Clinical Correlates of Coping Strategies employed by Patients with Severe Mental Illness

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ABSTRACT

Background: Coping strategies are the behavioural and cognitive efforts directed to manage stressful demands of life. Coping is generally believed to be a constructive and adaptive effort, which an individual consciously employs to minimize or reduce stress. The aim of the study was to assess the coping strategies employed by patients with Severe Mental Illness (SMI) and evaluate the relationship between the level of insight, the severity of illness and socio-occupational functioning with coping strategies. **Method**: This cross-sectional study was conducted with 60 outpatients of SMI who were inducted from the rehabilitation subunit of the Department of Psychiatry of Government Medical College & Hospital, Sector 32, Chandigarh. Patients were assessed on Ways of Coping Checklist-Hindi Adaptation (WCC-HA), Brief Psychiatric Rating Scale (BPRS), Schedule for Assessment of Insight (SAI-E), Global Assessment of Functioning (GAF) and Socio-occupational Functioning Scale (SOFS). **Results**: On the WCC-HA scale, the mean score of seeking social support was10.48± 3.80, avoiding situation 15.11 ± 5.43 and problem-focused 5.03 ± 3.11. There was no significant difference between the types of coping employed by patients with SMI on ANOVA. Avoiding Situation strategies of coping shows a significant positive correlation (r = 0.465, p = 0.01) with the severity of illness (BPRS). Adaptive coping strategies showed a significant positive correlation [seeking social support (r = 0.430), and problem-focused (r = 0.546) both at p = 0.01] with insight of illness (SAI- E). No significant correlation was found between coping and socio-occupational functioning of patients of SMI. [**avoiding** situation (r =.239), seeking social support (r = .025), problem-focused (r = **-**.429)] **Conclusion**: Coping strategies of patients SMI varied with their levels of psychopathology and insight. Those with comparatively severe psychopathology and poorer insight tended to use avoidant or maladaptive coping strategies more often.

Keywords: severe mental illness, coping strategies, insight

INTRODUCTION

Severe mental illness (SMI) is a long-standing and highly debilitating illness, where a patient's ability to participate in social and occupational activities is significantly impaired. (Heller et al., 1997). As per the National Institute of Mental Health, UK, (Parabiaghi et al., 2006), SMI is defined on the basis of (a) International Code of Disease-10 (ICD-10) diagnosis of Schizophrenia, functional psychoses and Severe affective disorders [Schizophrenia and functional psychoses include the following ICD-10 codes: F20-F29; Severe affective disorders includes the following ICD-10 codes: F30, F31, F32.2, F33.3.] (b) Duration of the service contract of 2 years or more (c) Severe dysfunction as measured by a score lower or equal 50 in the Global Assessment of Functioning (GAF).

Folkman & Lazarus, 1984 defined coping as "constantly changing cognitive and behavioural efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resource of the person". Coping is different from automatized adaptive

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behaviour, as coping is a process that takes place in response to situations that are identified as stressful, whereas automatized adaptive behaviour doesn't require active efforts and can also occur without stressful situations. Coping is seen as anything that an individual does or thinks when exposed to stress regardless of outcome. (Folkman & Lazarus, 1984)

There are several studies that evaluated coping strategies used by patients with SMI. The studies have mainly assessed coping related to symptoms of hallucinations specifically. The notion of coping has been given a variety of names since the publication of the first empirical work by Falloon & Talbot and Lange in 1981. Sometimes it referred to as coping strategies (Falloon et al.,1981), coping reactions (Garcelán, & Rodríguez, 2002), few authors have described it as self-control behaviour (Breier, & Strauss, 1983), followed by self-healing strategies (Böker et al., 1984) auto protective efforts (Brenner et al., 1987) self-help techniques for auditory hallucinations (Frederick & Cotanch, 1995) and anti-hallucinatory strategies (Brazo et al.,1995)

In one such study (Van den Bosch & Rombouts, 1997) related to coping with auditory hallucinations, four types of coping strategies were reportedly used by patients with psychosis: modulating social contact, employing sensory stimulation, modifying physiological arousal, and using cognitive strategies. Others have observed that some of schizophrenia's "symptoms" may reflect coping attempts themselves. For instance, conduct that appears to be disorganized may represent attempts to regulate intrusive thoughts or pictures. Different researchers have indicated different patterns of coping among patients with SMI. Some studies have reported that patients tend to use emotion-oriented coping styles, and rely more on passive-avoidant strategies and less on active problem-solving strategies. (Lysaker et al., 2004)

MATERIALS AND METHOD

Design & Setting: This was a cross-sectional study conducted with a non-probabilistic consecutive sample of 60 patients of SMI inducted from the outpatient clinic of Disability Assessment & Rehabilitation Triage (DART) services, Mental Health Institute (MHI), Government Medical College & Hospital (GMCH), Sector 32, Chandigarh.

