ORIGINAL RESEARCH PAPER

Expressed Emotion and Social Support in Rehospitalized Psychiatric Patients

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ABSTRACT

Background: The phenomenon of hospital readmission of the psychiatric patient has been a matter of concern ever since the concepts of deinstitutionalization and community care of these patients have been emphasized. There are pieces of evidence from the literature that the readmission rate has been increasing substantially. The role of psychiatric hospitals has shifted dramatically. Inpatient programs are now focused on acute stabilization, leaving most treatment to community based providers. **Aim**: Aim of the study is to assess the psychosocial aspects of re-hospitalization of psychiatric patients namely Bipolar Affective Disorder and Schizophrenia and difference between both the groups. **Methods:** On the basis of purposive sampling 100 re-hospitalized (50 Bipolar Affective Disorder and 50 Schizophrenia) patients were taken from inpatient IMH, Rohtak. The socio-demographic data sheet was filled-up for assessment of socio-cultural aspects, social support questionnaire was administered for the assessment of the level of social support and attitude questionnaire was applied on the caregivers for assessment of the level expressed emotion. **Results**: Most of the re-hospitalized Schizophrenia patients face a high level of expressed emotion and poor social support in comparison to Bipolar Affective Disorder patients. **Conclusion:** Finding of the study illustrate that high expressed emotion and poor social support are associated with rehospitalization.

Keywords: Expressed emotion, social support, rehospitalization

INTRODUCTION

The phenomenon of rehospitalization of the psychiatric patient has been a matter of concern ever since the concepts of deinstitutionalization and community care of these patients have been emphasized. There is evidence from the literature that the readmission rate has been increasing substantially.[1-3] The role of psychiatric hospitals has shifted dramatically.[4] Inpatient programs are now focused on acute stabilization, leaving most treatment to communitybased providers. Despite briefer stays, hospitalization remains a high-cost component of the mental health service system. Despite the early optimism that accompanied attempts at deinstitutionalization, a large number of individuals with severe mental illness did not improve in functioning, nor did they adapt as well as originally hoped to reintegrate into the community after being discharged.The high rate of individuals readmission with severe mental illness to psychiatric facilities characterizes their inability to remain in the community for extended periods of time. However, some individuals with severe mental illness are not

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repeatedly hospitalized and others break out of this "revolving-door cycle". Psychiatric hospitalizations are associated with the considerable financial burden on the family.[4] Individual's quality of life after discharge from mental health establishment played important role in rehospitalization and rehabilitation of the person with mental illness.[5] Hospitalization or inpatient care is the most restrictive form of treatment for a psychiatric disorder, an addictive disorder, and for someone with more than one diagnosis. Hospitalization is necessary in cases where an individual is in imminent danger of harming himself or others or has made a suicidal attempt. Crisis stabilization, behaviour modification, supervised substance abuse detoxification, and medication management is compelling reasons to consider hospitalization. Ideally, hospitalization is at one end of a comprehensive continuum of services for people needing treatment for behavioural problems. Whether hospitalization is voluntary or involuntary, the patient relinquishes the freedom to move about and once admitted, becomes subject to the rules and schedule of a treatment environment. Although hospitalization may be considered a drastic treatment intervention, it can be essential in keeping people safe, helping monitor and adjust medications, treating medication side effects, supervising alcohol and/or drug detoxification, and stabilizing a patient after an acute psychiatric episode.

