

# An Investigation of Social Support for Patients Living with Schizophrenia

Udukhomose Suleiman OMOKHABI (Ph.D)<sup>1</sup> & Prof. I. A. ABIONA<sup>2</sup>

1Department of Adult Education, Faculty of Education  
Federal University Oye-Ekiti, Nigeria  
suleiman.omokhabi@fuoye.edu.ng +2348055204268  
ORCID ID: 0000-0002-9700-5216

2Department of Adult Education, Faculty of Education  
University of Ibadan, Ibadan Nigeria  
keyeabiona@yahoo.com

**Abstract:** Schizophrenia is a chronic illness that can negatively affect a person's social interactions and ability to interact with others. The study examined the effect of social support on the health of patients living with schizophrenia. Schizophrenic patients are expected to achieve remission as their final outcome, which entails enduring absence of symptoms of mental illness and adequate social abilities. The study aimed to find out social support for patients living schizophrenia who are in remission. This study used a descriptive research design and consisted of a sample of 261 schizophrenic outpatients at the State Hospital Ring Road, Ibadan, Nigeria. Three scales was used for the study. The first measured socio-demographic variables of the respondents, the second measured Social Support Scale, and the third scale measured Mental Health recovery. Social support variable for the study had an association with recovery from schizophrenia. The study shows that social support is important in the recovery of outpatients living with schizophrenia. Relatives can provide social support for outpatients living with schizophrenia. Mental health practitioners in Ibadan should consider these factors to improve the recovery of patients living with schizophrenia.

**Keywords:** Outpatients living with schizophrenia-in-remission, recovery, social support

## Introduction

Schizophrenia is a prolonged, severe mental illness that impairs a person's ability to think, act, express emotions, perceive reality, and interact with others. It is a persistent mental condition that often reveals itself in adolescents or early adulthood (Correll, Stanford, Claxton, Du, & Weiden, 2018). People with schizophrenia often have problems doing well in society, at work, school, and in relationships. This enduring disease cannot be cured but can be controlled with proper treatment. Fear and isolation may accompany their behaviour, and they may seem lost from reality. Schizophrenia cannot be cured, but can be managed with proper treatment.

It is important to know that schizophrenia is not a disorder characterized by multiple or split personalities. People suffering from schizophrenia experience psychosis, a condition where they cannot distinguish between reality and fantasy. Schizophrenia is varies from person to person. Some people have only one psychotic episode, while others have many episodes during a lifetime but lead relatively normal lives. Others may have more trouble functioning with little improvement between full-blown psychotic episodes. Diagnostic and Statistical Manual of Mental Disorders (2013) describes a wide range of symptoms, either positive or negative. There are people who have just one psychotic episode during their lifetime, while others have many episodes over the course of their lifetime but live relatively normal lives overall. Some people may have more trouble functioning over time, with little improvement between full-blown psychotic episodes.

It is a persistent psychological condition that requires ongoing antipsychotic therapy. Patients who stop taking their medication have a significantly increased risk of relapse. Regular intellectual deficit skills can persist even after other symptoms have subsided and (American Psychiatric Association, 2013). Patients who frequently require hospitalization exhibit a variety of cognitive side effects and severe mental disorders. (National Institute of Mental Health, 2019). It usually takes months for schizophrenia patients to recover after they have been diagnosed and treated. In many cases, these patients will need ongoing treatment (social support), and if not treated, they could develop more serious illnesses, resulting in prolonged disability (American Psychiatric Association, 2013).

Families play an invaluable role in preserving the integrity of the individuals who make up the unit. Families offer their members financial, social, and emotional support. Family supports its members' problem-solving and coping ability as well as communication, emotional stability, and behavior management. An illness like schizophrenia is serious and disabling and causes an emotional and financial brunt on the supporting family members. Schizophrenia patients benefit greatly from the care provided by family caregivers. There is significant evidence that family caregivers play an important role in the life of people living with schizophrenia especially in developing countries such as Nigeria (Lasebikan, Owoaje & Asuzu, 2012).

