Summary & Conclusion
SUMMARY AND CONCLUSION

The present study was conducted in Dr. PKH and MRC Belgaum in past 4 years of November 2009 to November 2013. The aim of this study was to assess and compare family care burden among schizophrenia and depressive disorder. The sample included 100 family caregivers of patient with schizophrenia and 100 family caregivers of patient with depressive disorders. The patients were diagnosed as having schizophrenia (all types) and depressive disorders using ICD-10 DCR criteria. Pollack and Perlick scale was used to identify the key family caregivers. Patient with two or more than two years duration of illness were included in the study groups. Family burden was assessed in both groups by using Family Burden Interview Schedule of Pai and Kapur. Chi-square test and t-test were used to assess the difference between the two groups. The relationship of caregivers and individual socio demographic factors on caregiver burden was tested using Pearson correlation analysis.

The present work highlighted difference in various non-illness variables in the patients of two groups of schizophrenia and depression. Age at onset of schizophrenia and depression significantly differ. Schizophrenic fared more poorly in education, occupational functioning, and many of them remained unmarried. Both groups, respectively, have revealed more of nuclear family, while religion, type of family, and domicile pattern did not differ in the two groups.

The present work highlighted difference in various non-illness variables in the caregivers of two groups of schizophrenia and depression. Age of caregivers, gender, caregiver occupation, caregivers family income, length of caregiver contact with patient and relationship with the patient among schizophrenia and depression significantly differ. Both groups did not differ in occupation variable.

The present study has shown that family members of patients with schizophrenia experienced considerable high degree of family burden compared to depressive disorder group. This has important implication for management of patient with schizophrenia. Some interesting findings emerged out of this study. It was clearly seen that the extent and pattern of family care burden among families of schizophrenia patient is more than that among depressive disorder. The present study has implications for practice, administration, education and research. The exploration
of burden of family caregivers gives baseline data necessary for decisions taking, further research and generation of coping styles, and tools to promote rehabilitative caring. Psychosocial intervention program has to be planned on the bases of proper assessment by caregivers coping styles, communication skills and community resources of key caregivers. Schizophrenia has a greater impact not only on the individual but also families and communities.

This study tested relationships with related socio demographic factors among caregivers of patients with schizophrenia. Family care burden was associated with caregivers with advanced ages, low education level, poor family income, and length of contact with patients.

This study tested relationships with related socio demographic factors of patients with schizophrenia. Family care burden was associated with patient advanced ages, duration of illness, and poor patient income.

The present study was conducted in two phases- the main comparative study and the intervention study. In the starting pool comparison was made between the schizophrenia caregivers and depressive disorder caregivers. The second part of study examined the effect of social skill training on predominant negative symptoms of schizophrenia was compared between an experimental group and control group. One hundred patients with schizophrenia and one hundred patients with depressive disorder were formed the study sample. After the comparative process all one hundred schizophrenia patients' were included in social skill training model. In the first step all one hundred schizophrenia participants were rated on CGI and PANSS. CGI scale was used to rule out predominant positive symptoms. Thereafter participants were rated on PANSS to assess the predominant negative symptoms. By rating on these two scales out of one hundred, eighty three patients were found to have predominant negative symptoms, such participants were recruited for social skill training. Further the patients were randomly divided into two groups, patients in each experimental and control group. The experimental group patients were involved in social group work intervention and the control group received their routine pharmacological treatment. Both the groups of patients were rated on SANS and SAFE before and after the completion of intervention to evaluate the effectiveness of social skill training.
Experimental group participants were made four groups comprising eight-ten patients, each participant in both groups were evaluated during first session and at end of 20 sessions to measure the efficacy of social skill training by using a pre-post test design. The prime aim of the intervention phase was to assist the experimental group to restore their social skills.

The pre intervention and post intervention score of SAFE of the control group did not showed significant differences. This outcome may be because of control group did not received the social skill training. There was a significant difference between the pre and post intervention SAFE scores in the experimental group were noted. A possibility for this outcome may be the effect of the social skill intervention on schizophrenia disorder.

The result indicated no significant decrease in SANS score in experimental group compared to control group (p= 0.072). However, result indicated significant improvement in alogia, apathy, and anhedonia (p=.007, p= 0.030, p= 0.025). The result clearly reveals that the social skill training may be effective in alogia, apathy and anhedonia but in not other domains of SANS.