It is well known that medication noncompliance is one of the most important modifiable risk factors for relapse among patients with schizophrenia.[6,7] Estimates suggest that noncompliance causes about 40 per cent of relapse.[8] A review of seven studies demonstrated that noncompliant patients had a six-month to two-year relapse risk that was about 3.7 times that of compliant patients.[9] Psychiatric readmission in the month following the first discharge for psychosis is undoubtedly an undesired event. Naturalistic follow-up studies of first admitted patients with psychosis have shown that readmission is frequent, as nearly half of the subjects admitted for psychosis were readmitted to the hospital after discharge.[10] The risk of admission is lower after this period.[11] The questions of interest are when rehospitalization is likely to occur, and what factors predict it? Such findings would be important to those who design and implement community-based treatment programs, as well as to mental health researchers and clinicians interested in improving the quality of life of person with mental illness and addressing issues of relapse, Although there are some researches on predictors of outcome in psychiatric disorder, only a few prospective studies have examined the characteristics associated with an increased risk of readmission in admitted patients with psychosis. In the current scenario, some effort was done to find out the correlates of psychiatric rehospitalisation. More emphasis was given on the clinical correlates than other ones. Studies in this field show that some of the clinical factors like diagnosis,[12,13] poor drug compliance,[10,14] prior hospitalization,[15] comorbidity[16, 17] and treatment factors were predictive of rehospitalisation.

Few investigators have also studied the relationship between psychosocial factors and readmission.[4] The relatively few studies that have examined demographic variables as possible predictors of readmission have yielded varied results. Most studies that included children or adolescents in the sample[16,17] found gender differences, but Foster[12] not found gender differences in rates of rehospitalization. Contradictory findings have been reported on the relationship between age and rehospitalization[18] and between race or ethnicity and rehospitalization.[12, 16] Other risk factors have been found to be demographic characteristics such as young age, male gender or social status.[10,14,19,20] In general, findings have varied considerably regarding predictors of rehospitalisation. In the preview of the above findings, the need to address the psychosocial aspects in the rehospitalization in Indian setup was felt and the present study took place.

Aim: Aim of the study is to assess the psychosocial causes of re-hospitalization among psychiatric patients namely Bipolar Affective Disorder and Schizophrenia and the difference between both the groups.

METHODOLOGY

A cross-sectional hospital based study was conducted in the Institute of Mental Health, Pt. BD Sharma University of Health Sciences, Rohtak. A total of 100 psychiatric patients (50 Schizophrenia and 50 Bipolar Affective Disorder according to diagnostic criteria of ICD-10), who were rehospitalized at in patients department of Institute, between June 2014 to May 2016, have been purposively included for the study. Patients of either Sex between the age range of 18-60 years diagnosed as Schizophrenia or Bipolar Affective Disorder (according to ICD-10) with a history of prior psychiatric hospitalization without any significant comorbidity. Caregivers who were living with the patient at least since last one year and have not diagnosed any physical or mental illness. A Socio-demographic and Clinical Data Sheet, Social Support Questionnaire (SSQ)[21] and the Family Attitude Questionnaire (FAQ)[22] were used as tools for the study.

RESULT

The result shows that (table 1) most of the readmitted patients are in age range of 21-40 years (73%) with preponderances of male sex (89%) majority of them were educated up to primary to intermediate level (70%), and (66%) were married. Majority of the subjects belonged to OBC (47%) category followed by general (36%). Apart from this, the majority of the subjects were belonging to the Hindu religion (68%), 71% hailed from a rural background and 87% of patients were from the nuclear family setup. 95% patients habited from the families having a monthly income of less than Rs. 10000. Out of total patients, 60% were not gainfully employed.

Table 2 reveals that most of the subjects did not have a family history of mental illness (67%). Two third patients were readmitted 2nd time (73%), and the average length of stay during each hospitalization has been less than 2 months (62%). Apart from this, and there was the age of onset of illness has been within 40 years of age (94%), the absence of precipitating factors in 72% of cases. 67% patients belonged to places within a distance of at least 200 kms. Most of the subjects showed the good or average level of psychosocial functioning after discharge (68%). More than half the patients got readmitted despite adequate drug compliance. In most of the subject's high family Expressed Emotion was (75%) present. 73% of patients were found to have poor social support. Table 3 shows the level of social support is significantly high in bipolar affective disorder group in comparison to the schizophrenia group. Similarly, table 4 is a prevailing level of