Patients relatives, especially those who are in remission, are expected to assist and pay close attention to them. In the absence of adequate mental health services, limited assistance, and adequate bathing, eating, or medication administration, various levels of assistance could be provided, such as moral support to those experiencing mental illness (Chan, 2011).

Many families desert such people while they are in the hospital, even when they have recovered. Patients' situations deteriorate due to a lack of family support, which leads to a loss of confidence. The disease is prolonged by this process, which requires relatives of the individual to provide assistance (Gureje, Lasebikan, Ephraim-Oluwanuga, Oley and Kola, 2005).

Recovery means re-establishing a sense of value, a manner of living, and a way to cope with the challenges of daily life that goes beyond the limitations (Hofer et al., 2016; Jacob, 2015). Mentally ill patients experienced recovery as a process characterised by small, meaningful steps toward independence and autonomy (Boucher, Groleau, & Whitley, 2018). In clinical terms, recovery is returning to a state of health, reducing symptoms and hospitalizations, and improving adherence to medication.. Recovery is an ultimate outcome that contradicts the well-rooted belief that mental illness cannot be cured (Rossi et al., 2018). It is a powerful process geared toward achieving a state of hope, well-being, and fullness. It implies living a fulfilling and determined life, despite limitations caused by mental illness (Mental Health Commission of Canada, 2009).

Several physical, psychological, and social interventions were found to be beneficial too schizophrenia patients (Boydell, et al. 2014). Social support refers to the reality and perception that an individual is taken care of, is a part of a family and friend network that is helpful, and has access to and enough help from others, such as family members, friends and other health care professionals (Harfush & Gemeay, 2018). Through fostering optimism, self-esteem, and self-control and reducing the stress of illness, social support from family and friends plays a crucial role in promoting patient compliance. This can reduce symptoms and hospitalisations as well as enhance sick role behaviour. (Faraji et al., 2015).

Families play a key role in the recovery of schizophrenia patients. Social support refers is the existence and size of a social network as well as the degree to which an individual is connected, including the quantity of friends and family (associations) and the features of social interactions between individuals. Relationships with one's relatives, peers, and coworkers may aid in social integration (Kent de Grey, Uchino, Trettevik, Cronan, & Hogan, 2018). To aid in the recovery process, schizophrenia patients require adequate social support. Despite the extensive literature on social support and schizophrenia treatment, it is impossible to exhaust its benefits. Nevertheless, one cannot determine what type of social supports are accessible and who provides them. Having an understanding of what kind of social support people provide becomes very important to provide adequate, and important healthcare services to patients in need, such information about social support will be necessary for African cities.

### **Research Questions**

- 1 What is the association between instrumental support and recovery among patient living with schizophrenia?
- 2 What is the association between emotional support and recovery among patients living with schizophrenia?
- 3 What is the association between informational support and recovery among patients living with schizophrenia?
- 4 What type of social supports are provided to patients living with schizophrenia?

### **Scope of the Study**

The research examined the association between social support and recovery of patient living with schizophrenia. The study focused on patients with schizophrenia attending the outpatient clinic of State Hospital, Ring Road, Ibadan.

### **Remission in Schizophrenia**

Remission is a condition in which a schizophrenic individual noticed a progress in core clinical symptoms such that the residual predisposing factors ( positive and negative) are of lower intensities, no longer significantly impair behavioural patterns, and are below the threshold that is typically used to justify the initial diagnosis of schizophrenia (Andreasen, et al., 2005). (Gorwood and Peuskens, 2012). Remission has been characterised as a degree of symptomology that does not interfere with an individual's behaviour and is also less than that necessary for a schizophrenia diagnosis.

