Psychological Distress of Family Members Caring for a Relative with First Episode Schizophrenia

Suchanya Lohacheewa, Yajai Sitthimongkol, Yupapin Sirapo-ngam, Chukiat Viwatwongkasem*

Abstract: The purpose of this study was to examine the pattern of relationships among factors related to psychological distress of family members caring for a relative with first episode schizophrenia. The conceptual model was built on Lazarus and Folkman's theory of stress and coping. A total of 210 family members providing care for a relative with first episode schizophrenia were recruited from outpatient departments of three different psychiatric hospitals located in Bangkok and the surrounding vicinity. The Behaviors and Symptom Perception Scale, Social Support Questionnaire, Experience of Caring Inventory, Revised Way of Coping Questionnaire, General Health Questionnaire, and a demographics questionnaire were used to collect the data. Data was analyzed by descriptive statistics and path analysis.

The results revealed that the modified model fitted the empirical data and explained 33% of the variance in the psychological distress. Appraisal of the stressful situation, and coping were associated with psychological distress of family members. Appraisal, both positive and negative perspectives, appeared to mediate the effects of the seriousness of illness and perceived social support on psychological distress. Coping was found to mediate the relationship between perceived social support and psychological distress. The results suggested that appraisal of the stressful situation and coping should be considered major influential factors when developing nursing interventions to attenuate psychological distress of family members caring for a relative with first episode schizophrenia. Psychiatric nurses should offer family members an opportunity to exchange information and share experiences with other family members so as to enable them to develop a positive appraisal, and strengthen the appropriate coping strategies to reduce their psychological distress.

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Introduction

Schizophrenia is a chronic neurobiological disease and is a leading cause of disability worldwide.[1] It has the highest incidence among psychiatric illnesses with prevalence ranging from 0.5 to 1.5 cases per 100 population, and the annual incidence ranging from 5 to 50 cases per 100,000 population.[2] In Thailand, data available for 2014 suggests the incidence rate for schizophrenia was 82,838.[3] The first episode of schizophrenia typically occurs in the late teenage

***Suchanya Lohacheewa**, RN, PhD. (Candidate), Faculty of Nursing, Mahidol University, Bangkoknoi, Bangkok, Thailand. **E-mail:** pommypsy@gmail.com*

***Correspondence to: Yajai Sitthimongkol**, RN, PhD. Associate Professor, Faculty of Nursing, Mahidol University, 2 Prannok Road, Siriraj, Bangkoknoi, Bangkok, 10700, Thailand. **E-mail:** yajai.sit@mahidol.ac.th*

***Yupapin Sirapo-ngam**, RN, D.S.N. Associate Professor, Ramathibodi School of Nursing, Faculty of Medicine Ramathibodi Hospital, Mahidol University, 270 Rama 6 Road, Phayathai, Rachathewi, Bangkok, 10400, Thailand. **E-mail:** raysr@mahidol.ac.th*

***Chukiat Viwatwongkasem**, PhD. Associate Professor, Department of Biostatistics, Faculty of Public Health, Mahidol University, 420/1 Ratchawithi RD., Ratchathewi District, Bangkok 10400. Thailand. **E-mail:** chukiat.viw@mahidol.ac.th*