**IMPLICATIONS FOR PSYCHIATRIC SOCIAL WORK PRACTICE**

This study is having vital implication for mental health services, training, and further research in this field of family care burden and SST in patient of schizophrenia and depressive disorder.

The study highlights the importance of evaluation and comparing of family care burden in patient of schizophrenia and depressive disorder. It would assist in planning appropriate suitable psychosocial intervention for such groups to erode family care burden.

The professions of social work and family have long been intimately connected. Many families across the world have been rehabilitated and treated under professional social work intervention. Mary Richmond viewed family as being the most important and central focus in social work practice. In the mental health setup she was the first professional social worker who worked with patient families to mitigate environmental stressful life events.
Emotional burden and financial burden are most commonly seen in families with psychiatric disorders and it is evident in the present study. More so, conflicts often arise regarding care for the mental ill person, who precipitates guilt, shame, loss of hope and isolation. Such of these families require professional social work interventions where in families are provided a chance to ventilate their feelings, help them identify their strengths and sent back to the community as a valuable resource. These interventions can be rendered in psychiatric at both out outpatient and inpatient departments. These services are delivered at the micro, family and macro levels and the interventions are psychosocial therapeutic in nature. The associations of burden in schizophrenia disorder have implications for psychiatric social work practice. More focus must be given to those caregivers who are more prone to a great degree of burden. Hence, periodical burden assessment should be made available in psychiatric services. The psychiatric social work practice should be considered on such variables, which impact on caregiver burden in schizophrenia. The psychiatric social worker need to educate family members about presence and absence of these factors that may pose caregivers at risk of unbearable burdens. Hence, psychiatric social work intervention may erode family burden. Moreover, it will assist in enhancing caregiver sense of coherence of their patient. Over all it would result in increasing emotional support and strengthens the patient's functioning. Hence, psychiatric social worker should provide psycho-educational family therapy to the caregivers in order to handle the patient problems which caregivers may face in daily routine activities. Ultimately this may improve the patients' quality of life and minimizes family burden.

Group experiences are an essential and important needs of human beings. Social group work is a method of social work which helps develop the ability of establishing constructive relationships in individuals through group activities. Social group work is a professional service which aims to work with people to develop and strengthen their abilities to establish and maintain positive relationships with others. Treatment in group work involves management of situations and problems with a view to satisfy the group needs by achieving optimal group participation so that there is growth of each individual. Persons poorly adjusted in a group setting, are those who are poorly adjusted in their social life. As a result of their mental illness they are not able to capitalize on their coping abilities. Group therapy can reduce such persons social isolation, increase his sense of cohesiveness and improve the reality testing.
Group modalities are often used in conjunction with other intervention, such as medication and social skill training. Group therapy resulted in an increase in the emotional communication, free-time activities, and social interaction and resulted in reduction in anhedonia. The group process was found to assist clients with self-discloser, awareness of oneself and his problem, opportunity to interact with others, increase self esteem, and enhance social functioning outside the group.

In this study severity of social deficits decreased, there was improvement in level of social functioning over 20 sessions. This input is seen to be contributed; therefore social skill training treatment options is very important when dealing with cases of schizophrenia with predominant negative symptoms. Such interventions may indirectly decreases symptoms thus further improves quality of social life. Establishment of social skill training in the community will help to improve quality of social life in this population. There is need in mental health policy in relation to financial assistance for individual with long term illness of schizophrenia. Social work techniques must be included in the treatment plan of patient with schizophrenia. Social work approaches may reduce family care burden and may enrich patient relationship. Moreover, psychiatric treatment services are required to aim at the development of psychosocial services for both family caregivers and patients as to erode the immense family burden and increase the possibility of smooth running to the community.

**TRAINING OF PSYCHIATRIC SOCIAL WORKER**

Improving the facilities for management of schizophrenia at primary care level will probably help towards the ultimate goal of reducing family care burden and improves social life. To maintain people with long term illness like schizophrenia in the community and to improved their social life and to reduce family care burden, a more involvement of psychiatric social workers should encouraged. The care delivered to patient in this way would be more holists, intensive and based on case management model. For this training of greater number of psychiatric social worker will be required in this field.
FUTURE AREAS OF RESEARCH

- No attempts were have made to compare family care burden in patient of schizophrenia and depressive disorder in India and elsewhere also. Hence, there is need of more studies in this regard.