In order to achieve remission, symptoms should improve for at least six months. The definition of recovery is less exact. Improvements in social and functional aspects are necessary in addition to symptom improvements for remission. These categories often include, but are not limited to, functional independence, meaningful relationships, productivity, a sense of empowerment, and overcoming sentiments of internalised stigma. Improvements in clinical or functional dimensions must be shown for at least two years. An observational research found that patients with schizophrenia, respectively, experienced full recovery within 6 months

following the initial incidence (AlAqeel, and Margolese, 2012). Furthermore, the study discovered that individuals with schizophrenia recovered after discharged from hospital and had remission rate after months of a severe episode (Schennach et al. 2019). Many studies also found that individuals living with schizophrenia achieve remission within one year (Kaminga, Dai, Liu, Myaba, Banda, Wen, and Pan, 2018).

### **Mental Health Recovery**

The notion of "mental health recovery" is centered on evidence that persons with serious mental diseases may live independent, productive, and fulfilling lives in the community, even if their symptoms persist. Recovery is a term used in many medical fields, belief, and mysticism (Hökeleki, 2018). The recovery process from mental illness can be described as an "individualized experience" controlled by a positive sense of self-awareness, role clarity, and preparation that can be achieved regardless of the disease's related difficulties (Soygür, Yüksel Avciolu, and Tekin Eraslan, 2017). Recovery includes living a full and fulfilling life for people suffering from mental illnesses.

Many definitions of recovery exist, but they all emphasise recovery as an individual process (or journey) requiring much more than symptom remission. Instead, recovery entails progress in life domains that are positively meaningful to the individual, which are often associated with advancement in desirable activities like education, work, housing, and social relationships (Drake & Whitley 2014). In mental healthcare, autonomy and choice are regarded as important to the idea of recovery (Slade, et al 2014).

### **Research Design**

An exploratory correlational study design was used in the study at the State Hospital Ring Road, Ibadan.

### **Inclusion criteria for the study**

The inclusion criterion:

1. Outpatients who meet DSM-IV criteria for and are regularly seen in the hospital.
2. Patients with schizophrenia in remission who has been on follow-up treatment for one year or more.
3. Outpatients with Schizophrenia-in-remission who live with family caregivers and are on follow-up treatment.

### **Exclusion criteria for the study**

The exclusion criterion was based on these:

1. Patients with schizophrenia attending the clinic for less than six (6) months
2. Schizophrenia outpatients who have relapsed or been re-admitted to the hospital within six (6) months
3. Schizophrenia inpatient.

### **Participants and sample procedures**

Two hundred sixty-one 261 outpatients living with schizophrenia who are in remission were recruited for this study during follow-up care who had been diagnosed with schizophrenia and had consented to participate in the study. After learning about the study, outpatients with schizophrenia and their families agreed to take part.

### **Instrumentation**

Adapted scales and a self-structured questionnaire were used to collect the data. The instrument was a single questionnaire with three sections. Participants' demographic information was assessed in Section A, social support-related items were measured in Section B, and mental health recovery-related data was measured in Section C.

### **Ethical approval**

A written ethical approval was obtained from the Ministry of Health, Ibadan, Nigeria, and Oyo State Hospital management before the study was conducted. The researcher adhered to basic ethical principles when conducting the research. An informed consent form was completed by patients and their families after a description of the study were given.

**Data Analysis**

Data were analyzed with SPSS version 22. Descriptive analyses (frequency, percentage, mean, and standard deviation) were conducted to describe the variables. A correlation analysis based on Pearson correlation coefficient (ANOVA) and post-hoc multiple comparison using turkey test statistics was used to examine the relationship between social support and recovery of patients in remission from schizophrenia.

**Results and discussion of findings****Socio-demographic characteristics of outpatients living with Schizophrenia-in-Remission (OwSiR)**

