

Assessment of Psychosocial Aspects in the Parents of Schizophrenia and Bipolar Affective Disorder Patients

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ABSTRACT

Background: Schizophrenia as well as bipolar affective disorder both are disabling illnesses, as such the patient requires much care and attention. This places a considerable degree of burden on the caregivers. **Aim:** Many studies undertaken in India have measured the burden experienced by the caregivers in schizophrenia and bipolar affective disorder separately. Thus the aim of the present study is to assess and compare the quality of life and depression in the parents (as caregivers) of schizophrenia and bipolar affective disorder. **Sample:** The sample was consisting of 30 parents of schizophrenic patients, 30 parents of patients with bipolar affective disorder and 30 parents of normal control subjects were selected with the help of purposive sampling method. Parents of both genders were included in the study. **Tools:** Tools used were GHQ 12, WHO Quality of Life and BDI. **Result and Conclusion:** The findings of the present study indicate that parents of schizophrenia patients and BPAD patients showed poor quality of life as well as depressive symptoms in comparison to parents of normal control subjects. Parents of schizophrenia patients as well as parents of bipolar affective disorder patients exhibited.

Keywords: Schizophrenia, Bipolar affective disorder and Depression.

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) as well as the International Statistical Classification of Diseases and Related Health Problems (ICD-10) classified schizophrenia and bipolar affective disorder separately.

Schizophrenia and bipolar affective disorder both are related with insufficient clinical response, a chronic recurring course and inadequate level of psychological and occupational functioning. These two diseases estimate a combined mean of global prevalence of 0.7-1% (Merikangas et al., 2007). Males as well as females both have an equal prevalence rate. The

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Assessment of Psychosocial Aspects in the Parents of Schizophrenia and Bipolar Affective Disorder Patients

symptoms of both diseases generally begin in early adulthood and both diseases are stated to be accompanied by an increased risk of suicide.

Thus, both schizophrenia as well as bipolar affective disorder are disabling illnesses that place a considerable degree of burden on the caregivers. Many studies undertaken in India have measured the burden experienced by the caregivers in schizophrenia and bipolar affective disorder separately. There are very limited studies which have tried to assess the psychological aspects of the parents of patients suffering from these disorders. Thus, the present study is an attempt to assess both positive as well as negative psychological aspects in parents of schizophrenia and bipolar affective disorder patients.

Aim of the Study

The aim of the present study was to assess and compare the quality of life and depression in the parents (as caregivers) of schizophrenia and bipolar affective disorder patients.

Sample of the Study

The sample was consisting of 30 parents of schizophrenic patients, 30 parents of patients with affective disorder and 30 parents of normal control subjects. Parents of both genders were included in the study. Purposive sampling technique was used in the present research investigation.

Tools

1. General Health Questionnaire

General Health Questionnaire (GHQ-12) developed by Goldberg and Miller (1978) has been used as a screening tool. It measures symptoms of psychiatric disorder in individuals. GHQ-12 focuses mainly on areas like the ability to carry out normal activities and presence of distressing experiences. Thus, this scale is widely used to rule out any psychopathology of any nature in normal healthy control subjects. The reliability has been found to be 0.90 (Hankins, 2008) and validity of GHQ-12 has been found to be 0.78 (Baksheev et al., 2011).

2. Quality of Life Scale

Hindi version of the WHOQOL-Brief has been derived from the original World Health Organization Quality of Life Scale. The Hindi version WHOQOL-Brief Scale has been adopted by Saxena et al. (1998). WHOQOL-Brief is a short version of WHOQOL-100 questionnaires. WHOQOL-Brief contains 26 questions in 4 major domains (i.e. physical health, psychological health, social relationships and environment) to measure the quality of life. This scale emphasizes subjective experiences of the respondents rather than their objective life conditions. The alpha score of all domain ranges from 0.59 to 0.87, Cronbach alpha of the all domains are 0.87, the factor loadings of the item ranges 0.52 to 0.84, WHOQOL-BREF is highly valid version across cultures.

