SCHIZOPHRENIA AND PSYCHOLOGICAL WELLBEING

Ms. Neena Mathew*

**MSN, FNP-BC, PMHNP-BC*

DOI: http://doi.org/10.47211/tg.2022.v09i02.01

ABSTRACT

Schizophrenia is a widespread serious mental illness. Schizophrenia is the fourth leading cause of disability throughout the world. Functioning or ability to maintain self depends upon the state of wellbeing of an individual. Productivity, quality of life and psychological wellbeing in schizophrenia patients are interrelated. The present study aimed at finding the psychological wellbeing of schizophrenia patients at the time of admission and following one month of hospitalization. One group pretest posttest design was used for this study. Hospitalization and routine care was considered to observe the posttest effect on psychological wellbeing of schizophrenic patients. Population consist entire schizophrenic patients admitted to LGBRIMH, Tezpur with more than 1 year of illness duration. Total 50 samples were included for data collection. A socio-demographic data sheet and the Psychological General Wellbeing (PGWB) Index were used for the study following admission and one month following hospitalization. Result revealed statistically significant difference between the two measurements (pre and posttest) Psychological wellbeing scores {t (49) = 7.1, p< 0.05), indicating improvement in psychological wellbeing. Findings concluded that hospitalization and treatment improves the psychological wellbeing but added intervention to routine care would be helpful to improve psychological wellbeing.

Key words: *Psychological wellbeing, hospitalization, Schizophrenia*

ABOUT AUTHOR:

Author Ms. Mathew is a Board Certified Nurse Practitioner who is qualified to practice in both primary care and psychiatry; diagnose, treat, and prescribe medication for across the life span including children, adolescents, adults and older adults. She is currently working as a Lead Nurse Practitioner with Park Place Behavioral Healthcare, since 2016, which is a community mental health care facility in Orlando Florida. Some of her practice specialties include (but not limited to) ADHD, Depression, Anxiety and Bipolar. Mathew's style of practice can be traditional (prescribing up to date psychiatric medications) or alternative medicine (natural treatments including but not limited to vitamins, supplements, lifestyle modification, nutrition, exercise and stress management). She believes in the mind/body/spiritual connection, and we are made up as a whole person and not a series of parts, just as Hippocrates "The Father of Medicine."

INTRODUCTION

Schizophrenia is a widespread major mental illness. Schizophrenia is the fourth leading cause of disability throughout the world 1. Functioning or ability to maintain self depends upon the state of wellbeing of an individual. Productivity, quality of life and psychological wellbeing in schizophrenia patients are interrelated. Poor social role functioning and qualities of life are characteristic of schizophrenia patients2. Wellbeing is a dynamic concept that includes subjective, social and psychological dimensions as well as health related behavior[3]. Need for the study lies on the unpaid attention on psychological need of mentally ill patients. It is observed generally, the symptomatic improvement of the schizophrenia patients are considered as indicators of improvement. Psychological wellbeing is most important factor in keep the patient active, motivating for work or day to day life activities 4, 5 so, the state of psychological wellbeing was examined in this study along with routine treatment during hospitalization of schizophrenia patient.

METHODOLOGY

Research question formulated for the study was 'do hospitalization improves the psychological wellbeing of schizophrenia patients'? One group pre-test post-test design was used for this study. Hospitalization and routine care was considered to observe the post-test effect on psychological wellbeing of schizophrenic patients. Population consist entire schizophrenia patients admitted to LGBRIMH, Tezpur with more than 1 year of illness duration. Total 50 samples were included for data collection. Purposive sampling technique was used to obtain the sample. Schizophrenia patients with more than 1 year of illness duration and willing to participate in data collection interview were purposively included in the study. The study was conducted in Lokapriya Gopinath Bordoli Regional Institute of Mental Health, Tezpur which is a tertiary care mental health setup currently functioning at a strength of 336 beds. Data were collected following obtaining the permission from authority and during the second half of the year 2010. A socio-demographic data sheet and the Psychological General Wellbeing (PGWB) Index were used for the study. The psychological General Wellbeing index was developed by H. J. Dupuy for the purpose of providing an index that could be used to measure self-representation of intrapersonal affective or emotional states reflecting a sense of subjective wellbeing or distress. Indicators of positive and negative affective states are included in 22 items. PGWB index includes items for only six states. For each item there are six response options scored on a scale 0-5. A value of 0 is given for the most negative option and 5 for the most positive option.

