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Case Report

# Psychiatric Social Work Intervention with a Woman with Depression: A Case Report from Assam

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## ABSTRACT

Depression is a common mental illness that affects women more than men. The impact of depression can lead to lower quality of life, increased disability in daily functioning, and poor interpersonal relationships. Biopsychosocial factors play a vital role in precipitating and maintaining depression in a person. Socio-cultural context and economical status omit a gendered understanding of depression in women. ***Aim:*** The study is aimed to test the efficacy of a psychiatric social work intervention program based on a biopsychosocial approach and initiates recovery process in a woman battling with depression. ***Methodology:*** The case study method uses the biopsychosocial approach for the detailed assessment of psychosocial factors and in formulating an intervention program by the psychiatric social worker. This intervention was aimed for enhancing the knowledge of illness by providing psychoeducation to the patient and family, managing the patient's problematic behaviour, improving the patient's daily functioning, improving her marital quality of life, and motivating her for gainful employment through livelihood education. Tools used in the study were Hamilton Depression Rating Scale (HDRS), Marital Quality Scale, and WHO-Disability Assessment Scale. ***Results:*** Significant improvement was observed after intervention and analyses which indicated a reduction in the depressive symptoms in a period of time and had impact on the patient's different activities. The tailored psychiatric social work intervention program adjunct to pharmacological therapy in the treatment of the case was found effective and needs to be integrated into routine practice.

***Keywords:*** *Depression, Psychiatric Social Work Intervention, Woman*

Women are found to be affected by depression more than men (WHO, 2017). The causes of the higher prevalence of depression in women might be attributed to various biological, psychological, and social fluctuations, often leading to maladjustment and mental distress (Vindhya, 2007). There is a strong association explored between various psychosocial issues and depression among women (Bhattacharya et al., 2019; Pereira et al.,2007). Literature indicated hormonal differences, ways of coping, lower social status, skewed gender-specific expectations, gender dominance, marital life, social

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support, and acute economic difficulties, etc are the most common causes which lead to depression among Indian women. (Quadrio CA, 2010; WesternD, 2013; Ussher JM, 2010; Bhattacharya et al., 2019). Depression among women impacts different areas such as their interpersonal relationships, participation in daily activities, social activities and thus increases disability (Davar, 2008). A combination of psychosocial management with pharmacological treatment brings a better outcome in the recovery of people with depression (Cuijpers et al., 2008). The biopsychosocial model suggests that a person's health and illness is influenced by his/her biological, psychological and social factors. George Engel offered this model in mid 20th century, which was considered as a holistic alternative in the treatment of illness. This model states that biological, psychological (thoughts, emotions, and behaviours), and social (socio-economical, socio-environmental, and cultural) factors play a significant role in human functioning. The mental health professionals including social workers can use the biopsychosocial approach in case work interventions (Engel, 1977).

In this paper the author presents a clinical case report of a patient where she had effectively used the biopsychosocial approach for assessment and intervention in a tertiary care setting in India.

## METHODS

### *Case Illustration and Assessment*

Ms. S is 20 years old, married female, Muslim, Assamese-speaking woman, studying in the fourth semester in her Bachelor's degree in Assamese literature from a government college, hailing from an upper-middle-class socio-economic nuclear family of Hojai district of Assam, with slow to warm temperament in childhood, presented with insidious onset and episodic course of chief complaints of frequent low mood followed by death wish, inability in sleeping, reduced concentration, body ache, high irritation, frequent headaches and decreased interest in activities having a negative impact on her interpersonal relationship with the husband for a duration of two months. Family history showed close and rigid boundary with husband, autocratic leadership of husband and indirect communication style between the couple. The treating team made a clinical diagnosis of moderate depressive episode and other problems in relationship with spouse (ICD-10). She was referred to the psychiatric social worker for assessment and appropriate psychosocial interventions. All ethical guidelines were adhered while working with this patient. The written consent was taken before preparing this manuscript.

### *Biopsychosocial Formulation*

The patient presented with two months duration of illness with insidious onset and episodic course of mental illness. The biological dysfunction was evidenced by inability to sleep, body ache, decreased weight, frequent headaches and irregular menstruation.

She also reported of psychological problems such as low mood, high irritation, crying spells, self-blaming and feeling of guilt, pessimistic about the future, difficulty making decisions, reduced concentration, difficulty getting anything done, decreased interest in work, death wish, negative automatic thoughts (such as "There is no meaning of life, "Nobody loves me" and 'I'm a bad person") and typical problem behaviors (not communicating with husband, isolating herself, not completing essential tasks including daily activities).She scored 16 on Hamilton Depression Rating Scale (suggest of moderate level depressive episode).

