

Perceived Social Support and Life Satisfaction among Persons with Mental Disorders

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Abstract: For people with mental illness, sense of being cared for, loved, accepted and supported sufficiently by others lead to increase life satisfaction of patients. Aim of the Study: This study aimed to assess the level of social support and life satisfaction among persons with mental disorders and investigate the relationship between them. Study design: descriptive cross-sectional design was utilized. Setting: The study was conducted at two settings; outpatient's clinic in Tanta Mental Health Hospital and psychiatric outpatient clinic in Tanta University hospital. Subjects: The study subjects were consisted of 200 patients with mental illness chosen by convenience sampling. Tools of the study: two tools were used; Tool I The Multidimensional Scale of Perceived Social Support (MSPSS) and Tool II Life Skills Profile (LSP-16). Results: Half of the studied patients had low life satisfaction and one third of the sample had poor social support and there was statistically significant positive relation between social support and life satisfaction. Conclusion and Recommendation: the study concluded that, studied patients have low social support as well as low life satisfaction and high perceived social support predicts high life satisfaction of patients. Therefore, the study recommended social support must be an integral part of psychiatric nursing intervention because of its significant role in fostering patients' life satisfaction.

Key words: life satisfaction, Social Support, mental disorders

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I. Introduction

Life satisfaction has newly been recognized as a significant goal of psychiatric and mental health care and has been increasingly used to evaluate health care outcomes in persons with mental disorders. Studying life satisfaction is a totally new phenomenon that has attracted professional attentiveness only within the past two decade. This attentiveness has been motivated by the deinstitutionalization of psychiatric patients as well as a parallel concern in understanding the scope of their daily lives.⁽¹⁾ Life satisfaction can be defined as person's judgment of social relationship, physical health, functioning in daily activities, overall sense of wellbeing and assessment of his /her life quality^(1,2).

Mental illness is a medical condition that causes significant distress or impairment of personal functioning, ability to form and maintain close and stable interpersonal relationships, and decrease their life satisfaction.⁽⁴⁾ Because of significant and remarkable stressors that persons with mental illness experience such as illness management, loss of productivity, isolation, homelessness and stigma, the risk of patient's vulnerability to experience low life satisfaction is becoming high^(3, 4) Consequently low life satisfaction is a considerable great problem among individuals with mental health problems and has a stamped negative impact on the wellbeing of them.^(3, 5)

Life satisfaction plays a vital role in exacerbating psychiatric symptoms, relapse rates, decreased self-esteem, and decreased motivation in self-care and participation in daily activities, non-adherence to prescribed medication resulting in reducing the likelihood of patient's functioning and patient's integration into community as well as higher suicide.^(3, 5) Numerous studies evident 60 -70 % of mental illness persons have low life satisfaction and experience a lower life satisfaction than general population.⁽⁵⁻⁷⁾ In this respect Egyptian study carried by Mohamed et al (2017)., stated patients with mental disorders suffer from lost the ability to work and function, and disruption in many aspects of their life resulting in non-enjoyment and low life satisfaction.⁽⁸⁾ Therefore, maximum level of life satisfaction attainable to patients with chronic mental illness is becoming the main treatment outcome and a fundamental zone to research in psychiatric nursing because its implication for wellbeing of individual with mental disorders.^(6, 8)

Researchers assessed life satisfaction of persons with mental disorder on various psychological, clinical, and socio demographic variables and found that social support is more correlated with life satisfaction rather than psychopathologic symptoms in various clinical groups.⁽⁵⁻⁷⁾ Social support is identified as a significant

determinant of minimizing the negative outcomes of mental illness and promoting health outcomes and maximizing life satisfaction of person's mental illness. It has been demonstrated to buffer the negative impact of stress among persons with mental illness and has achieved national interesting as a key determinant of life satisfaction for them. ^(9, 10) However few research studies have been done in investigate the relationships between social support and life satisfaction for persons with long-term mental illness

