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Group Family Psycho-Education on Of Caregivers of Patients with Bipolar Disorder

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A B S T R A C T

The current paper has been conducted in order to study the efficacy of group family psych education on bipolar patients' caregivers' mental health. The study's design is a semi experimental pre-posttest with control group and the statistic population consists of all caregivers of hospitalized patients' of Ghods hospital in Sanandaj (Iran) and in the year of 2014 with recognition of bipolar disorder. Using convince sampling 40 of patients who has been recognized as bipolar patients based on their case records and Skid's semi-structured clinical interview and who were willing to cooperate were chosen and randomly replaced in control and experimental groups (each group 20). Then Goldberg's mental health questionnaire was filled by caregivers. The experimental group went through an 8 session training of family psych education. After the therapeutic course the mentioned test has been conducted for both groups. The results has been analyzed using SPSS 21 version. The statistical method includes descriptive statistics (including mean, standard deviation, scores minimum and maximum) and inferential statistics (ANOVA). The results of ANOVA showed that there is a significant difference between control and experimental groups mental health pre and post test scores (P<0/05). Results showed that family's psych education can be used as an effective therapy for increasing mental health and its components.

Keywords: Family Psycho Education, Mental Health, Bipolar Patients.

INTRODUCTION

Bipolar disorder is one of the most common psychological disorders classifying under mood disorders (Diagnostic and statistical manual of mental disorders (4th. Ed.). This disorder includes having at least one manic or mixed episode and often major depressive episodes in clinical procedure. In type 1 bipolar disorder when there at least 2 month distance without any impressive sign of mania or hypomania between the episodes they can be considered separate. A manic episode is an episode of" constant and abnormally elevated, euphoric or irritable mood. This particular episode's time is one week and in case of hospitalization less(Kaplan, 2016; Sadock & Sadock, 2011).

Bipolar disorder that is also known as depression's infatuation is a psychological disorder that cause unusual changes in the individual's mood, energy and performance ability. This changes can cause disruption in interpersonal relationships, educational and job performance and

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even suicide(Weissman et al., 1996). Also patients with chronic bipolar disorder has some dysfunctions in some cognitive fields such as attention, executive function, learning, memory and psychomotor speed(Robinson et al., 2006).

Considering the disorders features not only patients themselves but also their caregiver and specially their families are under a lot of pressure and stress and they may mentally get harmed. Existed researches show that caregiving roles variety and intensity may lead to mental problems in their familial caregivers(Navidian & Zaheden, 2008). So mental health is one of the things that can be studied in bipolar caregivers. Mental health is one of the most effective factors in human progress and evaluation and in fact is an aspect of the general concept of health and it's relying on method and plans that are used in order to prevent getting mental disease, treat and rehabilitate them. The concept of mental health includes the inner feeling of being good and confident about self-efficacy, relying on the self, competition capacity and flourishing of potential cognitive, affective and …. abilities(Brooks, Dunn, Amlôt, Greenberg, & Rubin, 2016; Liao et al., 2002).

Wissing and Fourie (2000), conceptualized and operationalized a multidimensional pattern of mental health that includes: self- acceptance, positive relation with others, self-following, overcoming the environment, having goals in life and personal grow.

Also five behavior patterns has been mentioned in the definition of mental health: 1. The sense of responsibility 2. The sense of self-confidence 3.Having goals 4. Personal values(a particular philosophy that is based on beliefs and purposes that will lead to the person or relative's happiness and requires increasing social participation); 5. Individuality and unity(Alvarado, Templer, Bresler, & Thomas-Dobson, 1995; Roshdieh, Templer, Cannon, & Canfield, 1999).

Based on this it can be said that mental health is a situation where the person has the sense of having control on their inner outer world. These amount of feeling control as a mental health index depends on personal and social factors(Samani 2002). Some of the most important factors are social situation and conditions and familial constructions and relationships.

Existing turmoil in family system leads to it's appropriate function's disturbance and in that regard a family member's mood disorder would affect all the family and will lead to lose the family's matching power and abilities(Keyes, 2005). So in order to improve the person's health situation, psycho-social therapies and the system that the person has interaction with should be noticed in addition to chemotherapy. One of the family based interventions is family psycho education. The family psycho education is an effective method to help the patient's families in the field of managing problems due to existing disorder in the family and also crating necessary skills for supporting the patient's recovery. The family members cooperation by providing familial favorable condition will lead to the patients recovery process(Taylor & Bogdan, 1989; Wilkin, 2016).

