The Opinion, Vol. 4, No. 8, July-December, 2015 ISSN : 2277-9124

# Comparative study of attitude about mental illness between caregivers of Bipolar and Schizophrenic patients

**Dr. Dharmendra Kumar Singh***

**Abstract**

***Background: Public opinion about mental illness has been generally found to be negative in our society. In this regard it is questionable whether the immediate caregivers who have a higher incident of 'contact' with the patients with mental illness possess a similar view towards the mentally ill. Aim: present study investigated the difference in attitude about illness between caregivers of Schizophrenic and Bipolar patients. Method: This study included consented caregivers of outpatients with ICD-10 bipolar affective disorder (n=50) and schizophrenia (n=50). Attitude of the caregivers was assessed by Opinion about Mental Illness scale developed by Cohen and Struening (1962). Result: Caregivers of patients with schizophrenia showed positive attitude in the domain of authoritarianism, benevolence and interpersonal etiology compared to the caregivers of patient with bipolar disorder and longitudinal course of the illness best predicted this attitude. Conclusion: With the longitudinal course of the illness, caregivers of two severe mental illnesses expressed a positive attitude towards the mentally ill which could be attributed to the developing tolerance, knowledge and growing faith towards the developing trend of the treatment facilities.***

**Key words:** Schizophrenia, Bipolar disorders, Attitude towards Mental Illness

## Introduction

Attitude is a major determinant of behaviour and has a wide-range of influence on the society (Al-Adawi et al, 2000). Since a long time there has been a considerable body of research going on in order to understand public attitude towards mental illness and in general most have found people with mental illness are victims of harassment from all strata of the society which is simply enhancing patients psychosocial dysfunction and acclaiming the situation to be more devastating than the disorder itself (Pelan and Link, 1998). It has always been a question whether familiarity with mental illness i.e., people having personal experience with mental illness or having personal contact with people suffering from mental illness, have any different opinion towards mental illness than the people who do not have such contacts. Although this would to some extent depend on the situation of these families in connection to 'association stigma' (Mehta and Farina, 1988) and the different aspects of family burden they bear, however, with changing time, this very idea also take into account the broad social impact of treatment system, the progression of the disorder over time and changes in the relative burden of the illness with changing social conditions ( Warner, 2003). Angermeyer and Dietrich (2006) reviewed 61 studies and revealed that in 30 cases people have a more positive attitude if they were familiar with mental illness, one case showed there was a negative correlation and 30 case again showed no association between the two. Although the result did not reveal much, it is of considerable importance to understand to what extent beliefs about mental illnesses and attitudes towards the mentally ill people is related to the actual behaviour expressed towards them. Moreover there is also dearth of information regarding possible differences between relative's opinions about patients suffering from different nature of severe mental illnesses.

## Method

The present study was conducted at the RINPAS, Ranchi. It included consented caregivers who accompanied the patients at the outpatient unit of the hospital. Patients had ICD-10 diagnosis of schizophrenia and bipolar disorder and were of at least 18 years of age. Those caregivers, aged 18-56years, were included who lived with the patient in the same

* Asstt. Professor, PG. Deptt. of Psychology, G.L.A. College, Daltonganj, N.P. University, Jharkhand.

household and spent maximum time and effort in caring for the patient. Caregivers having another family member with a psychiatric or chronic physical illness and themselves having mental illness, as assessed through detailed interview, were excluded. The amount of time (in hours) the caregivers spent at home with the patient was also noted. In order to measure the attitude toward the causes and treatment of mental illness of caregivers, 'Opinion about Mental Illness' (OMI), a 51 items scale was used which was developed by Cohen and Struening in 1962. The Opinions about Mental Illness scale is contains five dimensions of attitudes toward mental illness which are- 'A' (Authoritarian), 'B' (Benevolence), 'C' (Mental hygiene), 'D' (Social restrictiveness), and 'E' (Interpersonal etiology). Individual respond to each item by opting one of six alternatives – 'strongly agree", 'agree', 'not sure but probably agree', 'not sure but probably disagree', 'disagree', 'strongly disagree'. Responses to these items are weighted from 1 (Strongly agree) to 6 (Strongly disagree), regardless of the direction (positivity or negativity) of the item. Higher score in the factor indicate 'positive attitude'. Prior consent was taken from key relatives or caregivers in the regard to study.