Social support can be defined as the perception and certainty that an individual is cared for, loved, has assistance available from other people, and is a one a member of a supportive social network. It also refers to people's beliefs about how much support is potentially available from their relationships and social contacts and about the quality of this support. ⁽¹¹⁾ Generally, two main types of social support are identified namely emotional and instrumental support. Emotional support involves the provision of caring, empathy, love, trust, an affective transaction or support that leads to the feelings that one is cared for and loved, is esteemed and respected, and belongs to a network of mutual obligation. Instrumental support is the provision of tangible goods, financial aid, concrete assistance that is intended to solve a problem or accomplish a task or given information to individuals on stressful events. Patients can perceive social support from distinct sources apart from the family, friends or significant others such as day care providers, roommates, partner, and others. ⁽¹²⁻¹³⁾

Significant of the problem

Person with mental disorders suffer from problems in social support and life satisfaction, therefore, one of the fundamental objective of psychiatric nursing is to enhance patients' life satisfaction through strengthen their social support. For achievement this objective, the nurse should first assess patients' life satisfaction and social support, determine the problems within social support and spheres of physical, psychological, social and environmental aspects and investigate its related relations in order to help the patients in attainable maximum possible life satisfaction as well as expanding their social relationships. ⁽¹⁴⁻¹⁶⁾

. Hence, the current study was carried out to assess the perceived social support and life satisfaction among the individuals with people with mental illness and to explore the relationship between them

Subjects and Method

Aim of the Study

This study aimed to:-

- Assess the perceived social support and life satisfaction among the persons with mental disorders.
- Investigate the relationship between the perceived social support and life satisfaction among the persons with mental disorders.

Research question

- What is the level of perceived social support and life satisfaction among the persons with mental disorders?
- Is there relationship between perceived social support and life satisfaction among the persons with mental disorders?

Subjects and Method

Study design:

The study followed descriptive cross-sectional design.

Setting:

The study was carried out at outpatient's clinic in Tanta Mental Health Hospital that affiliated to General Secretariat of Mental Health as well as Psychiatric outpatient's clinic in Tanta University Hospital. Both study settings are located in Tanta city – Gharbia Governate- Egypt)

Subjects:

The target population of this study was composed of 200 patients who were chosen by a convenience sample. The sample size was calculated using Epi-Info software statistical package created by World Health organization and center for Disease Control and Prevention, Atlanta, Georgia, USA version 2002. The criteria used for sample size calculation were as follows: 95% confidence limit, expected percentage of patients with good life satisfaction of >60% of total score is 40%. The subjects meet the following criteria:

Inclusion criteria:-

- Age 18 less than 55.
- Agree to participate in the study
- Able to communicate in relevant and coherent manner
- Having mental illness for more than one year (to enable the nurse to explore the degree of support and life satisfaction)

Exclusion criteria:

- Substance abuse.
- Patients with organic brain syndrome or mental retardation

Tools of the study:

Data of the study as collected by using the following tools:-

Too I :- - The Multidimensional Scale of Perceived Social Support (MSPSS)

It was developed by Zimetetal1988⁽¹⁷⁾. The Multidimensional Scale of Perceived Social Support (MSPSS) is a tool used to measure perceptions of support from 3 sources: Family, Friends, and a Significant Other. The scale is consisted of 12 items. It is likert –type 5 scale .Each item can be scored from point 1-5, where 1 denotes very strongly disagree, 2 as strongly disagree, 3 neutral, 4 strongly agree and 5 very strongly agree.

It classified into three subscales, each subscale composed of four items:

(a) Family social support subscale, (3, 4, 8, & 11) containing items like ‘‘I can discuss my problems with my family’’

(b) Friends’ support subscale, (6, 7, 9, & 12) including items such as ‘‘I have friends with whom I can share my happiness and pain’’

(c) The significant other’s support subscale, (1, 2, 5, & 10)with items such as ‘‘I have a close person who can encourage me’’

Scoring system :

Scores of scale range from 12 to 60 where a higher score expresses higher social support.

12 -28 Poor social support.