From psychosocial evaluation, social and family analysis showed that the patient had a nuclear family and staying with her husband since 4 years. Her husband was the sole earning person and was autocratic in his ways of functioning in the family. With weak marital bond, the couple had indirect communication between them and often involved a lot of conflicts. The patient had good support from her maternal family. The patient had an extramarital affair with a distant cousin brother of husband and discontinued the relationship on her husband coming to know of the illicit relationship.

The biopsychosocial assessment of the patient indicated that the patient had moderate depressive episode with problems in relationship with spouse. The family explanatory model of illness suggests the involvement of family members in the treatment process of the patient. (Kleinman,1980)

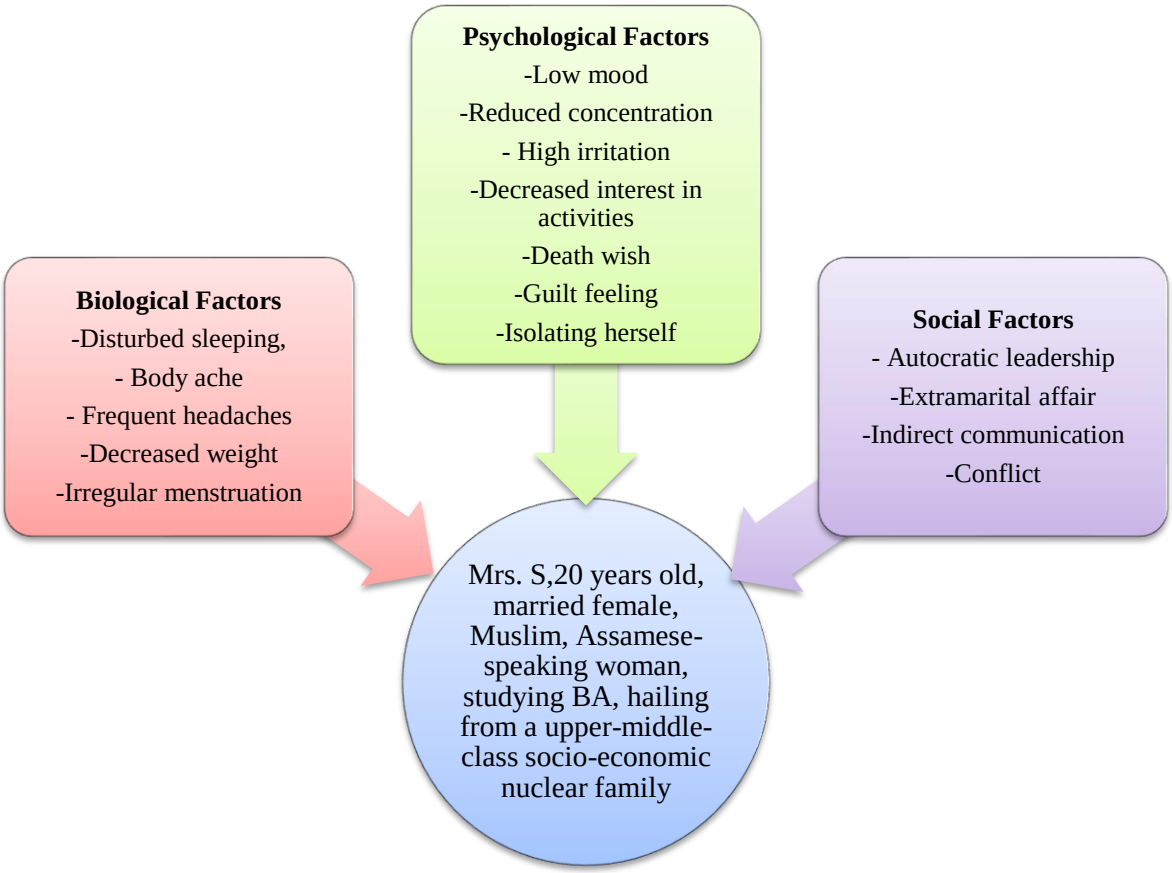


***Fig. 1: Bio-psychosocial assessment of Ms. S***

***Results: Case Interventions***

The biological intervention focused on drug therapy where the patient was provided antidepressants by the treating doctors (Tab. Setraline 25 mg and Clonazepam 0.5mg). Patient was advised on the need for regular medication. In view of patient's low motivation her husband was asked to keep supervision of her daily intake of medication. Psychoeducation was provided to the patient, and it included information about depression, nature and prognosis of the illness and the importance of medication adherence, aimed to impart knowledge of illness and better management. Behavioral intervention was provided to the patient to make her functional by engaging in pleasurable activities. As patient had lack of interest in completing tasks, the behavioral activation was initiated. Cognitive based intervention was aimed to restructure the patient's dysfunctional thought pattern and