Study Participants & Sample Size: The participants (n= 60) were selected using consecutive sampling. Patients diagnosed with SMI (as per definition of NIMH, UK), falling in the age range of 20-60 years, having intact mental capacity were asked for written informed consent and were taken for study.

Data Collection: The socio-demographic and clinical data sheet was administered first. Then each participant was assessed for coping strategies using WCC-HA, insight about illness using SAI-E, social occupational functioning using SOFS and severity of symptoms using BPRS. All tools were administered by the investigator.

Instruments and Variables

Coping was assessed by using a standard scale called *Ways of Coping Checklist- Hindi Adaptation (WCC-HA)*. This instrument is adapted from the Ways of Coping Checklist of Folkman & Lazarus, 1985. Scazufca and Kuipers further modified the instrument to a shorter 13 item version, which was then translated to Hindi by Chadda et al., 2007 and was named the WCC-HA. *The severity of illness* was assessed by using *Brief Psychiatry Rating Scale version 4.0* (Ventura et al., 1993). BPRS is one of the most widely-used instruments for assessing the severity of symptoms in patients with psychosis. *Schedule for Assessment of Insight- Expanded (SAI-E)* (David, 1990)**:** The SAI-E is a structured interview having 11 items which is used to measure three insight dimensions in accordance with David's model.

Social-Occupational Functioning Scale (SOFS) (Saraswat et al., 2006)**:** It is a brief, yet comprehensive, easy to administer clinician-administered measure for the assessment of social functioning. *Global Assessment of Functioning Scale* (GAF) (American Psychiatric Association, 2014): It is a single-item scale rated by a clinician from 0 to 100. A higher score represents better psychological, social and occupational functioning.

Statistical Analysis: The data thus obtained was analysed using SPSS where the demographic and clinical details were assessed with relation to coping strategies adopted by respondents. The data was analysed by means of Descriptive Statistics where means, frequencies and percentages were calculated. The comparative means were analysed using one way ANOVA where multiple variables were assessed by multiple comparisons. The correlation between coping and other variables were found by Pearson correlation where two-tailed bi-variate statistics were used.

RESULTS

A total of 60 patients as per inclusion criteria were recruited in the study. None of them was reported to be a dropout and all completed the interview and questionnaire in the study. The result thus was analysis of a sample size of 60.

Socio-demographic details of the participants

Table 1: Socio-demographic Details (n=60)

Variable		Frequency	Percent (%)
Sex	Male	41	68.3
	Female	19	31.7
Age in years (Range: 23-56)		Mean 38.32 ± 8.42	
Marital status	Single	37	61.7
	Married	17	28.3
	Divorced	3	5.0
	Separated	3	5.0
Family type	Nuclear	41	68.3
	Joint	9	15.0
	Others	10	16.7
Education	Illiterate	3	5.0
	Primary	4	6.7
	Middle	4	6.7
	Matric	8	13.3
	Inter/diploma	29	48.3
	Graduate	9	15.0
	Postgraduate	3	5.0
Locality	Rural	11	18.3
	Urban	49	81.7
Family income	0-10000	37	61.7
	10001-20000	13	21.7
	20001-30000	3	5.0
	above 30000	7	11.7

Clinical characteristics of participants

Table 2: Clinical characteristics of participants (n = 60)

Variable		Frequency	Percent (%)
Duration of illness	2-5 yrs.	14	23.3
	5-10 yrs.	20	33.3
	More than 10 yrs.	26	43.3
Duration of treatment	2-5 yrs.	19	31.6
	5-10yr	25	41.6
	More than 10 yrs.	16	26.6
Diagnosis	Schizophrenia	40	66.6
	other non-organic psychotic disorder	12	20.0
	bipolar affective disorder	8	13.3

Assessment of coping strategies

Table 3: Scores on WCC-HA (n = 60)

WCC-HA	Range	Mean ± SD
Avoiding Situation Min. score = 06 Max score = 30	7-26	15.11 ± 5.43
Seeking Social Support Min score = 04 Max score = 20	4-18	10.48 ± 3.80
Problem Focused Strategies Min score = 03 Max score = 15	3-13	5.03 ± 3.11