**Statistical analysis:** Data analysis was done with Statistical Package for Social Sciences (SPSS); Window Version 10.1. Group differences were examined with chi-square test and independent't' test for categorized and continuous variables respectively. Multivariate linear regression analysis was done to identify potential predictor variables.

**Results**

***Participant characteristics***

This study compared caregivers of 50 patients suffering from schizophrenia with 50 caregivers of patients suffering from bipolar affective disorder. In comparison it showed patients with schizophrenia were more in age than the patients with bipolar affective disorder ($t= 3.174$, $p < 0.05$). Other than this patients of both the group were comparable in gender ($\chi^2$= 3.345, p=. 309) education ($\chi^2$= 3.349, p=. 309), marital status ($\chi^2$= .657, p=. 418), religion ($\chi^2$= 6.328, p=. 070) and occupation ($\chi^2$ .679, p=. 410). Clinical characteristics showed that patients with schizophrenia had significantly younger age of onset of illness than the patients with bipolar affective disorder ($t=2.189$, $p<0.05$) and their duration of illness is significantly greater than that of the patients with bipolar affective disorder ($t= 6.437$, $p<0.05$). Patients with bipolar affective disorder had significantly more number of episodes than patients with schizophrenia ($t= 6.080$, $p<0.05$) as the patients with schizophrenia mostly had a continuous course of illness. Lastly, compliance to medicine was significantly better in patients with schizophrenia than in patients with bipolar affective disorder ($\chi^2$= 6.4197, $p<0.05$) (Table 1).

**Table I Patients characteristics**

| VARIABLES | GROUPS | | $t/\chi^2$ | df | p |
|---|---|---|---|---|---|
| | **BIPOLAR AFFECTIVE DISORDER (N=50) n (%)** | **SCHIZOPHRENIA (N=50) n (%)** | | | |
| Age | 30.24 ± 7.72 | 33.94 ± 9.22 | 3.174 | 98 | <0.05 |
| Sex | | | | | |
| Male | 38(76) | 37(74) | 3.345 | 1 | .309 |
| Female | 12(24) | 13(26) | | | |
| Education | | | | | |
| Illiterate | 4(8) | 8(16) | 3.349 | 2 | .309 |
| <Matric | 15(30) | 10(20) | | | |

| | | | | | |
|---|---|---|---|---|---|
| >Matric | 31(62) | 32(64) | | | |
| Marital Status<br>Married<br>Unmarried | 23(44)<br>27(54) | 19(38)<br>31(62.3) | .657 | 1 | .418 |
| Religion<br>Hindu<br>Muslim<br>Christian | 40(82)<br>9(14)<br>1(4) | 48(96)<br>2(4)<br>- | 6.328 | 2 | .070 |
| Occupation<br>Employed<br>Unemployed | 17(34)<br>33(66) | 21(42)<br>29(58) | .679 | 1 | .410 |
| Age of onset of illness | 25.02±6.60 | 22.24±6.07 | 2.189 | 98 | <0.05 |
| Number of episodes | 2.92 ± 1.55 | 1.08 ± .27 | 6.080 | 98 | <0.05 |
| Duration of illness | 5.22± 3.15 | 11.32±8.23 | 6.437 | 98 | <0.05 |
| Compliance to medication<br>Good<br>Poor | 27(54.0)<br>23(46.0) | 39(78.0)<br>11(22) | 6.419 | 1 | <0.05 |

* Significant at .05 level

***Characteristics of primary caregivers***

In the study it was found that most of the caregivers of bipolar disorder patient had income more than Rs 7000/- per month compared to caregivers of patients with schizophrenia ($\chi^2$= 5.841, p < 0.05). They also spend comparatively more time at home with the patients than the caregivers of patients with bipolar disorder ($\chi^2$= 6.336, <0.05). Both the groups were comparable in rest of the parameters like the caregivers age (t= 1.171,p=. 244), gender ($\chi^2$=. 832,p=. 362), education ($\chi^2$=1.929, p=. 381) and relation with patient ($\chi^2$=7.773, p=. 102) (Table-2).