29- 44Moderate social support

45 -60 High social supports

Too II : Life Skills Profile (LSP-16)

It was developed by *Parkeretal (1991)*⁽¹⁸⁾. Life Skills Profile (LSP-16) consists of 16 items which provide a key measure of function and disability in people with mental illness (measures of dissatisfaction with life and problems in daily livingin terms of their social relationships, ability to do day-to-day tasks etc). Each of the 16 items is scored on a four point scale of 0 to 3 where 0 denotes never, 1denotes sometimes, 2often and 3always.

It classified into four subscales:

- Social interaction subscale: -this subscale concerned with ability of patient to interact with others. It contains 4 items it such as "Does person generally withdraw from social contact?"
- Physical healthsubscales: - it focused on the ability of patient to interest by his physical health. It composed of 6 items like statement "Does person generally maintain an adequate diet? "
- Behavior subscale: - this subscale centered on the ability of patient to control his behavior. It consisted of 3 items like "Does person behave irresponsibly? Does this person behave irresponsibly?"
- Worksubscales:this part is interested by the ability of patient to work. It consisted of 3 items like"What sort of work is person generally capable of?"

Scoring system :

Scores of scale range from 0-48wherelower scores indicate a higher level of functioning:

-High satisfaction 0-16

-Moderate satisfaction 17- 32

-Low satisfaction 33 - 48

The tools of the study are supported by Socio-demographic and clinical characteristics sheet. This part is developed by the researchers to assess the socio-demographic characteristics of patients ; age , sex , level of education ,marital status ,occupation as well as questions to elicit clinical characteristics such as diagnosis , duration of disease, previous hospitalization and mode of admission .

II. Method

1. An official permission to carry out the study was obtained from Dean of the Faculty of Nursing to managers of the studied settings.

2. Ethical considerations:

- An informed consent of the studied subjects was obtained after appropriate explanation of the nature and purpose of the study.
- Anonymity and confidentiality of the collected data and the right to withdraw from the study at any time was assured.
- Nature of the study was not cause harm and/or pain to the entire sample.

3. Developing tools: - tools of the study were translated into Arabic language by the researchers and were tested for their face and content validity by five experts in the psychiatric and mental health nursing and the necessary modifications were done.

4. The reliability of the tools was tested by using the Cronbach’s alpha for Arabic version of Tool I and II was 0,89and 0.95. respectively.

5. A pilot study was carried out on a sample of 20 patients (10%) of patients to check the clarity and feasibility of the study tools. In addition it served to estimate the approximate time required for the studied subject as well as to determine any obstacles that might be faced during the actual study and these subjects were excluded later from the study and there was no modifications done.

6. The actual study :

- The actual study was conducted through interviewing the studied patients on individual basis .The interview time ranged from 30 to 45 minutes according to patients' willing. The data collected throughout three months from January to April 2019.

Statistical Analysis

Using SPSS (version 20) for coding, entering and analyzing data. The range, mean, and standard deviation were calculated for quantitative data and descriptive statistics were calculated as frequencies and percentage, Spearman's correlation coefficient was used for evaluation between variables of the study. A significant was adopted at P value < 0.05 for interpretation of results of significance. High significance was adopted at P value < 0.01.

III. Results

Table (1)represents distribution of the studied patients according to their socio-demographic characteristics. The table stated that the age of the studied subjects ranged from 22-50years with Mean \pm SD 36.5 \pm 9.174 year. Regarding marital status about half of the studied patients 54 % was single. Concerning educational level 39% % the studied patients had primary education and 14% of them had university education. About two thirds (60%) of the studied patients had no work and 76 % of them residence in rural area. The majority of the patients 87% cohabitated with their family and 72 % had not enough income.