Teaching families about the nature of the disease, ways of coping with the patient's problems and being careful about regular using of the drugs will result the patients more active and aware participation in the rehabilitation sessions. Also a more receptive environment witch patients with mental disease are more accepted in it provides a good supportive system for them to significantly lead the prognosis to a good prognosis(Cassidy, Hill, & O'callaghan, 2001).

Some wide researches have proved that various psycho educational therapies are totally compatible with the chemotherapy and increase the effectiveness of all types of the therapies effectiveness ,decreases the amount of necessary drugs, increases the patients participation during the treatment and increases the social and job performance optimization(Franks, 1990; Hassan, Ventevogel, Jefee-Bahloul, Barkil-Oteo, & Kirmayer, 2016).

As Valiee, Razavi, Aghajani, and Bashiri (2017) and Sharif, Mahmoudi, Shooshtari, and Vossoughi (2016), in his researches under the title of effectiveness group psycho educational interventions on improving life and relationships within the bipolar patients family have concluded group psycho educational interventions can improve the life quality and the social support but it doesn't have much effect about conflict and the depth of the relationships. D'Souza, Piskulic, and Sundram (2010), in a study under the title of psycho education will improve the relapse amount in recently clearance bipolar patients have reached the conclusion that a short-term group psycho education with recently clearance patients and their caregivers will lead to a reduction in the relapse , more time till the relapse , decreased manic symptoms and improved drug's adherence. And these shows the usefulness of bipolar patient's side therapy.

Considering what was said, the family's unfavorable condition and atmosphere and the patient's lack of knowledge can play an important role in the mental diseases intensity. So in the current paper it has been tried to answer the question that is group family psycho education effective on the health of bipolar patient's caregivers?

METHODOLOGY

The current research is an applied research in order of the purpose and it's a semi-experimental with pre and post-test with the control group. The current research's population includes all Sanandaj city's Ghods hospital hospitalized patients with the diagnosis of bipolar disorder's caregiver (one of family members) in the year of 2014. The current research's sampling was convinced sampling thus considering existed statistic (based on the mean of hospitalized patients in the psychiatric department) 40 of based on their case record and clinical interview and Skid's semi-structured clinical interview bipolar patients caregivers who have been volunteered to cooperate have been chosen and they answered Goldberg's general health questionnaire, then randomly replaced in control and experimental groups. The experimental groups' families (the main caregivers have been chosen out of every family) went through psycho education and the control groups' families didn't receive any training. Eventually after the psycho education sessions families have been revaluated by Goldberg's psychological health for patients' caregivers.

The general health questionnaire, GHQ-28: This questionnaire has 28 items which have been designed in order to assess the individual's mental health. This tool is a riddle based on self-report method that is used in order to detecting those with mental disorders in clinical diagnostics complex(Goldberg et al., 1997).

Four essential factors including physical symptoms scales, anxiety symptoms and sleep disorder, social performance disorder and depression scale (Goldberg & Hillier, 1979), have been extracted from the general health questionnaire proportional to the factor analysis Goldberg and Hillier (1979), have done. All of these subscales have 7 question. The Likert spectrum has been used for grading, 4 scores were considered for the subscales and one score was considered for the hole questionnaire .The score of 23 and upper represents lack of mental health and lower score than 23 represents mental health(Kim, Shin, & Swanger, 2009).

Also in Iran Sohrabi (2009), has calculated the GHQ's psychometrics features with a 92 people population of Shiraz university student. The retest reliability coefficient, the descriptive reliability coefficient and the Cronbach's alpha have respectively been obtained 70%,93% and 90%.The current validity coefficient with Midlex questionnaire has been calculated to be 55% and it's structures validity has calculated to be 72% to 87%. He also extracted the four subscales of depression, anxiety, social and physical dysfunction by analyzing them and 58% of the

variance has been identified by these four factors. Also in this research four subscales have been extracted and the total number of correlation was from 35% to 87% (Sohrabi, 2009).

Molavi (2002), has assessed GHQ's validity, the reliability and factor structure with a 116 people population from 116 of student of Esfahan university in the non-low gamut with the " student life problems" scale and the " educational problems" check list.

The therapeutic interventions that were performed by groups in the current research, included 8 sessions and any session 90 minutes of family psycho education that has been drafted based on Mottaghipour (2009), psycho education design and for the experimental group.