- More studies with diverse social skill profile and longitudinal design larger sample, measuring social skill deficits at various stage of illness could help to identify changes in needs and examine relation between various psychosocial factors in such patients. Studies should be conduct to assess relationship between family burden and social deficits.

- Further research is needed to be address whether certain socio cultural and environmental factors contribute to family care burden in schizophrenia population.

- Relationship between dysfunction and family burden need to be addressed

- Role of spiritual and religious support as a coping resources need to be addressed

- For further research, studies may evaluate caregivers resources on decreasing burden, such as illness management skills and social support

- Patient with schizophrenia often have memory or attention deficits which makes them difficult to learn new skills, hence, these issues needs to be addressed. Further research may focus on developing methods to help patient improve their learning skills.

- Evidence suggest that generalizability of social skill training from therapeutic setting to real life situation is not clear and weaker, hence further research is needed to address assessment of generalizability in real life situation and also the factor affecting the transferring of new learned skills from therapeutic setting to real life situation.

- Including family members in social skill training may benefit.

- Further research is required to examine whether demographic characteristics, setting, environmental/social factors, length of training, also affect the acquisition and adopting social competence in the community.

- Further research need to document that whether social skill training prevents the relapse.
CONCLUSION

The age of patient in present the study was range between 18-51 years. Schizophrenia was more common in younger age group (18-37) and depression was more among later age group (33-51). As per gender concern depression was more common in women than men. Most of the patients with schizophrenia were unmarried as compared to depressive disorder. The study finding did not differ with regard to religion. Majority of the patient of both groups were Hindu and few patients were the Muslim and Christian. Majority of depressive patient were educated up to graduation, whereas schizophrenia patient educated up to primary school followed by high school. Most of the schizophrenia patient were unemployed, the rest were housewives, and farmers. In case of depression most of them were employed, the rest were professional, government employees, housewives and framers. It was observed that many patients with schizophrenia had long standing illness as compared to depressive disorder. Patient of both groups were living mostly in nuclear families. Many patients with schizophrenia had a family history of mental illness as compare to patient with depression. Majority of patient with schizophrenia were nonearning as compared to depressive disorder. There was no statistically significant difference in the domicile.

The age of caregivers was greater among schizophrenia group than depression. Female proportions were greater in looking after schizophrenia patient than depression. Caregivers of schizophrenia patient were less educated than caregivers of depression. Caregivers occupation status of schizophrenia group was less than depression group. Many caregivers of schizophrenia disorder had low family income than depressive disorder. The length of providing care was greater in schizophrenia patient that of depressive disorder. The primary caregivers in case of schizophrenia group were mostly parents and in case of depressive patient caregivers were mostly spouses.

The financial burden score of effect of illness on family routine was significantly higher in schizophrenia group than depression. The scores of effect on leisure activities were also significantly higher on schizophrenia group as compared to depression. The effect of family members was also high significant in schizophrenia
group than depression. The burden was observed to be the similar in schizophrenia and depressive disorder group with regard to physical health of family members. The burden effect on psychological health of caregivers was significantly higher in schizophrenia group than depression. Moreover, on evaluation of subjective burden on family members, it was observed that there was a statistically higher significant burden in schizophrenia group that depression.

In conclusion both objective (except effect on physical health of other family members) and subjective burden on the family members was greater in group of schizophrenia was greater in group of schizophrenia than depression group in this present study.

The study revealed, significant relationship between caregivers age, education status, family income, and length of contact with patient and family burden in patient with schizophrenia

Greater burden was reported by caregivers with patient advanced ages, low patient income, and longer duration of illness.

In the light of the above findings in this study, it may thus be concluded that social skill training is effective in improving social skill functioning for patient with schizophrenia. The improvement may be seen in social functioning, modification of inappropriate interpersonal relationship. While study revealed that the social skill training may be effective in alogia, apathy and anhedonia but not other clusters of negative symptoms. The clinical implication is social skill training is useful as a part of the treatment program for people with schizophrenia.