Table (2) shows clinical characteristics of studied patients, the result represented that 42% of the patients had schizophrenia and more than half (56 %) of studied patients had onset of disease from 5 – 10 and about one third of them 33.%) patients had insight

Figure (1) displays distribution of the level of perceived of social support among studied patients according to multidimensional Scale of Perceived Social. The result found that 34% of patients perceive their social support as poor; about half of them (48%) perceive their social support as moderate and only (18%) perceive it as high

Figure (2) reveals the different sources of perceived social support among studied patients, Regarding the multidimensional Scale of Perceived Social Support the highest score of social support was found in family subscale (26%) followed by social support from significant others (23%) and lastly social support from friends (16%).

Figure (3) reveals distribution of the level of Life Satisfaction among studied patients according to Life Skills Profile scale. The result found that more than one half of the patients (52%) had low level of life satisfaction compared with 30% had moderate level and only (18%) had high level of life satisfaction.

Figure (4) presents distribution of the studied patients according to their mean scores of subscales of life satisfaction. The results reported that physical health subscale had the highest mean scores 13.19 \pm 3.675 meanwhile work subscale had the lowest mean scores in subscales of life satisfaction 1.82 \pm 0.642.

Table (3) shows correlation between perceived of social support and life satisfaction among studied patients. It found there was highly statistically significant positive correlation between life satisfaction and perceived social support. This means that patients who perceived social support as high are more likely to have high life satisfaction.

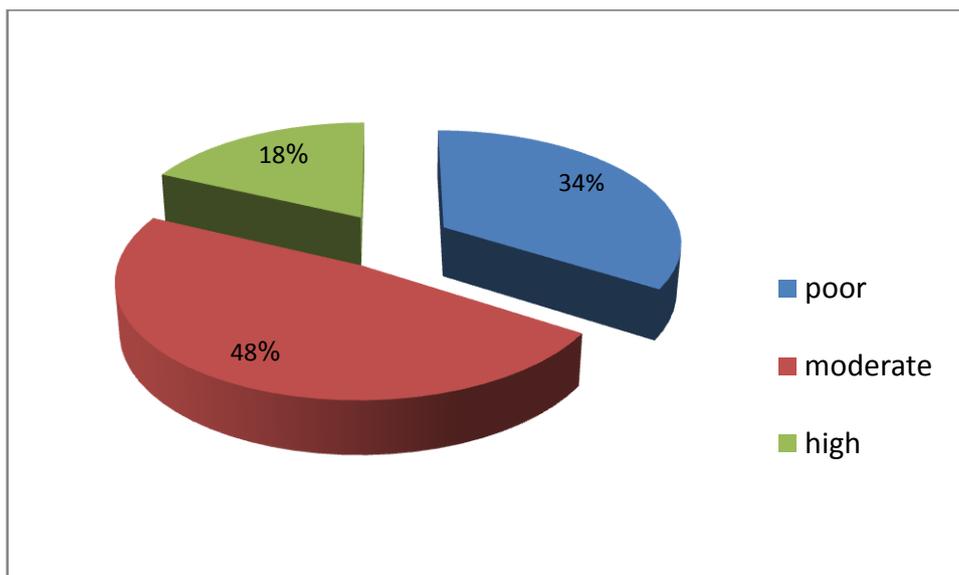
Table (4) shows correlation between different perceived sources of social support and life satisfaction among studied patients. It found that there was highly statistical significant positive correlation between patient's perception family as social support and life satisfaction. Meanwhile there are negative correlation between significant others and friends as perceived source of social support and life satisfaction among studied patients.

Table (1): Distribution of The Studied Patients According to Their Socio -demographic Characteristics

Socio-demographic characteristics	Studied Patients No(200)	%
Gender		
Male	118	59.0
Female	82	41.0
Age in Year		
<20 -<30	46	23.0
30 -<40	82	41.0
40 -50+	72	36.0
Rang	22-50	
Mean age ± SD	36.5±9.174	
Marital Status		
Single	108	54.0
Married	80	40.0
Divorced	2	1.0
Widow	10	5.0
Education		
Illiterate	40	20.0
Primary	78	39.0
Secondary	54	27.0
University	28	14.0
Occupation		
Working	80	40.0
Not working	120	60.0
Residence		
Urban	48	24.0
Rural	152	76.0
Income		
Enough	56	28.0
Not enough	144	72.0
Cohabitation		
With family	173	86.5
Living alone	27	13.5