negative assumptions. A cognitive task such as maintaining of a thought diary was aimed to help to improve the patient's attention and self-awareness of her dysfunctional thought patterns. At the social level, patient was provided marital intervention to improve her relationship with her husband and get social support from him. Information about various organizations available near her for gainful employment was provided by the psychiatric social worker. The involvement in gainful activities could be reinforcing for her and helpful in active engagement for improving depressive symptoms (Hatcher 2020).

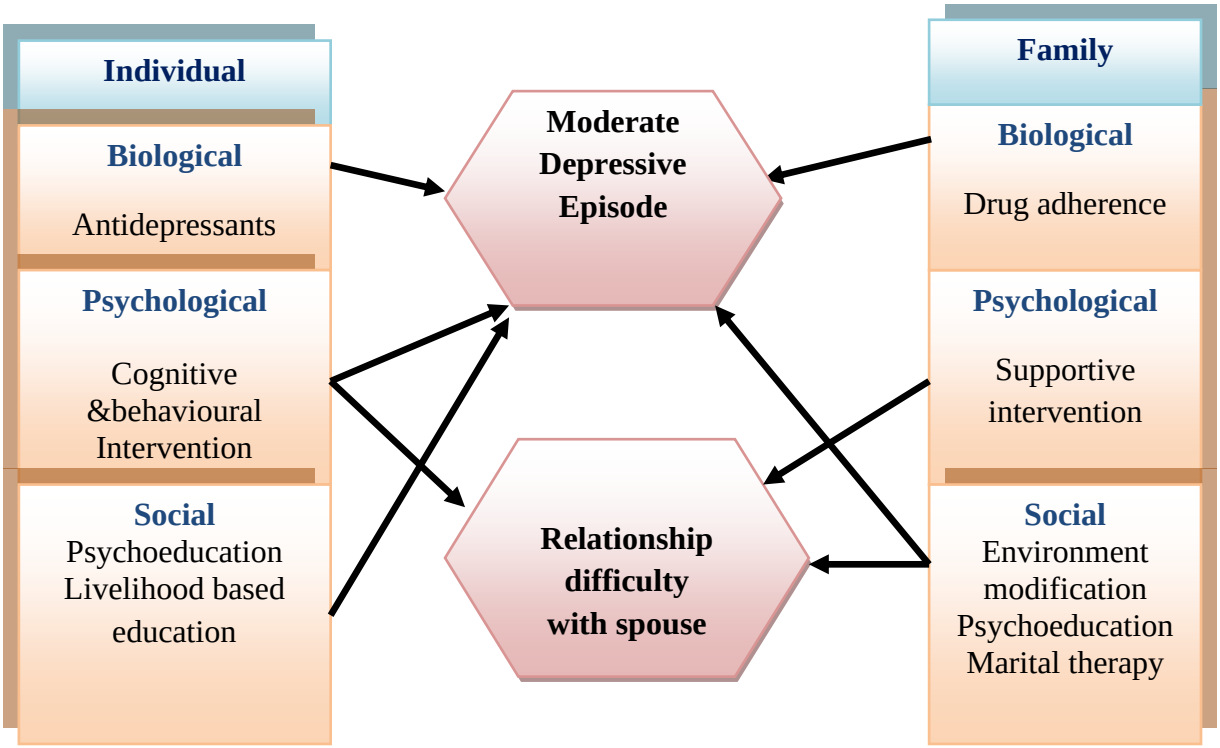


***Fig 2: Case conceptual frame***

***Patient Based Interventions***

The biological intervention focused on drug therapy where the patient was provided antidepressants by the treating doctors (Tab. Setraline 25 mg and Clonazepam 0.5mg). Patient was advised regular medication and her husband was asked to keep supervision of her regular intake of medication due to her low motivation. Psychoeducation was provided to the patient, and it included information about depression, nature and prognosis of the illness and the importance of medication adherence, aimed to impart knowledge of illness and better management. Behavioral intervention was the psychological therapy provided to the patient to make her functional by engaging in pleasurable activities. As patient had lack of interest in completing tasks, the behavioral activation was initiated. Cognitive based intervention was aimed to restructure the patient's dysfunctional thought pattern and negative assumptions. A cognitive task such as maintaining of a thought diary was aimed to help to improve the patient's attention and self-awareness of her dysfunctional thought patterns. At the social level, patient was provided marital enhancement intervention with her husband to improve her relationship with her husband and get social support from him. Information about various organizations available near her for gainful employment was provided by the psychiatric social worker. The involvement in gainful activities could be reinforcing for her and helpful in active engagement of for improving depressive symptoms (Hatcher 2020).