Table 1: of Socio-demographic Profile of the Participants

Variable		Schiz.[a]	BPAD	X^2
Age	Up to 20	2	3	.32
	21 – 40	37	36	
	41 – 60	11	11	
Sex	Male	46	45	.015
	Female	4	5	
Education	Illiterate	8	4	2.26
	Primary	12	17	
	Matric/Inter	22	23	
	Graduate	8	6	
Marital Status	Married	30	36	11.68*
	Single	20	14	
Category	General	18	18	.90
	OBC	22	25	
	SC	03	01	
	ST	7	06	
Religion	Hindu	34	34	.97
	Islam	8	9	
	Christian	0	2	
	Sarna	8	5	
Domicile	Urban	11	11	1.21
	Semi-urban	3	4	
	Rural	36	35	
Type of Family	Joint	7	6	.90
	Nuclear	43	44	
Occupation	Service	2	7	3.68
	Agriculture	10	12	
	Housewife	4	3	
	Unemployed	34	28	
Monthly Income	< 5000	24	19	2.58
	5001– 10000	23	30	
	10001 – 20000	3	1	
	> 20000	0	0	

*= P < 0.01 **= P< 0.05

expressed was reported very high by the family members of individuals with schizophrenia.

Table 2: Comparison of Clinical Variables of Participants

Variable	Area	Schiz.[a]	BAPD	X^2
Family History	Present	17	16	.34
	Absent	33	34	
No. of Previous Admission	1 – 2	39	34	1.56
	3 – 4	8	10	
	Above 4	3	6	
Length of Hospital Stay in months	< 1month	9	13	4.94
	1 – 2	22	18	
	3 – 4	6	12	
	> 4	13	7	
Age of Onset In years	Up to 20	6	5	4.56
	21 – 40	40	43	
	41 – 60	4	02	
Precipitating Factor	Present	15	13	.18
	Absent	35	37	
Distance to the Hospital in km	0 – 50	8	7	1.36
	51 – 100	3	2	
	101– 150	3	0	
	151- 200	6	5	
	> 200	30	36	
Functioning after Discharge	Good	4	7	32.25 *
	Average	17	40	
	Poor	29	3	
Reason for Readmission	Relapse	32	24	4.16
	Poor drug compliance	17	21	
	Lack of caregiver	1	1	
	Distance from hospital	0	4	

*= P < 0.01 **= P< 0.05

Table 3: Comparison of Social Support

Domain	BPAD		Schizophrenia		t (df =98)	P value
	Mean	SD	Mean	SD		
Social Support	45	5.76	40.97	2.05	6.589	0.000*

*Significant at 0.001 Level

Table 4: Comparison of Expressed Emotion

Domain	BPAD		Schiz.[a]		t df=98	P value
	Mean	SD	Mean	SD		
Critical Comment	7.49	0.50	11.26	1.93	18.89	0.000*
Hostility	9.09	1.05	12.87	2.13	15.90	0.000*
Dissatisfaction	7.97	1.48	12.95	2.45	17.35	0.000*
Emotional Over Involvement	9.72	1.94	18.30	3.37	22.00	0.000*
Warmth	9.64	1.13	10.26	2.02	2.67	0.008**

*Significant at 0.001 Level ** Significant at 0.01 Level

In socio-demographic characteristics, marital status of patients is showing that married people having more re-admission comparison to unmarried patients groups (X^2 11.68, P<0.01). We also found that the marital status of a person with the bipolar affective disorder is high in the study group and similarly their functioning is also good in comparison to a person with schizophrenia. 21-40 years age group was found as a vulnerable age group for relapse in both the study groups and a number of admissions also increased with relapse. Findings indicate that marital status and joint family setup is very helpful in the recovery for the patients with bipolar affective disorder and functioning after discharge was found good or average but as for as a person with schizophrenia is concern its average or poor level of functioning. The findings clearly suggest that patients with good support system have lesser chances of rehospitalization. The study also suggests that patients with low expressed emotion and good social support have lesser chances of rehospitalization.