Table (2): Distribution of the Studied Subjects According to Their Clinical Characteristics

Clinical Characteristics	Studied Patients No(200)	Percentage
Diagnosis		
Schizophrenia	84	42.0
Depression	72	36.0
Bipolar	44	22.0
Onset		
<5	54	27.0
5 - <10	112	56.0
10 -< 15	26	13.0
15<	8	4.0
Mean ± SD	6.9±3.301	
Having insight		
Yes	66	33.0
No	134	67.0
NO of previous admission		
<4	94	47.0
4-8	62	31.0
8-12	44	22.0



Figure(1): Distribution of The level of Perceived of Social Support Among Studied Patients According to Multidimensional Scale of Perceived Social

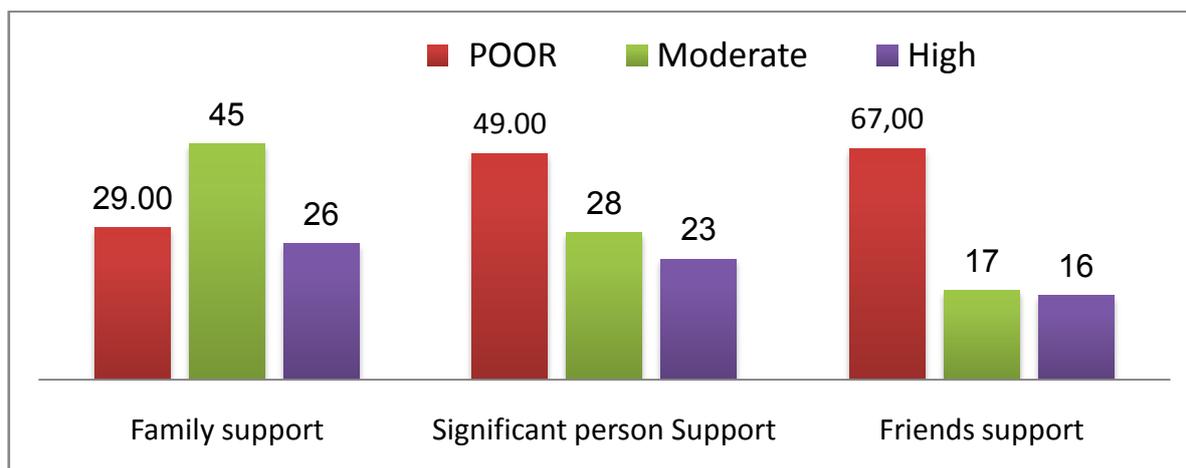


Figure (2): Distribution of the Different Sources of Perceived Social Support Among Studied Patients According to The Multidimensional Scale of Perceived Social Support.

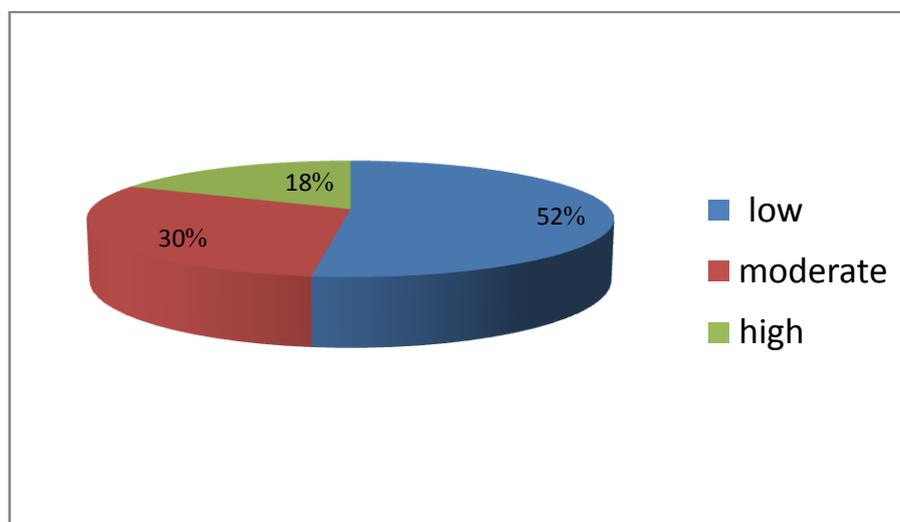


Figure (3): Distribution of The Level of Life Satisfaction among Studied Patients According to Life Skills Profile scale