years or the early 20s.[4,5,6] In most cases, an individual with the first presentation of schizophrenia usually has a prodromal phase, which can include a variety of behavioral changes.[2,6] Common signs and symptoms of this disease include sleep disturbance, anxiety, anger/irritability, depressed mood, deterioration in functioning, social withdrawal, poor concentration, suspiciousness, loss of motivation, and low energy.[11] Patients typically suffer from disturbing symptoms, as well as side effects of the treatment itself, and they may have increased physical and psychological risks, including the risk of suicide. As such, the caregivers of patients newly diagnosed with schizophrenia are most commonly parents or other family members. There are indications that family members of patients with first episode psychosis report higher levels of distress than do family members of those with a more chronic illness.[7] Family members of patients with first-episode psychosis experience a range of different feelings and emotions as they attempt to understand and cope with the challenges associated with the psychotic symptoms in their relative.[8] The unpredictable and often severe symptoms of first-episode schizophrenia coupled with the social stigma associated with the disease can contribute to high levels of distress and reduced quality of life among caregivers.[9,10] Studies suggest that family caregivers of this population report health problems such as exhaustion, weakness, fatigue, headache, insomnia, low appetite, and lower food intake.[8] Mental health problems are also common including tension, stress, anxiety, resentment, depression with accompanying feelings of hopelessness and powerlessness, and a sense of entrapment.[7,13] A range of factors have been shown to be associated with distress among family members including behavioral change, the range and severity of psychotic symptoms,[6] lack of knowledge about the disease, diagnostic uncertainty,[7,12,13,14] changes in the roles and the responsibilities in the family structure,[15,10] and social stigma associated with mental illness.[16] However, in order to design a nursing intervention to reduce family distress, understanding how these factors work to influence family distress is crucial. Thus this study aimed to develop and test the model displaying the causal relationships among factors influencing psychological distress in family members caring for a relative with first-episode schizophrenia.

Conceptual Framework and Literature Review

The conceptual model for this study was built on Lazarus and Folkman's theory of stress, appraisal and coping[17]. Their theory defined stress as "a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being"[17], Cognitive appraisal is a process through which the person evaluates whether a particular encounter with the environment is relevant to his or her well-being.[17] There is an evaluative process that reflects the individual's interpretation of the situation. Individuals' decisions are based on the cognitive appraisal that can be divided into two forms, primary and secondary appraisals. The coping process involves constantly changing cognitive and behavioral efforts that are made to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person. This definition explains that coping as a cognitive process can be distinguished from other perspectives such as coping as a trait, defense mechanism, or automatic adaptive behavior that has been learned. There are two major coping functions: problem-focused coping function, and emotion-focused coping function. Finally adaptation outcomes that have immediate effects are physiological changes, positive or negative feeling, and quality of encounter outcome. The long-term effects focus on somatic health and illness, morale, and social functioning.[17] Stress, cognitive appraisal of stressful situations, and external

resources can shape the coping, which has an effect on adaptation outcomes (psychological distress). In this study, stress (seriousness of illness), cognitive appraisal of stressful situations (negative and positive appraisal of the stressful situation), external resources available (perceived social support), and coping were selected to be included in the proposed model.

Research based on stress appraisal and coping models, has been a focus in this field. The literature suggests that caregivers' appraisal of the stressful situations associated with illness would inform which coping strategies the caregivers employ.[18] While caring for a relative with first-episode schizophrenia, family members experienced both negative and positive appraisals of the impact of the illness.[5,19] Previous studies found that caregivers of relatives with more severe negative symptoms had higher negative appraisal. However, some studies found that caregivers' psychological distress was not associated with psychotic symptoms.[7,19,10]

Poor coping in family members was associated with their distress.[7,19] Avoidance coping strategies were found to be associated with psychological distress.[20] Based on the stress and coping model, people will cope better when faced with stressful situations if they have social support.[21] Research findings revealed that there was a negative relationship between social support and psychological distress of family members of a relative with first-episode schizophrenia.[22,23]

To date, a few studies have examined factors - including seriousness of illness, appraisal, coping, and social support - affecting psychological distress in a family dealing with first-episode schizophrenia. No research in Thailand has focused on how appraisal, coping and psychological distress of family members caring for a relative with first episode schizophrenia. To address this gap in the literature, the overall purpose of this study was to develop and test the model displaying the causal relationships among factors including seriousness of illness, perceived social support, appraisal of the stressful situation, coping, influence psychological distress in family members caring for a relative with first-episode schizophrenia. The hypothesized model of this study is presented in Figure 1.