**Table - 2 Caregivers characteristics**

| **VARIABLES** | **GROUPS** | | **t/$\chi^2$** | **df** | **p** |
|---|---|---|---|---|---|
| | **BIPOLAR AFFECTIVE DISORDER (N=50) n (%)** | **SCHIZOPHRENIA (N=50) n (%)** | | | |
| Age | 36.68±13.13 | 39.66±12.29 | 1.171 | 98 | .244 |
| Sex<br>Male<br>Female | 39 (78)<br>11(22) | 35(70)<br>15(30) | .832 | 1 | .362 |
| Education<br>Illiterate<br><Matric<br>>Matric | 8(16)<br>9(18)<br>33(66) | 6(12)<br>5(10)<br>39(78) | 1.929 | 2 | .381 |

| | | | | | |
|---|---|---|---|---|---|
| Relation with patient | | | | | |
| Parent | 21(40) | 10(20) | 7.773 | 4 | .102 |
| Spouse | 6(12) | 9(18) | | | |
| Children | 4(8) | 1(2) | | | |
| Sibling | 18(36) | 27(54) | | | |
| Others | 2(4) | 3(6) | | | |
| Income | | | | | |
| <7000/- | 11(22.0%) | 20(40.0%) | 5.841 | 1 | <0.05 |
| >7000/- | 39(78.0%) | 30(60.0%) | | | |
| Hours spent at home with patient | | | | | |
| < 8 hrs | 13(26%) | 5 (10%) | 6.336 | 1 | <0.05 |
| >8 hrs | 37(74%) | 45(90%) | | | |

* Significant at .05 level

***Group difference on OMI***

Among the 5 domains of OMI (authoritarianism, benevolence, mental hygiene, social restrictiveness and interpersonal etiology) significant group difference was seen in domain ‘A’ (authoritarianism), domain ‘B’ (benevolence) and domain ‘E’ (interpersonal etiology). Caregivers of patients with schizophrenia showed positive attitude in the domain of authoritarianism (t=4.351,p<0.05), benevolence (t=6.390, p<0.05) and interpersonal etiology (t=2.058, p<0.05) compared to the caregivers of patient with bipolar disorder (Table-3).

**Table -3Group difference in domains of Opinion about Mental Illness**

| VARIABLES | GROUPS | | t (df=98) | p |
|---|---|---|---|---|
| | BIPOLAR AFFECTIVE DISORDER (N=50) n (%) | SCHIZOPHRENIA (N=50) n (%) | | |
| Authoritarian | 41.32 ± 6.92 | 46.38 ± 6.07 | 4.351 | <0.01 |
| Benevolence | 29.34 ± 5.85 | 37.40 ± 7.25 | 6.390 | <0.01 |
| Mental hygiene | 30.66 ± 4.95 | 31.92 ± 8.56 | .901 | .370 |
| Social Restrictiveness | 30.50 ± 7.18 | 29.68 ± 6.58 | .595 | .553 |
| Interpersonal Etiology | 22.56 ± 7.90 | 27.32± 5.24 | 4.058 | <0.01 |

* Significant at .05 level

**Table-4 Stepwise linear regression analysis**

| | Un standardized Coefficients | | Standardized Coefficients | t | Sig. |
|---|---|---|---|---|---|
| | B | Std. Error | Beta | | |
| Duration of illness | .38 | .12 | .406 | 4.390 | <0.05 |

a. Dependent Variable: B

Stepwise linear regression analysis was done to identify predictors for OMI it was found both number of episodes and duration of illness best predicted for benevolent attitude towards the patient.

**Discussion**

Although several studies have investigated family burden and distress in the caregivers of the patients with severe mental illness but very few among them have attempted to assess that acquaintance with the mentally ill influence might their attitude towards mental illness. Interestingly, in our study the concept of 'contact hypothesis' (Lam et al, 1996) was found true for both the group of caregivers as they expressed positive opinion about the mentally ill. Evaluating the two groups on the basis of diagnosis per se it was observed that caregiver's of patient with schizophrenia although admitted the inferior status of the mental patients but believed that they should be treated in a more tolerant, benevolent, kind and humane manner. In our study we observed that longer duration of illness among the patients with schizophrenia best predicted this positive attitude. In longitudinal course of the illness, despite the immense burden of care, care-giving in itself create an understanding about the mental illness and it changes their outlook about the mentally ill. Caregivers adopt less emotion-focused coping strategies and receive more practical support from their social network (Magliano et al, 2000). This fact was also evident in the very famous study IPSS (WHO, 1979) which took the world to surprise when for the first time it came to notice that out come of schizophrenia was better in India and in other third world countries as because supportive, tolerant societies with non-medical outlook towards mental illness are conducive to recovery from schizophrenia.