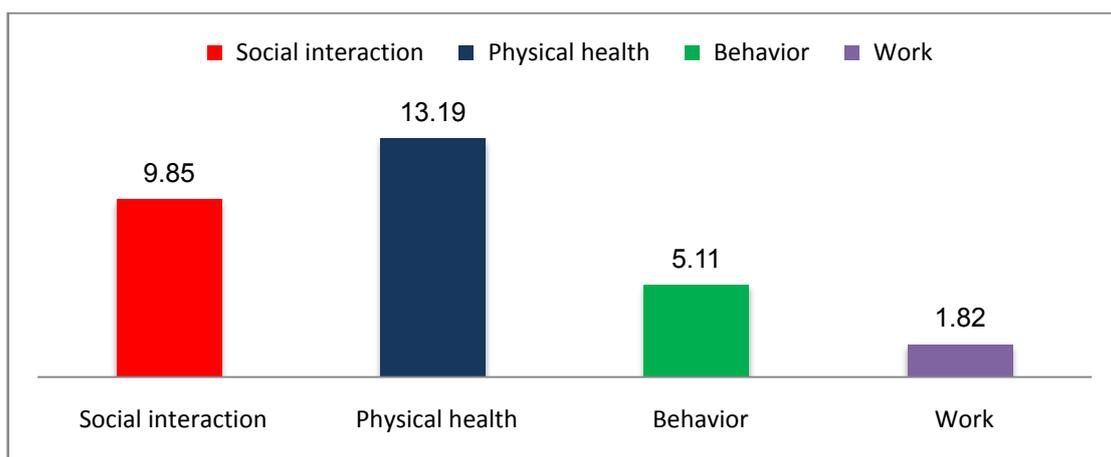


Figure (4): Distribution of the Studied Patients according to Their Mean Scores of Subscales of Life Satisfaction

Table (3):- Correlation between the Multidimensional Scale of Perceived Social Support and Life Satisfaction among Studied Patients.

	Life satisfaction	
	r	p value
The Multidimensional Scale of Perceived Social Support	0.257	0.001*

* Significant at $p < 0.001$

Table (4): Correlation between perceived sources of social support and life satisfaction among studied patients

Perceived Sources of Social Support	Life satisfaction	
	r	p value
Family	0.320	0.001**
Significant others	-0.258	0.05*
Friends	-0.102	0.001

Significant P value < 0.05

Highly significant at $p < 0.01$

IV. Discussion

Sense of being cared for, loved, accepted and supported sufficiently by others are important issues for people with mental illness that may lead to increase life satisfaction of patient. Social support fulfills the personal needs of mentally ill individuals for affection and promotes self-esteem. Social support also contributes to a sense of affiliation in people with mental illness. ⁽¹⁰⁻¹⁹⁾

One of the most devastating penalties of severe mental illnesses is the disruption of patients' interpersonal relationships ⁽²⁰⁾. This can be speculated by the finding of the current study which reported that more than one third of studied subjects had poor social support .Along with the same line Egyptian study conducted by **Harfush& Gemeay (2017)** ⁽²¹⁾; in the same setting of the current study and by using the same tool to assess level of social support among psychiatric patients, they concluded that seventy four percent of their respondents had poor social support. This finding is also consistent with results of another Egyptian study by **Mahmoud et al.,(2017)** ⁽⁸⁾who found that half of the studied psychiatric patient perceived social support as poor