***Family Based Intervention***

Family based intervention included educating the husband about the nature and prognosis of the illness and importance of medication adherence. The husband was helped to be reflective and corrective feedback was given on his perception about his wife's illness. Supportive counseling was provided through empathy, ventilation and acceptance to validate his emotions. Marital therapy was provided to him and the patient to enable them to resolve their conflicts and adopting appropriate communication skills. The solution focused approach of family therapy was adopted to work on the couple (Cohen, 2010; Whisman et al., 2012; Barbato et al., 2018).

## RESULTS

The psychiatric social worker had 12 follow up sessions over a period of 2 months with the patient and her husband. The previous and post-score of depressive symptoms after the intervention in the patient were assessed through Hamilton Depression Rating scale. It was observed that the frequency of the patient's depressive symptoms such as low mood and somatic complaints got reduced and other problems such as decreased interest in activities, increased irritation also improved remarkably.

The Hamilton Depression Rating scale score was indicating that the patient had a moderate level of depressive episode and the score showed that the severity of the illness was decreased after the intervention provided.

***Table 1 : HDRS Scores before and after intervention***

| HDRS Pre-test Score | HDRS post-test score |
|---|---|
| **16** | **8** |

The disability due to the various impact of the illness of the patient was measured before the intervention and also after, to find the improvement in her. The finding indicated that the disability of the patient in various domains got reduced after the intervention.

***Table 2: The WHO-Disability Assessment Score on the basis of pre and post intervention assessment***

| WHODAS-Domains | Pre Scores | Post scores | Findings |
|---|---|---|---|
| **Understanding & Communication** | 21 | 8 | Better understanding and communication |
| **Getting around** | 17 | 8 | Improved in getting around |
| **Self care** | 6 | 6 | --- |
| **Getting along with people** | 16 | 6 | Problem decreased in getting along with people |
| **Life activities** | 26 | 12 | Problems in engaged in life activities decreased |
| **Participation in society** | 29 | 9 | Enhanced participation |
| **Total** | 115 | 49 | |

The quality of the marital life was assessed through Marital Quality Scale before and after the intervention. The result showed that the quality of marital life was moderately affected before the intervention, which was found to have improved comparatively after the intervention.

*Table 3: Marital Quality Scale scores before and after intervention*

| MQS Domains | Pre scores | Post scores | Finding |
|---|---|---|---|
| **Understanding** | 17 | 8 | Quality of marital life improved compared to before. |
| **Rejection** | 8 | 22 | |
| **Satisfaction** | 11 | 7 | |
| **Affection,** | 21 | 13 | |
| **Despair,** | 6 | 3 | |
| **Decision making** | 18 | 10 | |
| **Discontent,** | 3 | 8 | |
| **Dissolution potential** | 1 | 3 | |
| **Dominance,** | 4 | 2 | |
| **Self-disclosure,** | 8 | 6 | |
| **Trust** | 1 | 1 | |
| **Role functioning** | 6 | 4 | |
| **Total** | 101(moderately affected marital quality | 90 (mildly affected marital quality) | |

## DISCUSSION

There have been individual studies to show the effectiveness of anti-depressant medications in the treatment of depression (Pampallona, 2004). Also, a better outcome was observed in studies when pharmacotherapy was used with psychological and psychosocial interventions. Psychiatric social work intervention based on a biopsychosocial approach was provided to the patient. These included psychoeducation, cognitive behavior based intervention, martial therapy, and livelihood-education in improving the symptom in the patient. These intervention studies details on how individually biological, psychological, and psychosocial interventions helped an individual recovering from depression. The pre and post-assessment scores of the patient's illness severity and impact on various areas showed improvement and supports the effectiveness of the intervention.

The case study presented in this paper using the biopsychosocial approach enables the psychiatric social worker to understand the patient, her contextual environment, and her needs, and the importance of appropriate interventions. The tools used to assess the improvement in the patient were standardized, and hence the scores found were reliable. The biopsychosocial approach was used in the study to assess the various needs and thus plan and put in place interventions which reflects a holistic; comprehensive requirements and thus indicating the strength of this study.

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***Conflict of Interest***

The author(s) declared no conflict of interest.

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