Brokington et al (1993) in a survey regarding attitude of mental illness in the community also observed that tolerance towards the mental illness depends upon people's acquaintance with the mentally ill and it is more effected by higher education, knowledge of mental illness and mature (but not extreme) age. However, in our study these demographic factors were found comparable between the two groups of severe mental illness. Rather we observed that caregivers of patients with schizophrenia were from a lower income status and they spent more time at home in the caring of the patients which was reflected in the patients good compliance towards medication compared to the patients with bipolar affective disorder. Another reason for the good compliance towards medication and subjective acceptance of these drugs could possibly be because over the past few years peoples attitude towards the pharmacological treatment has changed towards better considering the treatment outcome irrespective of the fact that most of the patients hailed from rural background where people still show faith towards the indigenous type of healing as they belief that the mentally ill person is possessed by devil or unsatisfied souls (Kshama and Channavasavanna, 1974; Chakraborty, 1997). The picture of mental health services has changed to a great extent than what it used to be in the past this change in the current scenario is due to more and more allocation of fund by the Government for the mentally ill in order to provide better treatment facilities and promote general awareness among the greater mass.

As a hospital based study, it has certain limitations, like purposive sampling was used which restricted generalization of the study to the population, severity of the illness in both group of population was not assessed. Moreover effects of other parameters like expressed emotion and caregiver's experience of subjective and objective burden could not be ruled out having their effect on attitude towards the patient. However the findings from our study suggest future research should focus more programs on psycho-educational program for the caregivers and the community at large so that would provide knowledge about the illness, coping and solve the difficulties of care giving and bring about change in the outlook for the mentally ill .

## Reference


1. Al-Adawi S, Dorvlo ASS, Al-Ismaily S, Al-Ghafry, et al. Perception of and attitude towards mental illness in Oman. International Journal of Social Psychiatry 2002; 48(4): 305-317.
2. Angermeyer M C and Dietrich S.( 2006) Public beliefs about and attitude towards people with mental illness: a review of population studies. Acta Psychiatr Scand; 113:163-179.
3. Brokington IF, Hall P, Levings J, Murphy C.( 1993) The community's tolerance of the mentally ill. British Journal of Psychiatry; 162, 93-99.
4. Chakraborty A.( 1997) Stigma of Schizophrenia. Indian Journal of Social Psychiatry; 13(3-4): 93-97.
5. Cohen J, Struening EL.(1962) Openion about mental illness in the personal of two large mental hospitals. Journal of abnormal and social psychology; 64: 349-360.
6. Fadden G, Bebbington P, Kupiers L. (1987) Caring and its burdens. A study of spouses of depressed patients. British Journal of Psychiatry; 151, 660-667.
7. Kshama R and Channavasavanna S.M. (1974) A study of attitude of relatives of mentally ill undergoing hospitalization; 3, 21-24.
8. Lam LC, Chan CK, Chen CY. (1996) Insight and general public attitude on psychotic experiences in Hong Kong. International Journal of Social Psychiatry; 42: 10-17.
9. Littlewood R.(1998) Cultural variation in the stigmatization of mental illness. Lancet; 352, 1056-1057.
10. Madianos MG, Economou M, Hatjiandreou M, Papageorgiou A, Rogakou E.( 1999) Changes in public attitudes towards mental illness in the Athens area (1979/1980-1994). Acta Psychiatrica Scandinevica; 99:73-78.
11. Magliano L, Faddeb G.(2000) Economou M et al. Family burden and coping strategies in schizophrenia: 1 year follow-up data from the BIOMED I study. Soc Psychiatry Psychiatr Epidemiol; 35: 109-115.
12. Phelan JC, Link BG. The growing belief that people with mental illness are violent: the role of the dangerousness criterion for civil commitment. Social Psychiatry and Psychiatric epidemiology, 33, S7-S12.
13. Schene AH (1990) Objective and subjective dimensions of family burden. Towards an integrative framework for research. Soc Psychiatry Psychiatr Epidemiol; 25: 289-297.
14. Tolor A. Opinions about mental illness and political ideology. American Journal of Psychiatry 1973; 130: 1269-1272
15. W.H.O. "Schizophrenia: An International Follow-Up Study". Wiley: Chichester , 1979.
16. Warner, R. (2003) How much of the burden of schizophrenia is alleviated by treatment? The British Journal of Psychiatry, 183, 375-376.


●