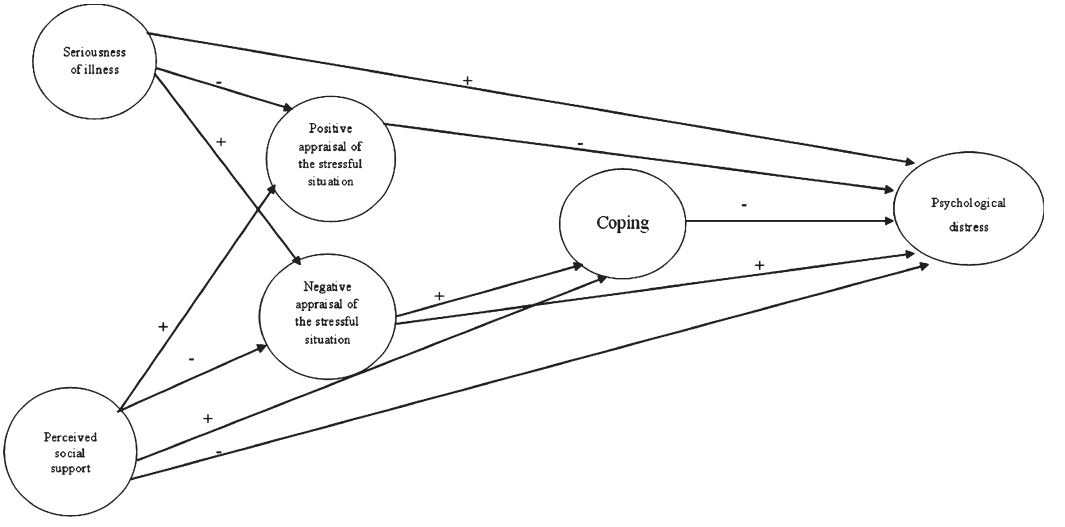


Figure 1: A hypothesized model of psychological distress in family members caring for a relative with first-episode schizophrenia

Methods

Design: A descriptive cross-sectional design was used.

Participants and setting: Data were collected from family members caring for a relative with first-episode schizophrenia receiving treatment in the outpatient departments of three psychiatric hospitals located in Bangkok and the surrounding vicinity in Thailand. Two hundred and ten family members were recruited using purposive sampling from the three clinical settings. The inclusion criteria were: (1) Being the family member primarily responsible for the care of a relative with first-episode schizophrenia; (2) not receiving a salary or any monetary reward for this care; (3) age ≥ 18; and (4) being able to communicate in the Thai language. A total of 210 participants meet eligibility criteria based on medical chart review. The sample size for this study was determined by Cohen's statistical power analysis,[24] for an alpha of .05, a power of .80 and a medium effect size (.30).[25] Based on these criteria, at least 210 family members were required. Of those, 210 were approached for participation in the study and all agreed to participate.

Ethical considerations: Approval to conduct the study was obtained from the Ethics Committee on Human Rights Related to Research Involving Human Subjects of the Faculty of Nursing, Mahidol University, being approval No. IRB-NS2012/143.1510.

Instruments: Data were collected through the use of six questionnaires as follows:

Demographics: Data were obtained from family members and an individual with first-episode schizophrenia. Information obtained from family members included gender, age, education, marital status, occupation, average family income, relationship with patients, and duration of caregiving. Information obtained from an individual with first-episode schizophrenia comprised age, gender, educational level, marital status, and duration of illness.

Seriousness of illness: The Behaviors and Symptom Perception Scale (BSPS) was used to measure the extent to which caregivers' perceived the degree of each patient's behavior and symptom. The scale was developed by Pipatananond.[26] It comprises 27 items using a 4-point Likert scale from 0 (never) to 3 (always). Two examples of items are: "Taking inadequate care of him/herself such as lacking interest in cleaning body and clothes." and "Performing work or studying poorly". Possible scores range from 0-81. Higher scores indicated higher degrees of caregivers' perception of the seriousness of relative's illness. For the current study, the Cronbach's alpha coefficient was 0.81.