Variable	Mean $\pm$ SD	Test statistics	p-value
<b>Sex</b>			
Male	97.03 $\pm$ 15.48	-1.68 <sup>t</sup>	0.095
Female	99.85 $\pm$ 11.72		
<b>Age group(yrs)</b>			
20-24	102.21 $\pm$ 9.07	1.36 <sup>f</sup> (6,254)	0.233
25-29	99.06 $\pm$ 12.95		
30-34	99.06 $\pm$ 10.39		
35-39	94.93 $\pm$ 15.12		
40-44	101.58 $\pm$ 10.15		
45-49	95.85 $\pm$ 15.09		
50+	98.81 $\pm$ 15.93		
<b>Marital status</b>			
Married	98.98 $\pm$ 10.92	0.33 <sup>t</sup>	0.75
Unmarried	98.44 $\pm$ 15.67		
<b>Educational qualification</b>			
No formal education	96.67 $\pm$ 17.46	1.69 <sup>f</sup> (3,257)	0.168
Primary school	100.55 $\pm$ 11.09		
Secondary school	99.74 $\pm$ 11.74		
Tertiary education	96.23 $\pm$ 15.82		
<b>Living Arrangement</b>			
Living with family members	98.76 $\pm$ 14.68	3.10 <sup>f</sup> (2,258)	0.047*
Living with spouse	100.38 $\pm$ 8.45		
Living with adult children	92.84 $\pm$ 18.92		

F= Anova value t= independent t test value

**Association between Instrumental support and Recovery among OwSiR**

Variable	Mean	Std. Dev.	N	R	P-value	Remark
<b>Instrumental Support</b>	34.2989	5.2186				
<b>Recovery-from Schizophrenia</b>			261	.630*	.0001	Sig.
<b>-in-Remission</b>	98.7165	13.4008				

\* Sig. at 0.05 level

Among the OwSiR, the results demonstrate a substantial positive correlation between instrumental assistance and recovery ( $r = .630$ ,  $n = 261$ ,  $P (.0001) 0.05$ ). As a result, instrumental support helps outpatients with schizophrenic remission recover. The second, or more favourable choice, is accepted while the first is rejected.

**Discussion**

The above results reveal that instrumental support, encompassing financial assistance enable tasks to be completed, appears to be the most useful type of assistance (Harfush & Gemeay, 2018). OwSiR may benefit from effective instrumental support in maintaining their general well-being and recovering from illness. The findings corroborates the work of Jameel, Panatik, Nabeel, Sarwar, Yaseen, Jokerst, & Faiz's (2020) that social support significantly improves schizophrenia symptoms. Furthermore, the result confirms the findings of Iseselo, Kajula, & Yahya-Malima (2016), who found that individuals with mental illnesses often lack employment opportunities and rely on family members for financial support. The study shows that families are responsible for providing all the support necessary to cope with mental illness and its associated medical expenses.

**Association between Emotional support and Recovery among OwSiR**

Variable	Mean	Std. Dev.	N	R	P-value	Remark
<b>Emotional Support</b>	65.6935	7.7429				
<b>Recovery-from Schizophrenia- in-remission</b>	98.7165	13.4008	261	.521*	.0001	Sig.

\* Sig. at 0.05 level

The findings above, indicate that ESP plays a significant role in the recovery of OwSiR ( $r = .521$ ,  $n = 261$ ,  $P (.0001) < 0.05$ ). A positive correlation was found between emotional support and recovery among OwSiR, Ibadan.

**Discussion**

According to the study, emotional support is critical to the rehabilitation process for outpatients with schizophrenia who are in remission. The source of comfort people require for recovery is having individuals, such as family members. This shows that the emotional support they received from their family members in the form of empathy, compassion, care, and respect helped to enhance their emotional abilities. The findings support Poots and Cassidy's (2020) findings that deep, meaningful, and deliberate shared connections favourably affect mental health.

**Association between Informational support and Recovery among OwSiR**

Variable	Mean	Std. Dev.	N	R	P-value	Remark
----------	------	-----------	---	---	---------	--------

<b>Informational support</b>	13.1724	2.5444				
			261	.549*	.0001	Sig.
<b>Recovery-from Schizophrenia-in-Remission</b>	98.7165	13.4008				

\* Sig. at 0.05 level

The above result shows that informational support is significantly correlated with recovery among OwSiR ( $r = .549, n=261, P (.0001) < 0.05$ ). The recovery process of OwSiR was positively influenced by informational support.