Table1. Psycho education sessions

Psycho education sessions	The session's title	Topics discussed in the session
First session	Group member's referrals, familiarity with the method of the work and presenting preparations	Referrals, introducing the group's rules, the aim of teaching the patient, an introduction about mood and affect, future sessions plan
Second session	Knowing the disease	Introducing the group's rules, asking questions of previous session's material, defining the bipolar disorder, the diseases symptoms and phase
Third session	The disorder's etiology, prevalence and development	Introducing the group's rules, asking questions of previous session's material, the bipolar disorder's reason, the disorder's prevalence, wright and wrong beliefs about it
Fourth session	Treatment and follow up	Introducing the group's rules, asking questions of previous session's material, using the psychiatrist colleague 's help in order to explain the disorder's pharmacological therapy, the disorder's Non-pharmacological treatment, discussing not taking medications
Fifth session	Warning signs and preventing relapse	Introducing the group's rules, asking questions of previous session's material, warning signs recognition, preventing the disorder's relapse, sleep regulating, daily mood study table
Sixth session	Coping with the disease	Introducing the group's rules, accepting the disease, coping with the disease
Seventh session	problem solving skill	Introducing the group's rules asking questions of previous session's material,, teaching problem solving skill, problem solving practice paper
Eighth session	Amelioration and special topics	asking questions of previous session's material, special topics, arranging the aims, positive spots review

RESULTS

Table two's results indicates descriptive statistic's indicator's including mean and standard deviation about mental health variable for the intended sample.

Table 2. Mental health variable's statistic indicators

Variables	Statistical indicator's	Experimental group		Control group	
		Pre-test	Post-test	Pre-test	Post-test
Mental health	Mean	55.35	43.05	55.55	56.35
	Standard deviation	11.16	12.71	11.30	12.52

As table 2 shows experimental group's examinees scores mean in the post-test have decreased in compare with the pre-test.

Analysis of covariance has been used in order to study how experimental intentions have

influenced mental health variable and its subscales. So the research's data have been studied in order to make sure that they accomplish the covariance analysis's basic assumptions and the covariance analysis's assumptions including normality, the homogeneity of variance, regression slope and linearity have been studied. Table three shows Levin's homogeneity of variance test in mental health variable.

Table 3. The results of Levin's homogeneity of variance test in mental health variable

Impact	Dependent variable	Degree of freedom	Degree of freedom	F	Level
Group	Mental health	1	38	1.317	0.258

Results indicate that Levin's test in not significant in mental health variable (P=0/258 and F=1.317). So the experimental and health group's variance in are not significantly different in dependent variables and the homogeneity of variances assumption is confirmed.

Table 4. The covariance of analysis for comparing mental health's post- test mean with pre-test control for control and experimental groups.

source	Sum of squares	Degree of freedom	Mean of squares	F	P	The ability of test
Group	1713.793	1	1713.793	74.670	0.0001	0.669

After controlling the pre-test's impact, the impact of families' psycho education impact on both control and experimental groups in mental health has been studied. Based on table four's findings there is a significant difference (P<0.05 and F= 74.670) between experimental and control group's mean. So group family psycho education has been effective on mental health variable in experimental group's examinees and in the post-test level and it has increased their mental health. Then MANCOVA has been performed on post-test score with pre-test control. Table 5 shows the results on of multivariate analysis of covariance on post-test scores with pre-tests control.

Table 5. The summary of multivariate covariance analysis results for comparing mental health's post-test with controlling pre-tests in experimental and control groups

Impact	Tests	value	F	The hypothesis's df	The error's df	P
Groups	Pill's trace	0.71	19.708	4	31	0.0001
	Wilk's lambda	0.28	19.708	4	31	0.0001
	Hoteling's trace	2.55	19.708	4	31	0.0001
	Roy's largest root	2.55	19.708	4	31	0.0001

Table five's contents shows that there is a significant difference between control and experimental groups in at least one of mental health's subscales. In order to study the difference spot, the one-way covariance analysis have been performed on MANCOVA'S context. This analysis's results in presented in table 6. This table shows the results of one-way covariance analysis on MANCOVA'S context in order to compare mental health's four subscales post-test with pre-test controls in experimental and control groups.

Table 6. The results of one-way covariance analysis on MANCOVA'S context in order to compare mental health's four subscales post-test with pre-test controls in experimental and control groups

Impact	Dependent variable	Sum of squares	Df	Mean of squares	F	P
Group	Physical symptoms	108.207	1	108.207	49.213	0.0001
	Anxiety symptoms and sleep disorder	107.549	1	107.549	41.223	0.0001
	Social performance	93.948	1	93.948	21.474	0.0001
	Depression symptoms	69.502	1	69.502	27.252	0.0001

The obtained results from table 6shows that one-way covariance analysis of post-test in physical symptoms (P=0.0001 and F=49.213), anxiety symptoms and sleep disorder (F=41.223 and P=0.0001), social performance (P=0.0001 and F=21.474), and depression symptoms (P=0.0001 and F=27.252) has been significant.