#Ways of Coping Checklist- Hindi Adaptation

Comparison of preference for the type of coping strategies

The mean scores of different domains of WCC-HA scores were made comparable by calculating a common denominator. By using ANOVA, no significant difference could be found between these mean scores. [Table 4]

Table 4: Comparison of preference for coping strategies

Coping strategies		Sum of Squares	Mean Square	F	Sig.
Avoiding Situation	Between Groups	1737960.000	69518.400	.521	.953
	Within Groups	4533900.000	133350.000		
	Total	6271860.000			
Seeking Social Support	Between Groups	1517940.000	60717.600	1.323	.221
	Within Groups	1560000.000	45882.353		
	Total	3077940.000			
Problem Focused Strategies	Between Groups	883500.000	35340.000	1.020	.471
	Within Groups	1177800.000	34641.176		
	Total	2061300.000			

Mean Scores of BPRS, SAI-E and SOFS

The mean score on BPRS was 43.72 ±7.49 (range 29-66). On the SAI- E scale, the mean score was 13.42 with SD ±4.73 (range 5-20)

Table 5: Mean scores of BPRS, SAI-E and SOFS

Variables*	Range	Mean± SD
BPRS	29-66	43.72 ±7.499
SAI-E	05-20	13.42 ±4.73
SOFS	Adaptive living skills - 8-23	14.46 ±3.249
	Social appropriateness - 4-12	6.40 ±1.950
	Interpersonal skills - 7-17	11.85 ±2.392
	Total - 0 to 100	32.72 ±5.95

*BPRS: Brief Psychiatry Rating Scale, SAI-E: Schedule of Assessment of Insight-Extended, SOFS: Socio-occupational Functioning Scale

Coping and Severity of Illness

Analysis of the data shows a strong association of coping strategies with that the severity of illness in SMI. The findings in the table below show a significant positive correlation (r = 0.465) (p = 0.01) of Avoiding Situation strategies of coping with the severity of illness.

Table 06: Coping and Brief Psychiatric Rating Scale.4.0 (BPRS)

Coping strategies (WCC-HA)	BPRS
Avoiding Situation	**.465****
Seeking Social Support	**-.373****
Problem Focused Strategies	**-.279***

* significant at the 0.05 level (2-tailed).
** significant at the 0.01 level (2-tailed).

Coping & Insight of Illness

Analysis of the data shows a strong association of coping strategies with the insight of illness in SMI. The findings in the table below show a significant positive correlation (seeking social support, r = 0.430 and r = 0.546 for Problem-focused at p = 0.01) of seeking social support and problem-focused coping strategies with Insight into illness.

Table 07: Coping & Schedule for Assessment of Insight- Extended (SAI-E)

Coping strategies (WCC-HA)		SAI-E
Avoiding Situation	Pearson Correlation	**-.464****
	Sig. (2-tailed)	.000
Seeking Social Support	Pearson Correlation	**.430****
	Sig. (2-tailed)	.001
Problem Focused Strategies	Pearson Correlation	**.546****
	Sig. (2-tailed)	.000

**Correlation is significant at the 0.01 level (2-tailed)

Coping & Socio Occupational Functioning

The findings of the table below show the relationship of socio-occupational functioning with each coping strategy.

Table 08: Coping and SOFS (Total score)

WCC-HA	Socio-occupational Functioning Scale (SOFS)

Avoiding Situation	.239
Seeking Social Support	.025
Problem Focused Strategies	**-.429****

**Correlation is significant at the 0.01 level (2-tailed)

Table 09: Coping & SOFS (Factor-Wise)

Coping strategies (WCC-HA)	Adaptive Living Skills	Social Appropriateness	Interpersonal Skills
Avoiding Situation	.082	.171	**.343****
Seeking Social Support	.146	-.015	-.124
Problem Focused Strategies	-.237	**-.326***	**-.480****

**Correlation is significant at the 0.01 level (2-tailed)

DISCUSSION

The coping strategies assessed under the three broad categories in the present study (Avoiding Situation, Seeking Social Support and Problem Focused) are similar to those described with different heading in another study (Boschi et al., 2000) (Avoidant, Active-behavioral and Active-cognitive respectively)

Out of the three categories, participants were found to give 37.5% share each to avoiding the situation and seeking social support category. Avoiding Situation strategies contain items like taking the substance, acting out, stopping thinking about what is going on, wishing a miracle to happen and avoiding meeting people.