3. Beck Depression Inventory

Beck depression inventory (BDI-II) has been developed by Beck, in the year of (1961). It is a 21 items self-reported inventory. It is one of the most widely used instruments

Assessment of Psychosocial Aspects in the Parents of Schizophrenia and Bipolar Affective Disorder Patients

for measuring the severity of depression. In the present study investigation BDI-II has been used. BDI-II contains 21 questions, each answer being scored on a scale value of 0 to 3. The cutoffs used differ from the original: 0–13: minimal depression; 14–19: mild depression; 20–28: moderate depression; and 29–63: severe depression. Higher total scores indicate more severe depressive symptoms. The BDI-II is positively correlated with the Hamilton Depression Rating Scale with a Pearson r of 0.71, showing good agreement. The test was also shown to have a high one-week test–retest reliability (Pearson $r = 0.93$), suggesting that it was not overly sensitive to daily variations in mood. (Beck et al., 1961). The test also has high internal consistency ($\alpha = .91$). (Beck et al., 1996).

Procedure

In this study initially 90 participants who were meeting inclusion and exclusion criterion were selected for this study through purposive sampling techniques. Out of these 90 participants 30 participants were having parents of schizophrenia, 30 participants having parents of BPAD and 30 participants were parents of normal control subjects. Parents of schizophrenia patients and parents of BPAD patients were selected from the inpatient department and outpatient department of Ranchi Institute of Neuro-Psychiatry And Allied Sciences, Kanke, Ranchi. Normal controls were selected from Kanke area of Ranchi district. There after socio demographic data was collected from all participants by using Socio-demographic and clinical data sheet. GHQ- 12 was administered as screening tool for selection of normal control subjects. Then the assessment of selected samples was done by using WHO Quality of Life Scale and Beck Depression Inventory on individual participants.

Statistical Analysis

The statistical analysis was done with the help of Statistical Package for Social Science-20 (SPSS-20). For the analysis of obtained data Analysis of Variance (ANOVA) was applied.

Table-1: Showing the assessment of parents of Schizophrenia Subjects, parents of BPAD Subjects and Normal Control Subjects on Quality of life.

Variables	Parents of Schizophrenia Subjects (N=30)		Parents of BPAD Subjects (N=30)		Normal Control Subjects (N=30)		df	F Value
	Mean	SD	Mean	SD	Mean	SD		
Physical Health	14.33	1.58	16.93	2.08	18.76	2.47	87	34.45**
Psychological Health	13.90	1.18	14.73	2.09	18.73	1.38	87	77.63**
Social Relationship	5.76	1.00	6.90	0.99	8.50	0.57	87	72.85**
Environmental	17.00	2.57	19.33	3.18	23.73	0.78	87	60.47**

** Significant at 0.01 level

Assessment of Psychosocial Aspects in the Parents of Schizophrenia and Bipolar Affective Disorder Patients

It is quite obvious from table-1 that parents of schizophrenia subject and BPAD subject showed poor quality of life in comparison to normal control subjects on WHO Quality of Life Scale. It has been also evident from the table that parents of BPAD subject also demonstrated better quality of life in comparison to parents of schizophrenia subject. Difference among these three groups has been found to be significant at 0.01 level. These finding also suggest that subject with parents of schizophrenia and parents of BPAD exhibited poor physical health, psychological health, poor relationship and poor environmental in comparison to normal control subjects. The findings of the present study is in agreement with the results of Fadden et al, 1987, Kuipers L, 1992, World Health Organization, 1993, Garre, 2000, Bauer et, al (2011), Chadda et, al (2007), Torry et al, 1995.

Table-2: Showing the assessment of parents of Schizophrenia Subjects, parents of BPAD Subjects and Normal Control Subjects on Beck Depression Inventory.

