

Social Support as a Mediator Between Depressive Symptoms and Quality of Life in Schizophrenia

**PHD Candidate: Jin-Biau Li,
Assistant Professor: Chiu-Yueh Yang,
Yang Ming University
/ Bali psychiatric center, DOH**

Outline

- ◆ Introduction
- ◆ Purpose
- ◆ Methods
- ◆ Results
- ◆ Discussion and conclusion
- ◆ Relevance to clinical practice

Yang Ming University



Social Support and Mental Illness

- ◆ Life skills and social support play important roles in the adaptation of Taiwanese adults with mental illness in the community as well as in decreasing their psychiatric symptoms and number of hospitalizations (Huang et al., 2008).

Social Support and Mental Illness

- ◆ Social support could **reducing** the likelihood of recurrence of **mental illness symptoms** (Cohen et al., 2004; Miklowitz et al., 2000)
- ◆ Social support deficits were significantly associated with **nonadherence** (Suttajit & Pilakanta, 2010)

Social Support and Symptoms

- ◆ Positive social interaction, and emotional/informational support correlated with changes in depressive severity

(McCall et al., 2001)

- ◆ Three dimensions of social support (belonging, tangible and self-esteem) moderated the relationship between psychiatric symptoms and number of hospitalizations (Huang et al., 2008)

Social Support and Symptoms

- ◆ **Higher** levels of **social support** were found to correlate with **lower** levels of **positive symptoms** and **few hospitalizations** at 3 years follow-up (Norman et al., 2005).
- ◆ **Satisfaction with social support mediating** the relationship between **global insight** and **depression** (Kaiser et al., 2006).

Social Support and QOL

- ◆ Negative symptoms were **inversely** related to the **quality of life**, Other symptoms and social support-seeking were not related to quality of life, and social support-seeking did not interact with symptoms in their relation to quality of life (Rudnick et al., 2001) .
- ◆ **Supportive relationships** to colleagues at the workplace mainly explain the **better subjective QoL** of SMI people with an occupation (Ruesch et al., 2004).

Depression and QOL

- ◆ Depressive symptoms are important factors on patients' QOL in patients with schizophrenia (Ueoka et al., 2011).
- ◆ Depression was the main predictor factor of subjective quality of life (Reine, Lançon, Di Tucci, Sapin, & Auquier, 2003; Rocca et al., 2005).

Knowledge of the gaps

- ◆ Previous studies have indicated the relationships among depressive symptoms, social support, and QOL.
- ◆ In this studies, we tested social support as a mediator between depressive symptoms and QOL.

The Purposes of Research

- ◆ To explore the association of depressive symptoms, social support and quality of life in schizophrenia patients.
- ◆ The objective of this study was to examine the role of social support as a mediating factor between depressive symptoms and quality of life.

Methods

- ◆ Collected data on a convenience sample ($N = 64$) recruited from outpatient department and day care in northern medical hospitals in Taiwan.
- ◆ All subjects completed
 - Background data
 - Chinese Multidimensional Scale of Perceived Social Support
 - Beck Depressive Inventory II
 - WHOQOL-Bref Taiwan version

Measurements(1/2)

- ◆ Demographic information was assessed through a written questionnaire that asked for pertinent information.
 - The questions included age, years from onset, gender, number of hospitalizations, Marital status, belief, level of educations, date of birth, age of onset, type of hospital.
- ◆ Depression was measured by Beck Depressive Inventory II

Measurements(2/2)

- ◆ Social support was measured by Chinese version Multidimensional Scale of Perceived Social Support (MSPSS-C).
- ◆ Quality of life were measured by WHOQOL-Bref Taiwan version.
- ◆ Psychometric properties of each tool were reviewed and found to be adequate.

Statistical analysis

- ◆ The data were analyzed using the Statistical Package for the Social Sciences (SPSS v18.0) ,and Analysis of Moment Structure (AMOS V6.0)
- ◆ Descriptive statistics were performed as appropriate to explore the relationship among variables.
- ◆ Structural equation modeling (SEM) with latent variables as a tool for further analysis of data.

Ethical consideration

- This study was reviewed and approved by the local hospital Institutional Review Board (IRB).

Model of fit

- ◆ To estimate goodness of fit for the best model
 - Fit indexes with cutoff values of $\chi^2/df < 2.00$
 - Adjusted Goodness-of-Fit Index (GFI) $> .90$
 - Tucker-Lewis index (TLI) $> .90$
 - Comparative fit index (CFI) $> .90$
 - Root-mean-square error of approximation (RMSEA) $< .08$

Results

◆ Demographic data

- Age: 41.1 ± 10 (Mean \pm SD)
- Years from onset: 15.3 ± 9.2 (Mean \pm SD)
- gender:
 - Female 26(40.6%)
 - Male 38(59.4%)
- Marital status
 - Married 5(7.8%)
 - Single, widowed, or divorced 59(92.2%)

Note: SD: Standard deviation

Results

◆ Correlation analysis

- Social support is positively associated with quality of life ($r = .43, p < .01$), and negatively associated with depressive symptoms ($r = -.38, p < .01$).
- Depressive symptoms were negatively related to quality of life ($r = -.39, p < .001$).

