronic mental illness, *Families, Systems and Health*, 18, 91-103.
- Ivarsson, A.B., Sidenvall, B., & Carlsson, M. (2004). The factor structure of the Burden Assessment Scale and the perceived burden of caregivers for individuals with severe mental disorders. *Scandinavian Journal of Caring Sciences*, 18, 396-401.
- Jenkins, J. Karno, M. & de la Selva, A. (1986). Expressed emotion in cross-cultural context: familial responses to schizophrenic illness among Mexican Americans, in *Treatment of Schizophrenia: Family Assessment and Intervention*, Edited by Goldstein MJ, Hand I, Hahlweg, K. New York, Springer-Verlag.
- Karno M, Jenkins JH, & De la Selva A, (1997). Expressed emotion and schizophrenic outcome among Mexican-American families, *Journal of Nervous and Mental Disease*, 175, 143–151.
- Kopelowicz, A. Zarate, R. & López, S.R. (2002). The evaluation of expressed emotion in schizophrenia: a comparison of Caucasians and Mexican-Americans, *Schizophrenia Research*, 55, 179–186.
- Kopelowicz, A. Zarate, R. & Gonzalez Smith, V. (2003). Disease management in Latinos with schizophrenia: a family-assisted, skills training approach, *Schizophrenia Bulletin*, 29, 211–227.
- Kreisman, D.E. & Joy, V.D. (1994). Family response to the mental illness of a relative a review of the literature, *Schizophrenia Bulletin*, 10, 34–57.

- Lefley, H.P. (1987) Aging parents as caregivers of mentally ill adult children: an emerging social problem, *Hospital and Community Psychiatry*, 38, 1063-1070.
- López, S.R. Hipke, K.N. & Polo, J.A. (2004). Ethnicity, expressed emotion, attributions, and course of schizophrenia: family warmth matters, *Journal of Abnormal Psychology*, 113, 428-439.
- Martens, L., & Addington, J. (2001). The psychological well-being of family members of individuals with schizophrenia, *Social Psychiatry and Psychiatric Epidemiology*, 36, 128-133.
- Miller, F.M. Dworkin, J. Ward, M. & Barone, D. (1990). A preliminary study of unresolved grief in families of seriously mentally ill patients, *Hosp Community Psychiatry*, 41, 1321-5.
- Pearlin, L.I. Mullan, J.T. & Semple, S.J. (1990). Caregiving and the stress process: an overview of concepts and measures, *Gerontologist*, 30, 583-595.
- Sales, S. (2003). Family burden and quality of life, *Quality of Life Research*, 12, 33-41.
- Saunders, J.C. (2003). Families living with severe mental illness: a literature review, *Issues in Mental Health Nursing*, 24, 175-198.
- Solomon, P. & Draine, J. (1995). Subjective burden among family members of mentally ill adults: relation to stress, coping, and adaptation, *American Journal of Orthopsychiatry*, 65, 419-427.
- Solomon, P. Draine, J. (1996). Examination of grief among family members of individuals with serious and persistent mental illness, *Psychiatric Quarterly*, 67, 221-234.
- Srinivasan, T.N. & Thara, R. (2001). Beliefs about causation of schizophrenia: Do Indian families believe in supernatural causes? *Social Psychiatry and Psychiatric Epidemiology*, 36, 134-140.
- Stanley, S. & Shwetha, S. (2006). Integrated Psychosocial Intervention in Schizophrenia: Implications for Patients and Caregivers, *International Journal of Psychosocial Rehabilitation*, 10, 113-128.
- Thornicroft, G., Tansella, M., Becker, T., Knapp, M., Leese, M., Schene, A., & Vazquez-Barquero, J.L. (2004). The personal impact of schizophrenia in Europe, *Schizophrenia Research*, 69, 125-132.

Received: February 21, 2009

Revision received: March 20, 2009

Accepted: May 21, 2009

Acknowledgement: The author thanks the patients and the participants, and the psychiatrist who prescribed medicines.

R. Kannappan, PhD, Associate Professor in Clinical Psychology, Vinayaka Mission's K.V. Medical College, Salem, Tamil Nadu.

Asian Association of Social Psychology Conference

The eighth conference of AASP will be held at IIT Delhi, India from December 11 to 14, 2009. The conference was organized in close cooperation with the [Indian Institute of Technology](#).

Theme: "Identity, Multiculturalism and Changing Societies: Challenges for Social Psychology in and about Asia".

Convener: Dr. Purnima Singh,
Department of Humanities and Social Sciences,
Indian Institute of Technology Delhi, India