DISCUSSION

In India, one in four patients attending primary care clinics has a mental disorder. Emphasis is given to decentralize the treatment facilities and increase the community based treatment. Despite efforts to limit the use of inpatient care, many individuals who are hospitalized have been hospitalized before and will be again due to biological and several psychosocial factors including substance.[4] Findings of the present study indicate living in a marital life with illness is significantly good in bipolar affective disorder participants and have better functioning after previous discharge, similar findings were reported in the previous study.[23] Findings of the present study show that maximum participants for both the groups are from the 20s to 30s and the relationship between relapse and rehospitalization is well accepted as rehospitalization occurs after the relapse. Hospitalization in younger age is a vulnerability factor for the rehospitalization, previous studies also reported similar kind of

findings.[24,25] Education has an important role in the living style, communication pattern and perception views of the individuals. However, no difference was noticed between both the groups previous study by Suzuki et al.[26] had associated the prognosis, educational qualification as a good prognostic factor. Marriage is a social system and it exists in all the cultures only age of marriage and mode of acceptance are different across the culture. Marital life can play causative as well as a preventive role in individual's life but persons with schizophrenia were unable to improve their functioning level after being discharged from the prior hospitalization but Person with bipolar affective disorder regains it in a better manner.

The present study reveals that marital status as a predictive factor for rehospitalization in both the study groups, findings of a prior study[27] says marital status increased the chances of expressed emotion that lead to rehospitalization. We also found the similar findings for the schizophrenia group where the functioning and social support were found very poor and level of expressed emotion was high. In a previous study[28] it was found that people living alone, have no family or friends to receive incessant expressed emotion from, for a constant period of time. Barekatain et al. also found marital status as a predictive factor for rehospitalization.[29] They are likely to experience expressed emotion only while periodically talking to family members, friends, or significant others but are able to retreat from the issues to their own safe environment when the stress increases to unbearable levels.

Cultural and religious diversity is present across the country and it's not equally distributed. We found the same in the present study as in general population Hindu religion follower are the biggest group, so the participants in both groups are maximum came from that religious group due to this geographical and populations distribution result shows a significant difference, however, present findings did not show any impact of religion on the Rehospitalization. Urban or rural habitation didn't have any specific effect on mental illness or rehospitalization, on the basis of present findings no relationship between rural or urban habitation and rehospitalization was found, unlikely to our findings previous studies [30, 31]reported rural habilitation as a good prognostic factor.

The concept of family in India is basically joint but due to urbanization and industrialization now the family structure has been changed and it conversing in nuclear form. Family studies suggest that the joint family had a better outcome then nuclear family[27]. The present study is showing maximum participants came from joint family here we can state that participants from joint family living with their spouses and siblings, and children also so the finding of the previous study are supporting in some extent. Unlike to present findings Brown, et al. reported the highest rate of relapse in patients living with spouses followed by patients living with parents and living with siblings respectively[28].

Employment between the first hospitalization and rehospitalization is comparatively better in persons with the bipolar affective disorder in the present study which is supporting prior research of Nuechterlein and Dowson.[31] Schmutte et al. also reported employment position is having a significant role in rehospitalization[32] unemployed people more prone to be rehospitalized, findings of the present study are similar to this.

The finding showed the significant negative correlation between social support and rehospitalization. The failure of some people with schizophrenia to meet criteria for recovery is likely a result not only of the illness itself but also the stigma associated with the illness, which results in discrimination against people with schizophrenia previous study also reported the similar result.[33, 34] The societal stigma is also likely to exacerbate critical comments and expressed emotion in family relationships and social interactions generally.

Present findings illustrate some of the ways in which stigma and discrimination can limit a person's options and increase social isolation and level of functioning and chances of getting a work option similar findings reported by the previous study.[4] Functioning after the previous discharge is good or average in bipolar affective disorder patients but its average or poor in the schizophrenia patients, present findings were supported by past research[35, 36] the of present study. Expressed emotion was found higher in the schizophrenia group that increased the chances of relapse similar findings were reported by prior research.[27] Poor social support and high expressed emotion are also relaxations of the other social circumstances and it multiplies the chances of relapse and rehospitalization.

CONCLUSION

Psychosocial factors play a significant role in every aspect of life including rehospitalization. Social influence and interference play the supportive role that leads to the positive functionality of individuals and through social intervention it could be utilized in the reduction of rehospitalization.

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