This finding may be attributed to more than one rationalization; first rationalization is chronicity of mental illness. Mental illness is characterized by multiple and long hospitalization which leading to social isolation and restrict patient's opportunity to form interpersonal relationship. In the current study most of respondents had mental illness from 5-10 years and hospitalized from 5 -8 times. In this respect, **Ossman& Mohamed (2012)** ⁽²²⁾ found strong relationship between length of hospital stay and social support provided to patients with psychiatric disorders. Second rationalization is stigma and discrimination. Persons with mental illness experience high level of the societal and internalized stigma resulting in negative attitude about themselves and others as a result patient has distinctly small network composed of few close relationships. Third one is symptoms of mental illness; patients become generally apathetic, inactive, having poverty of speech and social skills. Additionally about half of patients in the current study diagnosed with schizophrenia that may displays hallucination, delusion or disinhibited behaviors. These symptoms play important role in stigmatization of patients resulting in patients' isolation. This explanation was supported by **Munikanana et al (2017).** ⁽²³⁾

Family members are considered the most important part of social support for individuals with a psychiatric disorder.⁽²⁴⁾ This goes with the results of the current study, where the highest sense of perceived social support was found in the families reported by studied patients. This result is accordance with, **Goldberg et al. (2003)**⁽²⁵⁾ who studied social support among persons with mental disorders and revealed that their subjects perceived the closest relatives as the primary source of social support . .

Form the researchers' view this result can be explained in light of Egyptian culture that characterized by sympathy, affection, kindness and strong family ties. Additionally it is not surprising for Egyptian culture that support of patients and responsibilities towards patients put mainly on the shoulders of the family. Additionally, most of patients in the current study live in rural area where family ties is strongest .Consequently the family is perceived as the main source of support.

Furthermore, the majority of the patients in the present study live with their family and about two thirds were not worked so family is considered the main source of support by giving practical assistance such financial support, reminding taking prescribed medication and accessing to professional seeking help. In this respect, one of participants in the current study who lived in rural and had insight spoke about the desire for daily medication reminders and support related to taking medication is an important source of support from his family . This finding is consistent with prior qualitative findings that described “helping with medication” to be an important type of instrumental support for persons with mental illness as mentioned by **Chronister, elal., (2015)**⁽²⁶⁾.

On the other side, only fifteen percent of the studied subjects perceive friends as social support and reported friends as the lowest source of social support. Again as mentioned previously stigma and discrimination and multiple and long hospitalization may b have a great part for this result. In the same stream **Harfush & Gemeay (2017)**⁽²¹⁾ found that the highest sense of social support among their respondents was found in family subscale and lowest scale for friends. This result contradicted with, **Sharir (2005)**, who reported that the first source of social support was perceived from friends followed by the other two sources of social support from family and significant other.⁽²⁷⁾

Regarding the level of life satisfaction of studied patients, the results of current study indicated that more than half of the studied patients had low level of life satisfaction. This result may explained through the fact that life satisfaction is widely related to subjective psychological well-being and includes the cognitive judgments of people on their own life aspects however persons with mental illness live under the dark shadow of mental illness like rejection from society, substandard housing, social isolation, unemployment, loss of valued social roles and identity, and loss of sense of self and purpose in life. Consequently, they find difficulties in enjoyments their life and feeling life satisfaction. The present study showed about one half of studied patients are younger 20-40 years which the age of productivity and self-achievement and majority of them not working, have no enough income, not educated and don't have partner (most of patients are (single), so all of these factors increase patients' vulnerability to have low life satisfaction level. Also most of the studied patients have a high chronicity rate more than five years and admitted to hospital involuntary. In the same stream, **Pinho et al., (2018)** stated having a work , marriage stability , having no hospitalization within the last 5 years and having greater satisfaction with social relations are factors that positively influence life satisfaction among persons with mental illness.⁽²⁸⁾

These results come in congruent with **Paul & Jeany (2012)** who reported that the life satisfaction affected by mental illness and they found majority of the patient have a low level of life satisfaction⁽²⁹⁾ . In the same stream. **Mahmoud et al., (2017)** stated that, most of respondents had a low level of life satisfaction and they interpreted this by that, persons with mental disorder have fewer social and cognitive skills, and fewer environmental assets, especially money.⁽⁸⁾