The respondents also tend to seek help from their family, relatives and friends (i.e. Seeking Social Support 37.5%). It was found that the participants didn't exclusively use the problem-focused strategies, which are supposed to be the most appropriate style of coping in general and involve assessing the problem. Deliberating on various actions, which could be taken to reduce it, choosing the activities after a careful thought, which would be helpful, devising an action plan and working out the solution.

There is a significant positive correlation (r = 0.465) (p = 0.01) of avoiding situation strategies of coping with the severity of illness which means that more severe the illness more will be maladaptive coping such as avoiding the situation. These findings of the present study were supported by one of the previous studies (Roe et al., 2006) that attempted to explore the relationship between coping and severity in SMI, the results of that study showed a negative association between coping strategies and severity of illness. The results of the current study are also supported by findings of another study that tried to assess the association of coping with the severity of illness. The findings of that study were similar to the current study as it was found that patients having fewer negative symptoms were found to engage in more effective and active coping modalities, whereas those with increased negative symptoms were associated with the use of maladaptive coping strategies like avoidance. (Holmes & River, 1998)

Talking about other strategies that are Seeking Social Support and Problem Focused, the findings of the current study also reveals that both seeking social support and problem-focused coping strategies has a significant negative correlation with the severity of illness. (Seeking social support, r = -.373 at p = 0.01 and for problem-focused, r = -.279 at p =0.05)

To some extent likewise, the findings of our study, the findings of one of the previous studies (Shah et al., 2017) also found that seeking social support was the most commonly used coping strategy followed by "accept and daydream" and "active coping and growth-oriented coping." Analysis of correlation reveals that those who used ' active coping and growth-oriented coping ' more commonly had fewer negative symptoms.

Lack of illness insight has been associated with higher use of avoidance strategies. The findings of the current study are backed by one of the studies (Lysaker et al., 2003) which establishes a strong relationship between insight and coping style. Where it was found that in patients with schizophrenia, increased insight was directly associated with increased levels of distress. It was also seen that patients with greater levels of distress but less aware of their symptoms, used to prefer an avoidant coping style.

Whereas similar to the findings of the present study there were results from another study by Lysaker et al., 2005 which reported that psychotic individuals with greater insight into their illness and also the hope of improvement and recovery were more likely to utilize problem-focused coping and less likely to use avoidance than individuals with either low-hope and high-insight or high-hope and low-insight. These findings are backed by another study (Lysaker et al., 2007) where it was found that Participants with poor insight were more likely to report denial as a coping strategy. In the present study, we also found that subjects with higher BPRS scores on items such as depression, anxiety, suicidality, guilt and blunted affect were reported to prefer avoidant strategies when it comes to coping. They prefer not to meet and not to interact and share their problem with others.

The findings of the present study show the relationship of socio-occupational functioning with each coping strategy. It was found that Adaptive living skills such as Bathing & grooming, Neatness & maintenance, Money management, Instrumental social skills etc. have a positive correlation (r = .082 and r = .146 for AS & SSS respectively not significant) with avoiding situation (AS) and seeking social support (SSS) group of strategies whereas it shows a negative correlation (r = -.237) with problem-focused coping strategies.

Another factor of the SOFS scale called Social appropriateness which covers items such as Clothing & Dressing, Eating feeding & diet, Respect for property and Independence/responsibility found to be positively correlated (r = .171, not significant) with avoiding situation whereas it has a negative and significant negative correlation with seeking social support (r = -.015) and problem-focused strategies (r = -.326 at p = 0.05) respectively.

The third factor called interpersonal skills having items like Conversational skills, Social appropriateness, Social engagement and Recreation/leisure was found to have a significant positive correlation (r = .343 at p = 0.01) with avoiding situation whereas it has a negative (r = -.124) and significant negative correlation (r = -.480 at p = 0.01) with seeking social support and problem-focused strategies respectively.

CONCLUSION

As findings of the current study suggest that coping have a significant correlation with some of the important variables like insight, severity and socio-occupational functioning. It can be concluded that coping strategies in SMI should be explored further to better manage patients

on a long term basis and also to design specific interventions aimed to increase a more adaptive pool of coping for patients of SMI.

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Conflict of Interest: None

Ethics approval and consent to participate: This study was approved by the Research and Ethics Committee of the College (GMCH, Chandigarh). Written informed consent was obtained from all participants.

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