

## DOES PERCEIVED SOCIAL SUPPORT PREDICT QUALITY OF LIFE IN PSYCHIATRIC PATIENTS?

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### ABSTRACT

*The present study examined the predictive relationship of perceived social-support with quality of life and its subcomponents in psychiatric patients. After detailed literature review it was hypothesized that lack of social support would predict low quality of life in psychiatric patients. Sample consists of 115 participants with mental illnesses. The age range of participants was between 20-65 years, the minimum qualification was middle. Semi-structured interview form, Urdu versions of multidimensional scale of perceived social support and WHO quality of life were used. Regression analysis was applied to investigate the predictive relationship of perceived social support with quality of life. Results revealed that social support as perceived by mentally ill patients predicts the quality of life.*

**Keywords:** Perceived social support; quality of life; mental illnesses; physical health; psychological health; social relationships

### INTRODUCTION

Mental health has become an international issue as many as 450 million people suffer from a mental or behavioural disorder and it has been estimated that it will rise over the next decades (WHO 2003). Mental disorders are associated with substantial disturbance in individual's and their family's quality of life (WHO, 2001, 2003; Walton-Moss, Gerson, & Rose, 2005) and also incur burden to families (Perrin, & Homer, 2007) and society (WHO 2003).

Quality of Life is individuals' perception of their position in life with reference to culture and value system in which person lives and in relation to individuals' aims, expectations, standards and concerns (World Health Organization, 1997). Quality of life includes two models named subjective quality of life and objective quality of life. The subjective component is directly linked with life experiences (Murphy & Murphy 2006), indicated by individual's satisfaction with his/her present life situations and measured by subjective evaluation. The objective dimension of quality of life is assessed by individual's health, social and material well being and is often measured by objective evaluation (Gladis, Gosch, Dishuk, Crits-Christoph, 1999).

Quality of life is affected by variety of situations including the person's physical health, psychological state, level of autonomy, interpersonal relationships, beliefs and their relationship to important features of environment (World Health Organization, 1997). Living with chronic mental illness can cause individual's quality of life in jeopardy. Research findings show weak to moderate relationship between psychiatric symptoms and QOL (Sim, Mahendran, Siris, Heckers, & Chong, 2004; Ritsner, Kurs, Gibel, Ratner, & Endicott, 2005) and psychiatric disorders included depression, schizophrenia, anxiety have negative impact on quality of life (Malm, May & Dencker, 1981; Kilian, Matschinger, & Angermeyer, 2001;

Alptekin et al, 2005; Mechanic, McAlpine, Rosenfield, & Davis, 2009; Woon, Chia, Chan, Sim, 2010).

Research findings has illustrated that quality of life is obtained mainly from the social contacts (Bigelow, McFarland, &, Olson, 1991; Mares, Young, McGuire, & Rosenheck, 2002). Subjective judgment of having supportive family and friends who provide quality assistance in times of stress and in mental illness are associated with psychological benefits, improved functioning, quality of life, and reduced psychiatric symptoms (Davidson et al. 1999; Solomon, 2004; Lakey, 2011). Attachment providing relationships have the distinctive quality to protect in difficult circumstances and also endorse the healthy and morale values because the feelings of self worth and positive feedback help to develop highly valued self-identities (Brown, & Harris, 1978; Lowenthal, & Haven, 1968; Thiots, 1985; Waring & Paton, 1984).

Patients' social network size is strongly related to psychological symptoms, clinical and cognitive functioning, and also with quality of life and self-esteem (Goldberg, Rollins, & Lehman, 2003). People who feel supported by their family friends also enjoy wide variety of benefits including less anxiety, depression and higher self-esteem (Cohen, & Wills, 1985). However, Pickens' (1999) review of the literature point towards an important issue that people with mental illnesses tend to have smaller social networks than people without mental illnesses.