The score range for PGWB index is 0-110. The range for the subscales is from 0-15 or 20-25. The tool has six subscales as Anxiety (5 items), Depressed mood (3 items), Positive wellbeing (4 items). General Health (3 items), Self-control (3 items) and Vitality (4 items). As indicated in the tool by author, the tool was administered in interview method. The reliability of the PGWB index in terms of high alpha coefficients indicate that the items in the PGWB index are interdependent and are homogeneous in terms of what they measures. Test retest stability coefficient of reliability is ranged from 0.502 to 0.861. The tools were administered on the patients with schizophrenia on the following week of admission. Following the pre-test data collection the patients under the study were followed up on routine medical and nursing care for four weeks and then the tool was re-administered for post-test data. Analysis was done with SPSS. Statistical analysis like mean, SD were calculated and paired 't' test was applied to find out the pre and post-test differences of mean Scores

Data deals with the socio-demographic variables such as age, gender, education, occupation, religion and duration of illness. It was found that the majority of subjects (46%) were in age group of 30-39years. Majority of subjects under the study were male (76%). Maximum numbers of subjects were educated up to middle school (38%). Majority of subjects had no any specified occupation (48%). Majority of the subjects belonged to Hindu religion (74%). 58% of the subject had more than 4 years of illness duration.

Statistically significant difference between the two measurements (pre and post-test) Psychological wellbeing scores ($t(49) = 7.1$, $p < 0.05$). This observation was expected as the subjects were on medication as indoor patients. Null hypothesis formulated for this study has been rejected.

DISCUSSION:

The present study findings indicate an improvement psychological wellbeing of hospitalized schizophrenic patients w comparison to time of admission. Hospital treatment and m medication leads in symptom reduction in schizophrenic patient Symptom reduction along with a positive environment may improve the psychological wellbeing of patients. Though present study findings indicates a significant improvement in psychological wellbeing of schizophrenic patients following hospitalization, alongside it is also observed that still the patients were on lower level of psychological wellbeing. The mean scores on total as well as all the subscales of psychological wellbeing indicate overall poor psychological being in schizophrenic patient a the time of admission as well at one month following hospitalization (mean 12.3 and 14.1). It indicates that hospitalization and routine care may bring a change in the state of wellbeing but to have at least moderate

impact on psychological wellbeing only routine care is net adequate. Researchers have shown that added intervention with routine hospital care makes a difference in psychological wellbeing d schizophrenic patients.6,7 A similar finding was reported by Sengupta, where they found extremely poor quality of life thereby wellbeing in female mental patients discharged from hospital Psychological wellbeing is being influenced by various interrelated factors. In a study by Rajesh9 the Psychological wellbeing as measured by Dupuy's PGWB index categorized 1-22 to be low psychological wellbeing. 10 Norman et al studied one hundred twenty eight schizophrenic patients on functioning and wellbeing in relation to negative symptoms Result revealed that level of functioning, negative symptoms all were related to the general wellbeing of the patient. This finding is supported by the present study in relation to the improvement of symptoms with routine medical and nursing care at end of one month. General health or physical health is an important indicator of wellbeing of an individual11. Physical health is maintained to optimum during hospitalization of schizophrenic patient under routine care. It might impact on improvement in overall psychological wellbeing of these patients. Psychological wellbeing has been examined as an indicator of successful adaptation. Hospitalized schizophrenic patients are reinforced for appropriate adaptive behaviour. This leads to reduction in intra and interpersonal stressors in turns lowering anxiety and depressed feeling. Lesser anxiety and depressed mood contributes to improvement in psychological wellbeing[12]. The conceptual model stated in this study presumed that effect of hospitalization through routine care and medication might effect on emotional state such as anxiety and depressed mood of schizophrenic patients. It was also hypothesized that routine care in hospital will led in improvement of general health and vitality. Anxiety, depressed mood, general health, vitality are considered to be indicators of psychological wellbeing12.

