

Psychiatric disability in chronic schizophrenia and affective disorder: A comparative study

Sangeeta Gotewal¹, Arif Ali²

¹Consultant, Psychiatric Social Work, ²Associate Professor

Department of Psychiatric Social Work, Institute of Human Behaviour and Allied Sciences, Delhi, India

ABSTRACT


Introduction: Psychiatric disability has emerged to be an increasingly important area of research. Persons with chronic illness, including long-term psychiatric illness do face a lot of difficulties, hardship, and rehabilitation issues, especially while planning intervention programs for persons with affective disorder. **Aim:** To assess the psychiatric disability in persons with schizophrenia (PWS) and affective disorder patients. **Methodology:** It was a cross-sectional study design A total number of 60 persons with mental illness were taken for the study, under which 20 persons with Schizophrenia (10 males and 10 females), 20 persons with Mania (10 males and 10 females), and 20 persons with Depression (10 males and 10 females). These patients were selected using the purposive random sampling technique. Samples were taken from Tertiary Care Mental Health Institution. Tools used;1.Socio-demographic data sheet, information related to age, sex, education, duration of illness, diagnosis, family history, and psychiatric history.2. Psychiatric Disability Assessment Schedule (WHO) was used to assess the social functioning of the patient with mental disorder. **Statistical Analysis:** To find out the psychiatric disability in chronic schizophrenic and affective patients, percentages were calculated. **Result:** Persons with schizophrenia had shown maximum dysfunctions as compared to persons with depression and mania. In some areas, persons with mania show maximum dysfunctions followed by persons with schizophrenia and depression. Persons with depression had shown maximum dysfunctions in the area of conversation, social withdrawal, and leisure interest as compared to persons with schizophrenia and mania.

Keywords: Psychiatric disability, schizophrenia, affective disorder

INTRODUCTION

The term mental illness is used to define a broad array of mental as well as emotional conditions. It also refers to a single part of a wider term mental impairment and is dissimilar from other covered mental impairments like mental retardation, organic brain damage, and learning disabilities. When mental illness greatly obstructs the performance of crucial life activities for example communicating, reading, writing, and working, the term 'psychiatric disability' is used.

Mental illness may be experienced by a patient for several years. The nature of illness and the severity of symptoms can vary from patient to patient. The relapse generally does not have the same pattern of symptoms, so it becomes difficult to assume the relapse, despite of patient being compliant. Mental illness is treatable with medication and psychosocial interventions. Mental illness is of a different nature. Some illnesses are episodic whereas others are continuous. Persons with mental illness need social support depending on the psychosocial functioning of the patient some

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Address for Correspondence:

Dr. Sangeeta Gotewal

Consultant, Psychiatric Social Worker, Department of Psychiatric Social Work, Institute of Human Behavior and Allied Sciences, Delhi -11009, India
Email: sangeetagetewal@hotmail.com

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person needs. Some patients may need assistance living while others are capable of independent living.

Psychiatric disability has become a progressively significant area of research. People with chronic illness, encompassing long-term psychiatric illness also encounter great problems, hardship, and rehabilitation difficulties, particularly while scheduling intervention programs for the chronically mentally ill. Psychiatric disability includes poor self-care skills, social withdrawal, seclusiveness, abandonment of family responsibility, difficulties in work tolerance, endurance in following instructions in cooperating with co-workers, problem-solving inability to accept criticism, and inability to ask for assistance. It is evident that most of the positive symptoms are impairment and most of the negative symptoms are disabilities or handicaps. Disabilities are influenced by the same protective and risk factors that influence impairment as symptoms. Every symptom will not result in a disability. Different impairments can result in the same form of disability.

The measurement of disabilities has been a contentious issue in recent times. An essential feature of chronic mental illness is disability which can be related to some degree of persisting impairment which includes self-care, self-sufficiency, occupational area marital area, sexual area, personal area, and cognitive area. A disability may be defined as a disturbance in the performance.

Psychiatric disability has emerged to be an increasingly important area of research because of its role: 1) In understanding the nature of this illness, especially its chronicity. 2) In planning intervention programs for the chronically mentally ill.

Aim: The aim of the present study is to assess psychiatric disability in persons with schizophrenia and affective disorders and to compare the psychiatric disabilities between both illnesses.

MATERIAL AND METHODS

Sample: A total number of 60 patients were recruited for the study, under which 20 persons with schizophrenia (10 male and 10 female), 20 persons with mania (PWM) (10 male and 10 female) and 20 patients with depression (PWD) (10 male and 10 female) were taken. The

patients were selected with a random sampling method from a tertiary care teaching institute who were taking treatment as indoor patients.

Inclusion criteria were: Patient who fulfilled ICD 10 diagnostic criteria; age between 20-50 years and duration of illness at least 2 years.

Exclusion criteria were: Comorbid mental retardation, substance or alcohol abuse, diagnosis of schizoaffective disorder, organic affective state, and organic brain syndrome.

Tools used: 1. Socio-demographic data sheet, information related to age, sex, education, duration of illness, diagnosis, family and psychiatric history. 2. Psychiatric Disability Assessment Schedule (W.H.O): The schedule consists of five parts - Overall behaviour, social role performance, patient in the hospital, modifying factors, and global evaluation. The rating of this scale is no dysfunction (0), minimum dysfunction (1), obvious dysfunction (2), serious dysfunctions (3), very serious dysfunction (4), maximum dysfunction (5), and rating (9) if no assessment is possible.

RESULTS

In overall behaviour, disability in self-care is 55% in PWS; 30% in PWM and 40% in PWD. Underactivity is 60% in PWS, 30% in PWM, and 80% in PWD. Slowness is 65% in PWS, 15% in PWM, and 90% in PWD. So far social withdrawal is concerned with 75% PWS, 10% manic, and 50% PWD.