Social support is the degree to which a person's basic social needs are met through interaction with other people (Terrence, Amick & Judith, 1994). Weber's (1998) describe the meaning of social support in terms of relationships and perceptions that social support is about feeling of connection that individual's needs are recognized and acknowledged that people value our needs and care about us when we need help and feel alone. Moreover, social support is about interdependence that directs the individuals to go in society for business, to face crisis, accepting and giving help when it is needed. Thus, social support is considered as reciprocal in which social-emotional, instrumental and recreational resources are exchanged (Bernal, Maldonado-Molina & Rio, 2003).

The role of social support in chronic mental and physical diseases has been extensively researched. Social support has shown to exert positive influence on dealing with physical illness (Gulpek et al, 2011; Holahan, Moos, Holahan, & Brennan, 1997), boost recovery from illness, improve positive immune response and reduce the risk of mortality (House, Landis, & Umberson, 1988; Cohen, Doyle, Skoner, Rabin, & Gwaltney, 1997; Corrigan, & Phelan, 2004). In Pakistani population, perceived social support is negatively correlated with depression and positively correlated with self-esteem (Rizwan & Aftab, 2009).

Another study that investigated relation between perceived social support and depression in Pakistani population with indigenously developed scales of social support and depression showed that there is inverse relationship between social support and depression in clinical or non-clinical group (Malik, 2002). Due to all these reasons it is very important to assist the psychiatric patients in positive way which increase the quality of life that ultimately leads towards better mental health. These findings collectively suggest that having positive relationships improve the quality of life, increase the levels of psychological resources such as self-efficacy expectations and self-esteem, reduce psychological distress and serve as protective factor that facilitate the coping and improve the quality of life (Varni, Setoguchi, Rappaport, Talbot 1991; Pearlin et al., 1983, Buchanan, 1995; Rosenfield & Wenzel, 1997; Penninx et al, 1998).

## METHOD

### Sample

Participants were 115 who were under treatment for psychiatric illnesses from outpatient clinics of different psychiatric settings of Karachi. The inclusion criteria of all participants included; age range of 20-65 years old, diagnosed mental illness (e.g. schizophrenia, major depression disorder, bipolar I & II and anxiety disorder) by using the criteria set forth in Diagnostic and Statistical Manual of Mental Disorders (DSM IV-TR; American Psychiatric Association, 2000). All patients were in stable phase that being able to give information, duration of their illness was 6 months or more than 6 months. There was not any organic disorder or medical illnesses in participants. Their Minimum education was middle.

### Measures

#### *Semi Structured Interview Form*

Personal and clinical information of the sample was recorded on the standard intake form of Karwan-E-Hayat, Institute of Mental Health Care, Karachi. This qualitative measure is designed by the Karwan-E-Hayat, Institute of Mental Health Care, Karachi based on the criteria of Diagnostic and Statistical Manual for Mental Disorders (DSM IV-TR; American Psychiatric Association, 2000), as well as other pertinent details necessary to screen out the diagnosis. It consisted of items focusing on an individual's demographic information, presenting complaints, history of presenting complaints, medical history, family history, educational history, mental state examination, perceptions, belief system, psychosomatic complaints, substance abuse history, family psychopathology, personality traits, recreational activities, social circumstances, appearance and behaviour during session. It is qualitative measure which takes 30 to 40 minutes to be administered.

#### *Multi-dimensional Scale for Perceived Social Support (Urdu translation)*

The **MSPSS questionnaire** (Zimet, Dahlem, Zimet, & Farley, 1988) contains of 12 items. It is designed to measure the perception of social support pertaining following areas: Family, Friends and Significant others. It is rated on a 7-point Likert-type scale (response format ranges from, 1 = very strongly disagree to 7 = very strongly agree). For present research Urdu translation of MSPSS was used (Rizwan, 2010).