Appraisal of the stressful situation: The Experience of Caring Inventory (ECI) was used to measure appraisal of stressful situation. ECI was developed by Szmukler and Colleagues[27], to measure the experience of caring for a person suffering from severe mental illnesses such as schizophrenia. The Inventory was developed based on Lazarus and Folkman's[17] stress-appraisal-coping paradigms and comprises 66 items rated on a 5-point Likert scale. The main measures are negative and positive aspects of caregiving (e.g., "Feeling unable to tell anyone about this illness"). The back-translation technique was used to translate this instrument into Thai language. The content of the ECI Thai version was validated by a panel of three experts (psychiatrist, advanced psychiatric nurse, and psychiatric nurse instructor) who confirmed the clarity and appropriateness of the domain. The CVI of the ECI Thai version for this study was 0.87 and Cronbach's alpha coefficient was 0.78.

Perceived social support: The Social Support Questionnaire (SSQ) was used to measure social support. The Thai version of SSQ by Pipatananond was used.[26] The SSQ was originally developed by Schaefer, Coyne, and Lazarus.[21] It is a 35-item self-report instrument for measuring emotional, tangible, and information support from 5 resources: family, which includes the spouse, close friends, relatives, co-workers, neighbors, and supervisors, other providers

in the community such as traditional doctors and priests, and health care providers. The SSQ asks the degree of support the participants received on a 5-point Likert scale ranging from 0 (not at all) to 4 (extremely). Participants were asked to rate each of the lists of 3 sources of social support including spouse, close friends, and relatives. Possible scores range from 0-84. The higher scores reflected a higher level of perceived social support. For the current study, the Cronbach's alpha coefficient was 0.96.

Coping: The Revised Way of Coping Questionnaire (WCQ) was used to measure coping. WCQ was developed by Lazarus and Folkman.[28] It was designed to measure thoughts and actions that individuals used to cope with the stressful encounters of everyday living. The back translation technique was used to translate WCQ into the Central Thai by Sitthimongkol, Pongthavornkamol, and Gasemgitvattana.[29] The WCQ comprises 66 items assessing eight coping sub-scales. The total score comes from only 50 items. The additional 16 items were included to maintain the flow of the questionnaire. The items of the WCQ were rated on a 4-point Likert scale ranging from 0 (does not apply/not used) to 3 (used a great deal). The range of possible scores of problem-focused coping is 0-36 and emotion-focused coping is 0-114, with higher scores indicating more frequently used strategies. Examples of items are: "Just concentrated on what I had to do next-the next step" and "Bargained or compromised to get something positive from the situation". For the current study, the reliability of this instrument was 0.88.

Psychological distress: The General Health Questionnaire (GHQ-12) Thai version was used to measure whether study participants had recently experienced symptoms of distress in the last 2-3 weeks.[30] The GHQ-12, originally developed by Goldberg, has been widely used. The GHQ-12 was translated into Thai by Nilchaikovit et al.[30] The scoring method for the GHQ-12, the value for the first two answers is 0 = positive and for the other two 1 = negative. Examples of items are: "Been able to concentrate on whatever you are doing?" and "Lost much sleep over worry?" Possible scores of GHQ range from 0-12, with the scores >2 indicating the presence of psychological distress. For the current study, the reliability of this instrument was 0.85.

Data Collection Procedures: Each participant received a verbal explanation of the study, including the duration of the interviews and written details to ensure their informed consent. Written consent was also obtained from both family members and patients. The purpose of the study and data collection procedure was also described to the directors of nursing of each study-site hospital, so as to attain access to potential participants.

Data analysis: The significance level was set at an alpha value of .05. Data was analyzed through use of descriptive statistics, Pearson's correlation coefficient and path analysis. Path analysis was used to test the hypothesized model through the Linear Structural Relationship (LISREL) program. The assumptions of path analysis including normality, linearity, homoscedasticity and multicollinearity were tested before data analysis.[31] The results revealed that normality was violated. To deal with non-normality, an estimation method with less restrictive distributional assumptions, robustness maximum likelihood estimation, was used to estimate the strength of relationship and assess how well each hypothesized model fit the empirical data.