CONCLUSION

Psychological wellbeing reflects the quality of life in schizophrenia patients. Quality of life in schizophrenia patients gaining increase attention as it is highly related with the treatment and functional outcome. Application of nursing model contributes in structural validity of concepts and its prediction in nursing. Findings of this study in relation to conceptual framework will help in developing nursing care plan for hospitalized schizophrenic patients.

REFERENCES

1. Olfson M, Gerhard T, Huang C, et al.: Premature mortality among adults with schizophrenia in the United States. JAMA Psychiatry 2015; 72:1172–1181Crossref, Medline, Google Scholar
2. National Institute of Mental Health: Mental health information: statistics: schizophrenia (https://www.nimh.nih.gov/health/statistics/schizophrenia.shtml)Google Scholar
3. Palmer BA, Pankratz VS, Bostwick JM: The lifetime risk of suicide in schizophrenia: a reexamination. Arch Gen Psychiatry 2005; 62:247–253Crossref, Medline, Google Scholar
4. Guo JY, Ragland JD, Carter CS: Memory and cognition in schizophrenia. Mol Psychiatry 2019; 24:633–642Crossref, Medline, Google Scholar
5. Weinberger DR: Polygenic risk scores in clinical schizophrenia research (editorial). Am J Psychiatry 2019; 176:3–4Link, Google Scholar
6. Sekar A, Bialas AR, de Rivera H, et al.: Schizophrenia risk from complex variation of complement component 4. Nature 2016; 530:177–183Crossref, Medline, Google Scholar
7. Lieberman JA, Small SA, Girgis RR: Early detection and preventive intervention in schizophrenia: from fantasy to reality. Am J Psychiatry 2019; 176:794–810Link, Google Scholar
8. Zanelli J, Mollon J, Sandin S, et al.: Cognitive change in schizophrenia and other psychoses in the decade following the first episode. Am J Psychiatry 2019; 176:811–819Link, Google Scholar
9. Kahn RS: On the specificity of continuous cognitive decline in schizophrenia (editorial). Am J Psychiatry 2019; 176:774–776Abstract, Google Scholar
10. Tang Y, Pasternak O, Kubicki M, et al.: Altered cellular white matter but not extracellular free water on diffusion MRI in individuals at clinical high risk for psychosis. Am J Psychiatry 2019; 176:820–828Abstract, Google Scholar
11. Kochunov P, Huang J, Chen S, et al.: White matter in schizophrenia treatment resistance. Am J Psychiatry 2019; 176:829–838Abstract, Google Scholar
12. Karlsgodt KH: Using advanced diffusion metrics to probe white matter microstructure in individuals at clinical high risk for psychosis (editorial). Am J Psychiatry 2019; 176:777–779Abstract, Google Scholar
13. Smucny J, Lesh TA, Carter CS: Baseline frontoparietal task-related BOLD activity as a predictor of improvement in clinical symptoms at 1-year follow-up in recent-onset psychosis. Am J Psychiatry 2019; 176:839–845Abstract, Google Scholar
14. Gur RE, Gur RC: Functional MRI predicting intervention outcome in early psychosis (editorial). Am J Psychiatry 2019; 176:780–782Abstract, Google Scholar
15. Zheutlin AB, Dennis J, Karlsson Linnér R, et al.: Penetrance and pleiotropy of polygenic risk scores for schizophrenia in 106,160 patients across four health care systems. Am J Psychiatry 2019; 176:846–855Link, Google Scholar