#### *WHO Quality of Life Scale (Brief version, Urdu translation)*

The QOL was assessed by using the brief version of World Health Organisation Quality of Life scale which has been translated in Urdu (Khan, Akhter, Ayub, Alam, Laghari, 2003). This self-administered questionnaire assesses the subjective QOL of patients over the preceding 2 weeks. It has 4 domains includes the seven-item physical health domain; the six-item psychological health domain; the three-item social relationship domain; and the eight-item environment domain. In addition, WHOQOL-BREF contains two items on the overall Quality of Life and General Health. The four domain scores are scaled in a positive direction.

### Procedure

Sample was recruited from different psychiatric clinics situated in different areas of Karachi. Consent for data collection was obtained from the authorities of selected clinics. After getting the permission of data collection, psychiatric patients were approached individually with the help of psychiatrists and clinical psychologists who had already diagnosed the patients. The purpose of study was stated briefly to participants. They were informed that their participation was voluntarily and they have the right to withdraw. The researchers assured the confidentiality and verbal consent was also taken from the participants. After consent,

researcher conducted a detailed diagnostic interview and recorded all necessary information on semi-structured interview sheet which further confirmed the diagnosis of psychiatrists and psychologists according to the diagnostic criteria of Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; TR; APA, 2000). Further the diagnosis was confirmed by the consensus of researchers, psychiatrists and psychologists.

After the administration of semi-structured interview World Health Organization Quality of Life, brief Pakistani version (Khan, Akhter, Ayub, Alam, Laghari, 2003) and Urdu translation of Multidimensional scale of Perceived Social Support (Rizwan, 2010) were administered.

## RESULTS

**Table 1. Demographic Characteristics of Sample**

<i>Variables</i>		<i>n</i>	<i>%</i>
<i>Gender</i>	Male	73	63.5
	Female	42	36.5
<i>Marital Status</i>	Married	44	38.3
	Single	60	52.2
	Divorce	11	9.6
<i>Psychiatric Illness</i>	Schizophrenia	36	31.3
	Major Depression disorder and Bipolar I and II	32	36.4
	Anxiety Disorder	9	7.7
	Substance Abuse	28	24.3

**Table 2. Summary of Linear Regression with perceived family support as predictor of quality of life**

<i>Sub domains</i>	<i>Beta</i>	<i>Standard Error</i>	<i>Standard Beta</i>	<i>R</i>	<i>R<sup>2</sup></i>
Physical Health	.161	.095	.179	427	.183
Psychological Health	.259	.087	.322	396	.157
Social Relationships	.148	.048	.326	429	.184
Environment	.274	.098	.298	426	.182

**Table 3. Summary of Linear Regression with perceived friends support as predictor of quality of life**

<i>Sub domains</i>	<i>Beta</i>	<i>Standard Error</i>	<i>Standard Beta</i>	<i>R</i>	<i>R<sup>2</sup></i>
Physical Health	.000	.069	.000	427	.183
Psychological Health	-.050	.065	-.073	307	.094
Social Relationships	.106	.035	.273	428	.183
Environment	.167	.072	.212	406	.165

**Table 4. Summary of Linear Regression with perceived significant others support as predictor of quality of life**

<i>Sub domains</i>	<i>Beta</i>	<i>Standard Error</i>	<i>Standard Beta</i>	<i>R</i>	<i>R<sup>2</sup></i>
Physical Health	.360	.072	.427	427	.175
Psychological Health	.224	.067	.299	299	.089
Social Relationships	.144	.038	.339	339	.115
Environment	.302	.076	.352	352	.124