CONCLUSION

As mentioned before the aim of the current paper is to study the impact of group family psycho education on bipolar patients care giver's health. Findings and results showed that psycho education is significant in mental health. The concept of mental health is defined as the ability of having harmonious relationship with others, change and correct social and individual environment and solving personal conflicts and interests rationally, justly and appropriate also we believe that mental isn't just not being mentally ill, it also is the ability to flexibly and meaningfully react to various life experiences. Based on these, facts and life events and also the way of reacting them is effective on individual's mental health. The experience of having a family member who suffers psychological disease is one of important life events with psychological pressure on other members. Pressures and stresses due to taking care of the ill member can lead to several problems and traumatic effects for the family. The stresses are double when family members don't know details about the disease or think that they may get the disease (Will, 2002). The results of this study showed that family's psycho education has positive effects on the caregiver's mental health. In explaining this finding the aim and content of the therapy can be cited. Helping families and increasing their knowledge about the disease's content and its treatment is the aim of their psycho education. So considering that family's pathology is effective on caching the disease , family psycho education with focusing on other members and the family's qualifications is trying to change the it's environment and reducing the disease's symptoms. In fact considering systemic approaches, since every family member is considered as a unit of the family in order to keep the balance will communicate with others and keeping the family's balance depends on members communication and performance also every member can have a role on creating problem and disease symptoms.so by using other family members we can more effectively help the patient. In other hand, since the caregivers have limited information, source and supports to prepare themselves for such role(Hudson et al., 2008). Families usually experience and express rue states, feeling of lack , bereavement, rage and anger, disappointment and frustration, guilt, tension, and a lot of communicational pressures in reaction to signs and symptoms of the mental disease and taking continuous and gradual care of the mentally ill member(Kristjanson & Aoun, 2004). Home care givers tensions and psychological pressures is a considerable and in the same time a common and usual matter that can lead to their physical and mental health reduction as latent patients in case of dropping it without treatment. The imposed pressure from a mentally ill person can decrease the quality of presented care and in the other hand it put caregiver's mental and physical health in danger. Therefore, therapeutic intensions including teaching, supporting, psychotherapy and reasonable care can have significant effect on home caregivers mental burden decrease to be able to prepare the context for increasing the presented care's quality and promote home care giver's physical and mental health. So in this regard, family's psycho education will help the caregiver's mental health and will decrease the bipolar patient's symptoms by increasing knowledge about the disease and its cause and by insisting on problem solving, anger control and the way to treat the patient.

About mental health components, based on obtained finding showed that differences were significant in all the four subscales. In order to explain the obtained results it's necessary to refer the kind of used interventions regarding mental health subscales. During the psycho-educational sessions for the family matters about bipolar disorder including prevalence, etiology, prognosis,

common medicines, current therapies, awareness of expressed emotion in the family ,studying emotional tensions and the impact of negative emotions in patient's symptoms relapse will taught to the care giver member.

So as a result when the family members attend in such sessions, they learn useful solutions such as attracting contribution in the therapy and rehabilitation program, learning problem solving skill, familiarity with the importance of facing mental pressure, learning communicational, management and patient disorganized behavior's controlling skills and awareness of helping coping with crisis centers in order to know how to adjust with the patient's disease and it can lead to stigma feeling reduction and family communication improvement and as a result reduction of mental pressure or burden due to taking care of the patient.

Also based on Dixon (1999), witch a combination of education about the disease, family support, crisis intervention and problem solving skills have been used in it, it can be said that these intensions can increase information, self -efficacy and satisfaction with treatment in the individual. In addition family interventions can improve the family members mental well-being and teaching communicational skills can be effective on communication on social support, anger control can be effective on mental well-being and physical health, problem solving on parts such as daily life and economic situation and stress management in satisfaction level, mental well-being and physical health .so considering mentioned items and as a result family psycho education and it's continuity can lead to physical and depression symptoms reduction and eventually life quality improvement.

The difficulty of gathering caregivers with bipolar patients, lack of time and the paper's concentrating on just bipolar patients were some of research's limitations. So it's suggested that more researches be done about the efficacy of psycho education on other management variables and also other mood disorders. Also considering this research's results about family's importance in improving patient's situation, more focus and emphasize be done on family based treatments.in addition creating educational workshop and using psycho education in clinical institutions and psychiatric hospitals can speed up the improvement process.

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