The analysis shows that PWS had more disability (serious dysfunction to maximum dysfunction) in most of the overall behaviour followed by moderate disability in depression. Manic showed a small percentage of disability in overall behaviour.

Disability in participation in household activities is 70% in manic, disability in heterosexual roles other than a marital partner is 90% each in PWS and PWM and 75% in PWD, disability in work performance is 60% in PWM and PWD each and 65% in PWS were observed.

The slowness of the movement is 50% in PWS, 50% in depressive, and 25% in manic. Underactivity is 40% in PWS, 45% in PWD, and 25% in manic. Over activity is 45% in PWM, 15% in PWS and only 10% in PWD.

Disability in conversation is 40% in each PWS and PWD, 35% in manic. Social withdrawal is

45% in PWD, 40% in schizophrenic and 35% in manic.

Threatening behaviour is 20% in PWS followed by PWM (10%) and least in PWD (5%). No disability was observed in behaviour at meal time in maniacs but 40% disability in depressive and 10% in PWS.

Nurses' opinion is that 20% of PWS, 30% of PWM, and 40% of PWD can do useful work in the hospital.

It has been observed that no regular activities for the past six months in 95% of PWS, 70% in PWM, and 100% in PWD. No special interest over the last six months is 100% in PWS, 70% in PWM and 95% in PWD. Above-average ability or assets were not found in 95% of PWS, 85% of PWM, and PWD each.

Favourable characteristics influencing the level of functioning are 5% in PWS, 25% in PWD, and 50% in PWM.

In global evolutions, PWM has more dysfunction than PWS and PWD.

DISCUSSION

Psychiatric disability has emerged to be an important area of research. Especially chronicity of the illness and intervention planning. In the area of over-activity, irrelevant talk, looking after money, accommodation in an open ward, housekeeping activity in the ward, need for supervision, useful work in the hospital, and intensive care, manic patients have shown maximum dysfunctions followed by PWS and depression.

PWD showed maximum dysfunction in the area of conversation, social withdrawal, leisure interest, and behaviour at meal time as compared to PWS and manic. This finding may be due to a lack of interest and apathy.

In the area of threatening behaviour and, tendency to remain in bed, PWS showed maximum dysfunction and they needed comparatively more supervision. This finding supports the previous findings of previous studies.^{1,2,3,4} Wing and Brown¹ found a strong association between negative symptoms and an impoverished environment. Johnstone et al.⁵ found that there is a positive relationship between negative symptoms and deviation of illness. Regular activity in the past six months

PWD has shown maximum followed by PWS and PWM.

In the area of self-care and social withdrawal, under activity, PWS has shown maximum dysfunction followed by depression and PWM. The present finding goes in favour of previous studies.^{1,2} This may also be due to negative symptoms which is a most frequent deficit in chronic PWS. In the area of social contact and relationship. PWS has shown maximum dysfunction followed by PWM and PWD. On participation in household activities, work performance, interest in getting a job, interest in information, affective relationship with spouse, and work performance parental PWD has shown maximum dysfunction as compared to PWS and PWM. This finding supports previous studies.^{5,6} This may be a lack of interest and lack of motivation.

On sexual relationship with spouse, parental role, behaviour in an emergency, manic have shown maximum dysfunction followed by PWD and PWS. PWM has shown maximum dysfunction in this area, this may be due to their lack of concentration. PWS and PWD showed no special interest in sports, or music as compared to PWM. On above-average ability, PWS showed maximum dysfunction as compared to PWM and PWD. PWM showed favourable characteristics influencing the level of functioning followed by PWD and PWS. PWS had no confiding relationship as compared to PWM and PWD.

On the patient's self-care, slowness, underactivity, and social withdrawal PWS showed maximum dysfunction followed by PWD and PWM. The present finding goes in favour of the previous studies.^{1,2} This may also be due to the negative symptom which is a most frequent deficit in chronic PWS. In the area of social contacts and relationships, PWS has shown maximum dysfunction followed by PWM and PWD. Participation in household activities, work performance, interest in getting a job interest in information, affective relationship with spouse, work performance, and PWD have shown maximum dysfunction as compared to PWS and PWM. This finding supports the previous studies.^{5,6} This may be a lack of interest and lack of motivation. On above-average ability, PWS showed maximum dysfunction as compared to PWM and depression. PWM showed favourable

characteristics influencing the level of function followed by depression and PWS. PWS had no confiding relationship as compared to PWM and PWD. PWS and depression showed no current environment causing special disadvantage but PWM showed having such an environment that puts them at a specific disadvantage.

PWM showed unfavourable characteristics as compared to PWD. PWS showed having no key figure followed by PWM and PWD. PWS and PWD were controlled by the key figure as compared to PWM. Findings showed that PWS have got more rejections followed by PWM and PWD. On access to privacy, PWS showed maximum dysfunction followed by PWM and PWD.

According to the global evaluation, PWS showed severe maladjustment followed by depression and PWM. This finding supports the previous findings of studies.⁵⁻⁸

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Conflicts of Interest: None

CONCLUSION

The findings from this study are significant in identifying disability among Persons with Schizophrenia (PWS), Persons with Mania (PWM), and Persons with Depression (PWD). Disability was observed across various domains for PWS, PWM, and PWD, with PWS showing the highest levels, followed by PWM and PWD. These results highlight the widespread occurrence of disability across different mental disorders. Understanding this disability can greatly aid professionals in the mental health field, enabling them to provide better support to their patients. Additionally, it plays a crucial role in shaping rehabilitation programs for individuals dealing with mental illness.

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