**Discussion**

The findings corroborate the Bjornestad et al. (2017) that interactions with friends and other forms of social support have a significant positive impact on a person's ability to recover from psychosis and that higher levels of social support are positively correlated with a person's quality of life with people living with schizophrenia.

**Social Support Available to OwSiR**

	Male perspective			Female perspective		
	Availability of Social Support			Availability of Social Support		
Social support	High	Moderate	Low	High	Moderate	Low
Instrumental	60.5%	-	-	67.7%	-	-
Emotional	64.8%		-	-	59.1%	-
Informational	-	61.4%	-	-	65.9%	-

**Discussion**

Instrumental support is perceived as being extremely available by male outpatients (60.5%), but it is perceived as being highly available by female outpatients (67.7%). This suggests that the impression of the availability of instrumental support is nearly the same for both sexes. This could be because families are frequently the initial providers for outpatients who have schizophrenia. When it comes to emotional support, male views indicate that it is extremely available (64.8%), whereas female views indicate that it is only somewhat available (59.1%). This may also be related to the fact that males may receive more emotional support from family members since they are perceived as the head of the household.

**Conclusion**

During times of difficulty or symptoms associated with schizophrenia, outpatients receiving SSP received instrumental, emotional, and informational support from family caregivers. As a result of social support provided by the families OwSiR's behaviour could be monitored, predicting their recovery.

AlAqeel, B., and Margolese, H.C. (2012). Remission in schizophrenia: Critical and systematic review. *Harvard Review of Psychiatry* 20:281–297.

American Psychiatric Association: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition. (2013). Arlington, VA, American Psychiatric Association. 87-122.

Andreasen, N. C., Carpenter, W. T., Jr., Kane, J. M., Lasser, R. A., Marder, S. R. and Weinberger, D. R. (2005). Remission in Schizophrenia: Proposed Criteria and rationale for Consensus. *American Journal of Psychiatry* 162:441–449.

Bjornestad, J., Hegelstad, W., Joa, I., Davidson, L., Melle, I., Veseth, M., OlavJohannessen J. & Bronnick, K. (2017). "With a little help from my friends" social predictors of clinical recovery in first-episode psychosis. *Psychiatry Research*. 255:209-214.

Boucher, M. E., Groleau, D., & Whitley, R. (2018). Recovery from severe mental illness in Québec: The role of culture and place. *Heal Place*, 2019(56), 63–69.

Boydell, J., Onwumere, J., Dutta, R., Bhavsar, V., Hill, N., Morgan, C., Dazzan, P., Morgan, K., Pararajan, M., Kuipers, E., Jones, P., Murray, R., & Fearon, P. (2014). Caregiving in first-episode psychosis: social characteristics associated with perceived 'burden' and associations with compulsory treatment. *Early intervention in psychiatry*, 8(2), 122–129.

Correll, C. U., Stanford, A. D., Claxton, A., Du, Y., & Weiden, P. J. (2018). Social and functional outcomes with two doses of aripiprazole lauroxil vs placebo in patients with schizophrenia: A post-hoc analysis of a 12-week phase 3 efficacy study. *Psychiatry Research*, 2019 (274), 176–181.

Drake, R.E., & Whitley, R. (2014). Recovery and severe mental illness: description and analysis. *Can J Psychiatry*; 59:236–42.

Faraji, E., Sardashti, S., Firouzeh, M. M., Aminabad, F. J., Alinaghi, S. A. S., & Hajiabdolbaghi, M. (2015). Perceived social support affects disease coping among people living with HIV: A study in Tehran, Iran. *Asian Pacific Journal of Tropical Disease*, 5(5), 412–417.

Gorwood, P. & Peuskens, J. (2012). European Group on Functional Outcomes, Remission in Schizophrenia: Setting new standards in schizophrenia outcomes: symptomatic remission 3 years before versus after the Andreasen criteria. *European Psychiatry*. 27 (3). 170-175.

Gureje, O., Lasebikan, V. O., Ephraim-Oluwanuga, O., Olley, B. O., & Kola, L. (2005). Community study of knowledge of and attitude to mental illness in Nigeria. *The British journal of psychiatry: the journal of mental science*, 186, 436–441.