## DISCUSSION

The results of present study suggested perceived social support as a predictor of quality of life and its sub components. Regression analysis was performed on the obtained data which revealed that social support from family, friends and significant others is related with quality of life and its subcomponents in patients with mental illness. Statistical analysis of the data showed perceived social support from family has 18 % variation in scores of physical health domain ( $F= 14.168$ ,  $df = 2, 113$ ,  $p= .092$ ), 15 % variations in scores of psychological health domain ( $F = 10.316$ ,  $df= 2, 113$ ,  $p= .004$ ), 18 % variation in scores of social relationships ( $F= 12.490$ ,  $df = 2, 113$ ,  $p= .003$ ), 18 % variation in the scores of environment domain ( $F= 12.318$ ,  $df = 2, 113$ ,  $p= .006$ ). Analysis revealed that perceived social support from friends has 18 % variation for physical health domain ( $F= 12.405$ ,  $df = 2, 113$ ,  $p= .998$ ), .09 % variation for psychological health domain ( $F= 5.773$ ,  $df = 2, 113$ ,  $p= .442$ ), 18 % variation for social relationships domain and 16 % variation for the domain of environment ( $F= 10.960$ ,  $df = 2, 113$ ,  $p= .022$ ). Moreover, perceived social support from significant others has 18 % variation for physical health ( $F= 25.033$ ,  $df = 1, 113$ ,  $p= .000$ ), .08 % variation for psychological health ( $F= 10.989$ ,  $df = 1, 113$ ,  $p= .001$ ), 11 % variation in social relationships ( $F= 14.560$ ,  $df = 1, 113$ ,  $p= .000$ ) and 12 % variation for environmental domain ( $F= 15.859$ ,  $df = 1, 113$ ,  $p= .000$ ). The findings of this study consisted with previous researches which highlights the importance of social support in the life of patients with mental illnesses (e.g. Lehman et al, 1982; Powell, Yeaton, Hill & Silk 2001).

Perceived social support is the perception about the potential availability of the support when necessary (Brüggeman, Garlipp, Haltenhof & Seidler, 2007) and it appears that perception of social support from others have significant role to subcomponents of quality of life including physical, psychological, social and environmental quality of life. Many explanations for these findings are possible. Our life revolves around with close relationships include family, friends and significant others and their existence and support have strong impact not only on psychological well-being (Glenn & Weaver, 1985; Sarason, Sarason, Potter & Antoni, 1985) but also on physical health (Stone, Mezzacappa, Donatone & Gonder, 1999). Family consisted of members that are together by nature and found to be a foundational source of personality development (Rohner, 1986; Khaleque, & Rohner, 2002). They nourish and support each other and in the broader spectrum speculate as bastion of cultural mores. Pakistan is included in the list of collectivistic culture where not only the ties with family members but also with other people are very strong as relationships also take an interdependent form and they are more “given” (Adams, 2005). Likewise at pragmatic level, perhaps the association and interdependent in all spheres of life on each other is explicable.

Support system for a person comes from several sources apart from the family such as friends, people living in neighbourhood or community, health professionals and others. Research findings have prove that intentional friendship by community members to people with severely mental illness increases subjective well-being as well as significantly reduce self-reported psychiatric symptoms by 12 months (McCorkle, Rogers, Dunn, Lyass & Wan, 2008). It has been found that social support also enhance personal recovery of patients with mental illnesses across five domains encompass foundational, emotional, spiritual, social, and occupational (Moran, Russinova, Gidugu, Yim, & Sprague, 2011).

Overall it is concluded that living alone with mental illness put one's health and quality of life in jeopardy while social support positively affect the psychiatric treatment in a way that provided treatment is taken up and continued (Bankoff, 1996; Billings and Moos, 1985; Klauer, 2005).

In terms of clinical implications, results suggest that it might be advantageous to increase social support in prevention programs for psychiatric illnesses. Educate the patient about the role of social support and its beneficial impact on quality of life by developing and maintaining the social relationships. By incorporating psychosocial approach might helpful to lessen the risk of decreased social-support by developing the skills needed to maintain the communal relationships with others and fulfil the needs of support and to be supportive. Findings also imply to develop the programmes in the treatment of patients with psychiatric illness to educate family and friends to enhance their understanding about the effect of social support on illness and quality of life as well and to increase the social ties.

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