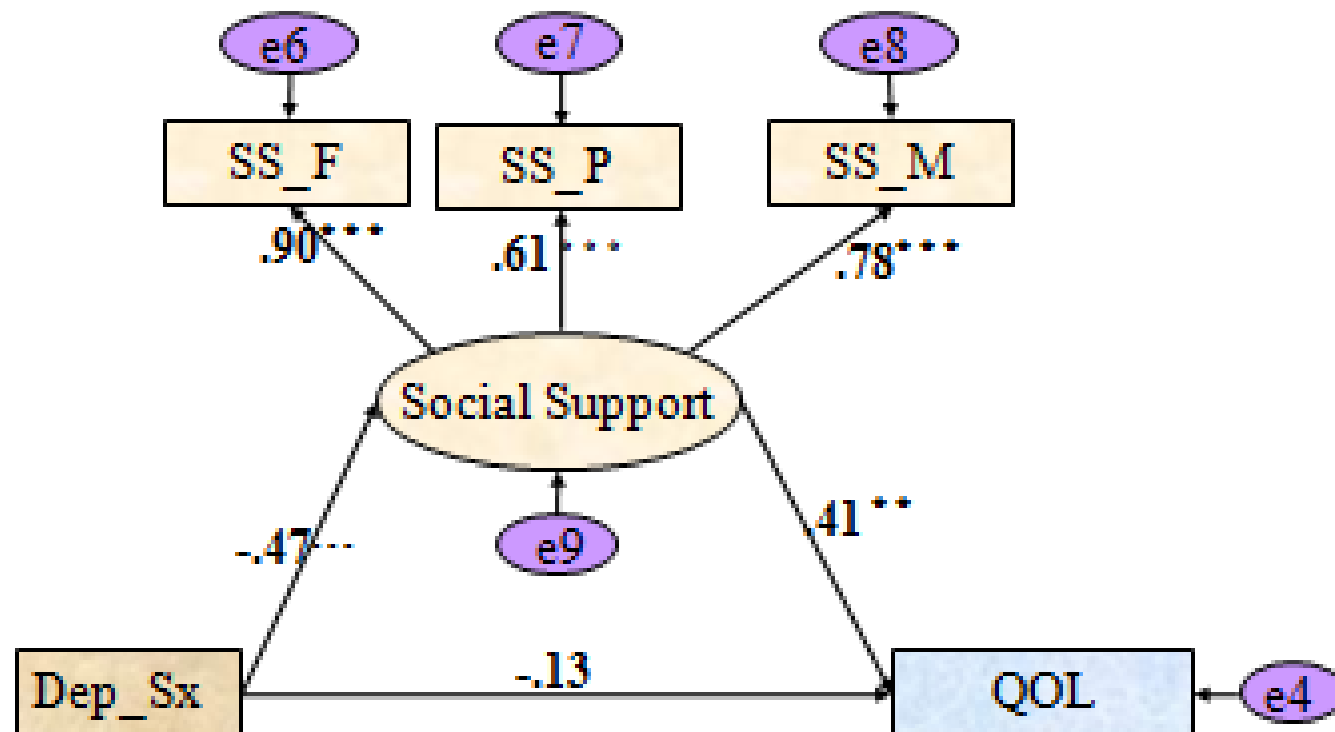
◆ Structural equation modeling (SEM)

- The indirect effect from depressive symptoms to QOL through social support was significant (Sobel's test, $Z=41.39, p < .001$), suggesting social support as a mediator of the relationship between depressive symptoms and QOL.

Goodness of fit

- ◆ $\chi^2/df=1.36$
- ◆ Adjusted Goodness-of-Fit Index (GFI) =.94
- ◆ Tucker-Lewis index (TLI) =.93
- ◆ Comparative fit index (CFI) =.96
- ◆ Root-mean-square error of approximation (RMSEA)=.07
- ◆ Goodness of fit for the best model

Social Support, Depressive Symptoms and Quality of Life



Notes:

1. Control variable: Years from onset ;N. of hospitalization

2. Dep_Sx: Dpressive symptom

SS_P: Peer support

SS_M: Medical support

SS_F : Family support

QOL : Quality of life

3. ***p<.01; **p<.001

Discussion and Conclusion

- ◆ Previous studies have indicated social support can be a mediating factor
 - Between caregiver demands and depression in Caregivers of Patients With End-Stage Disease
- ◆ Little is known about social support as a mediator between depressive symptoms and QOL.
- ◆ Structural equation modeling suggested that social support acts as a mediator of relations between depressive symptoms and quality of life in schizophrenia.

Relevance to clinical practice

- ◆ The findings have implications for clinical nurses and other healthcare providers such as social workers who care for Schizophrenia patients.
- ◆ We suggest that psychiatric nurses consider the importance of understanding and using family, friend, and medical support systems.



Thank you for your attention