Concerning domains of life satisfactions ,the findings of the current study also reported that, the physical domain was the highest domain that the studied patients had., this may be attributed to that, disruption of mental disorder mainly affects mental process in the form of cognitive, affective, and behavioral aspects of patients rather than their physical aspects. Contradicting to that, **Nyboe et al. ((2012)** studied physical domain in persons with psychiatric illness indicated patients in their study had very low physical activity level.⁽³⁰⁾ Meanwhile working scale was the lowest scale studied patients had in the current study. This can be attributed to psychiatric disorders often focuses on work as a potentially harmful 'exposure and significantly reduce the ability of patients to work and patients' productivity. Moreover one of the most significant ways in which mental disorders lead to low life satisfaction is via their impact on occupational function and patients' productivity. This result is accordance with **Henderson (2011)**⁽³¹⁾

It can be inferred from a broad range of theoretical and clinical work that life satisfaction may be in a great part affected by social support that are consistent with the findings of the present study . Findings of the current study concluded that there was highly statistically significant positive correlation between perceived social supports and life satisfaction among studied patients. This finding is consistent with previous researches like, **Fleury et al., (2013)** who examined a relationship between perceived social support and life satisfaction

among individuals with psychiatric disorders . They found that greater perceived social support was significantly predictive of higher life satisfaction at 18 months.⁽³²⁾ Similarly, **Mahmoud et al.,(2017)** who explore relationship between life satisfaction and perceived social support among Egyptians psychiatric patients ,they reported the same findings .⁽⁸⁾

This positive relation may be related to two main explanations. First high social support fulfills the personal needs of mentally ill individuals for affection acceptance ,respect , a sense of affiliation and belonging and promotes self-esteem than low which in turn creates a positive outlook and positive outcome including high life satisfaction. This comes with **Pinho et al.,(2018)** reported patients who have a social support network have better living conditions, lower incidence of symptoms , fewer hospital admissions and better outcome than those who lack this support.⁽²⁸⁾ Second, social support can reduce the negative effects of stressful life events via the supportive actions of others that enhance coping performance. Social support plays vital role in providing information, sympathy, and assurance, financial and practical assistance for patients during times of stress, or through the belief that support is available, which leads to the appraisal of potentially threatening situations as less stressful and increase life enjoyment. This explanation is supported by **Mobasher et al.,(2014)** who stated that for people with mental illness social support serves a protective role during times of stress by enhancing adaptive coping behaviors⁽³³⁾

Regarding relation between life satisfactions and different sources of perceived social support .Results of current study showed that different sources of social support have different effects on individual's life satisfaction. It was found that supports from family but not from staff and friends predict individual's life satisfaction. This result may be explained as mentioned previously, studied subjects reported family was the main perceived source of social support. This result is contracting with **young, (2006)** in his study of 844 people with chronic psychiatric illness; it found that staff and friend supports are positively related to life satisfaction of patients.⁽³⁴⁾

V. Conclusion

Based on the findings of the present study it can be concluded that half of the studied patients have low level of life satisfaction and about third of the patients perceived social support as poor and social support was positively predict life satisfaction among patients . Additionally family as the highest source of support for patients and finally, perceived support from family not friends or significant other predict to a better subjective satisfaction among persons with mental illness.

VI. Recommendations

Following recommendations are yielded from the result of this study:

- Social support should be an integral and fundamental part of psychiatric outcome because of its significant role in enhancing patients' life satisfaction.
- Increase the awareness of the mental health team about the importance of dealing holistically with psychiatric patients as considering physical, psychological, social, and environmental spheres.
- There is a great need to establish educational programs for families and other source of support of psychiatric patients to enhance their support for their patients.
- A training program for nurses about the importance of social support to patients and their families during difficult times.
- Increase community services that support patients with mental disorders to increase patients life satisfaction

VII. Acknowledgment

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