Harfush, S. & Gemeay, E.M. (2018). Perceived social support and medication compliance among patients with psychiatric disorders. *International Journal of Novel Research in Healthcare and Nursing*. 4 (3) (2018), pp. 157-169.

Hofer, A., Mizuno, Y., Frajo-Apor, B., Kemmler, G., Suzuki, T., Pardeller, S., et al. (2016). Resilience, internalized stigma, self-esteem, and hopelessness among people with schizophrenia: Cultural comparison in Austria and Japan. *Schizophrenia Research*, 171(1–3), 86–91.

Hökelekli, H. (2018). *Din, Değerler ve Sağlık*. İstanbul, Dem Yayınları.

Isekelo, M.K., Kajula, L. & Yahya-Malima, K.I., (2016). The psychosocial problems of families caring for relatives with mental illnesses and their coping strategies: a *qualitative urban-based study in Dar es Salaam, Tanzania*. *BMC Psychiatry* 16, 146

Jacob, K. S. (2015). Recovery model of mental illness: A complementary approach to psychiatric care. *Indian Journal of Psychological Medicine*, 37(2), 117–119.

Jameel, H.T., Panatik, S.A., Nabeel, T., Sarwar, F., Yaseen, M., Jokerst, T., and Faiz, Z. (2020). Observed Social Support and Willingness for the Treatment of Patients with Schizophrenia. *Psychology Research and Behavior Management*. 13:193-201.

Kaminga, A.C., Dai, W., Liu, A., Myaba, J., Banda, R., Wen, S.W., and Pan, X. (2018). Rate of and time to symptomatic remission in first-episode psychosis in Northern Malawi: A Strobe-compliant article. *Medicine* 97, 13078.

Lasebikan, V. O., Owoaje, E. T., & Asuzu, M. C. (2012). Social network as a determinant of pathway to mental health service utilization among psychotic patients in a Nigerian hospital. *Annals of African Medicine*, 11(1), 12-20.

Mental Health Commission of Canada. (2009). *Toward Recovery and Well-being*. A Framework for a Mental Health Strategy for Canada.

National Institutes of Health (2019). Schizophrenia. NIH Publication No. 21-MH-8082 Revised 2021.

Poots, A., & Cassidy, T. (2020). Academic expectation, self-compassion, psychological capital, social support and student well-being. *International Journal of Educational Research*. 99:1–9. 1

Rossi, A., Amore, M., Galderisi, S., Rocca, P., Bertolino, A., Aguglia, E., et al. (2018). The complex relationship between self-reported 'personal recovery' and clinical recovery in schizophrenia. *Schizophrenia Research*, 192, 108–112.

Rossler, W., Salize, H. J., van Os, J., & Riecher-Rossler, A. (2005). Size of burden of schizophrenia and psychotic disorders. *Eur. Neuropsychopharmacol.* 15, 399–409.

Schennach, R., Obermeier, M., Spellmann, I., Seemüller, F., Musil, R., Jäger, M., Schmauss, M.,

Slade, M., Amering M., Farkas M., et al. (2014). Uses and abuses of recovery: implementing recovery-oriented practices in mental health systems. *World Psychiatry*; 13:12–20.

Soygür, H., Yüksel Avcioğlu M. M., & Tekin Eraslan P. (2017). Lessons learned from experiencing Mavi at Café (blue horse Café) during six years: a qualitative analysis of factors contributing to recovery from the perspective of schizophrenia patients. *Turkish Journal of Psychiatry.* 28:1–7.

The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (2013) update to the Diagnostic and Statistical Manual of Mental Disorders, the taxonomic and diagnostic tool published by the American Psychiatric Association.

World Health Organization. (2015). International Classifications of Diseases (ICD) [Internet].

Kent de Grey R, Uchino B., Trettevik R., Cronan S., Hogan J. (2018) Social support. *Oxford Bibliographies in Psychology.*