Subjects Variables	Parents of Schizophrenia Subjects (N=30)		Parents of BPAD Subjects (N=30)		Normal Control Subjects (N=30)		df	F Value
	Mean	SD	Mean	SD	Mean	SD		
Beck Depression Inventory	26.00	3.44	22.76	5.75	5.36	1.88	87	228**

** Significant at 0.01 level

It is evident from table-2 that parents of schizophrenia subject and BPAD subject showed more depressive symptoms when compared to normal control subjects on Beck Depression Inventory. It has been found that normal control subjects have low depressive symptoms in comparison to parents of BPAD subject and parents of schizophrenia subject. It has been also evident from the table that parents of BPAD subject also having low depressive symptoms in comparison to parents of schizophrenia subject. These finding also suggest that subject with parents of schizophrenia and parents of BPAD exhibited depressive symptoms of helplessness sleep related problems, irritability and hopelessness in comparison to normal control subjects and difference among these three groups has been found to be significant. The findings of the study is in agreement with the results of Aguglia et al, 2013, Leff and Vaughn, 1987, Chadda et, al (2007), Torry et al, 1995, Barrowclough and Parle 1997.

CONCLUSION

The present study findings concludes that parents of both schizophrenia patients and BPAD patients appraise the care giving negatively though few positive aspects of it was also stated. When compared with normal control group parents of patients with schizophrenia as well as BPAD reported significant level of depression along with poor quality of life. Furthermore, parents of patients with schizophrenia reported more negative psychological functioning in comparison to parents of patients with BPAD.

REFERENCE

- Aguglia E., Onor M. L., M., C. Negro., M. Saina, E. Maso. (2013). Stress in the caregivers of Alzheimer's patients: An experimental investigation in Italy. *Clinical Neurology* (128);193.
- Baksheev, G. N., Robinson, J., Cosgrave, E. M., Baker, K., & Yung, A. R. (2011). Validity of the 12-item General Health Questionnaire (GHQ-12) in detecting depressive and anxiety disorders among high school students. *Psychiatry Research*, 187(1), 291-296.
- Barrowclough, C., & Parle, M. (1997). Appraisal, psychological adjustment and expressed emotion in relatives of patients suffering from schizophrenia. *The British Journal of Psychiatry*, 171(1), 26-30.
- Bauer, R., Gottfriedsen, G.U., Dobmeier, M., Cording, C., Hajak, G., Binder, H., Spiessl, H., (2011). Burden of Caregivers of Patients With Bipolar Affective Disorders. *American Journal of Orthopsychiatry*. 81(1)139-148.
- Beck AT, Steer RA and Brown GK (1996) "Manual for the Beck Depression Inventory-II". San Antonio, TX: Psychological Corporation
- Chadda, R. K., Singh, T. B., & Ganguly, K. K. (2007). Caregiver burden and coping. *Social Psychiatry and Psychiatric Epidemiology*, 42 (11), 923-930.
- Fadden G, Bebbington P, Kuipers L: (1987), The burden of care: The impact of functional psychiatric illness on the patient's family. *British Journal of Psychiatry*.150:285-292.
- Hankins, M. (2008). The reliability of the twelve-item general health questionnaire (GHQ-12) under realistic assumptions. *BMC public health*, 8(1), 355.
- Kessler, R. C., Merikangas, K. R., & Wang, P. S. (2007). Prevalence, comorbidity, and service utilization for mood disorders in the United States at the beginning of the twenty-first century. *Annu. Rev. Clin. Psychol.*, 3, 137-158.
- Kuipers L, Leff J, Lam D: Family work for schizophrenia: a practical guide. London: Gaskell; (1992). Gutiérrez-Maldonado J, Caqueo-Úrizar A, Kavanagh D:(2005), Burden of care and general health in families of patients with schizophrenia. *Social Psychiatry Psychiatric Epidemiology*. 40:899-904.
- Leff JP, Wig NN, Ghosh A, Bedi H, Menon DK, Kuipers L, et al., (1987); Expressed emotion and schizophrenia in North India III: Influence of relatives expressed emotion on the course of schizophrenia in Chandigarh. *British Journal of Psychology*. 151:166-73.
- Orley, J., Saxena, S., & Herrman, H. (1998). Quality of life and mental illness: reflections from the perspective of the WHOQOL. *The British Journal of Psychiatry*, 172(4), 291-293.
- Torrey E. Fuller, (1995) *Surviving Schizophrenia: A Manual for Families, Consumers and Providers*. Harper Perennial. New York. 3: 79.
- World Health Organization, (1993.). Report of WHOQOL Focus Group Work: WHO (MNH/PSF/93.4).

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