Results

Participant Characteristics: Table 1 displays the characteristics of the study sample. The sample comprised 144 females and 66 males, with ages ranging from from 18 to 78 years old. More than one-third of the participants were mothers. The duration of caregiving ranged from 1 month to 24 months, with the mean of 11.70 (SD = 6.99).

Table 1 Characteristics of Family Members (N=210)

Characteristics	Number	Percentage
Gender		
Male	66	31.40
Female	144	68.60
Age (Year) Range 18 to 78 years Mean = 49.49 SD = 12.10		
< 40 years	40	19.00
41 – 60 years	132	62.90
> 60	38	18.20
Education Level		
Elementary school	36	17.10
High school	119	56.70
Diploma	20	9.50
Bachelor degree	31	14.80
No formal education	4	1.90
Religion		
Buddhism	201	95.70
Christianity	1	0.50
Muslim	8	3.80
Marital Status		
Single	28	13.30
Married	145	69.00
Widowed, divorced or separated	37	17.60
Occupation		
Employee	140	66.70
Unemployed	70	33.30
Retirement	40	21.00
Stop working due to taking care of patients	26	12.40
Family Incomes (baht per month) Range 3,000 to 47,000 baht per month Mean = 18,652.38 SD = 10,988.82		
< 20,000	164	78.10
20,001-40,000	32	15.30
40,001-50,000	12	5.70
>50,001	2	1.00
Number of Members in Family Range 2 to 8 Mean = 4.04 SD = 1.31		
2-3	79	37.60
4-5	101	48.10
6-7	28	13.30
>8	2	1.00

Table 1 Characteristics of Family Members (N=210) (continued)

Characteristics	Number	Percentage
Relationship with person with schizophrenia		
Husband	18	8.60
Wife	6	2.90
Child	2	1.00
Father	33	15.70
Mother	92	43.80
Other (Grandmother, Grandfather)	59	28.10
Duration of Caregiving (Months) Range 1 to 24 months Mean = 11.70, SD = 6.99		
1-6	67	31.90
<6 – 12	45	21.40
<12-18	42	20.00
> 18	56	26.70

Characteristics of participants with first-episode schizophrenia: The mean age of these participants was 30 years old. More than half were male. Almost three quarters of the participants had graduated from high school. The mean of duration of treatment was 11.7 months.

Study variables' characteristics: The family members perceived a low level of seriousness of the illness and higher level of perceived social support. They had less negative and positive appraisal of the stressful situation, and did not use coping strategies very often. The family members reported their psychological distress as being at a low level. Details of each variable is shown in Tables 2 and 3.

Model testing: The results revealed that the hypothesized model did not fit the data (χ^2 = 81.03, df = 4, χ^2/ df = 16.24, p = 0.00, RMSEA= 0.305, GFI = 0.88, AGFI= 0.38). Therefore, the model was modified following the modification indices of the LISREL program. The final Model fitted the data (χ^2 = 0.042, *df* =1, χ^2/*df* = 0.042, *p*= 0.838, RMSEA = 0.00, GFI= 1.00, AGFI= 1.00). The model explained 33% of psychological distress in family members of a relative with first-episode schizophrenia. The results of model testing are presented in Figure 2 and Table 3.

Table 2 Descriptive Statistics of Independent and Dependent Variables (N = 210)

Variable	Possible Range	Actual Range	Mean	SD
Psychological distress	0-12	0-10	2.03	2.52
Seriousness of illness	0-81	0-40	8.79	7.46
Perceived social support	0-84	0-77	46.51	15.35
Negative appraisal of the stressful situation	0-208	1-90	29.49	16.51
Positive appraisal of the stressful situation	0-56	2-54	22.15	10.98
Coping	0-150	11-130	66.24	27.50

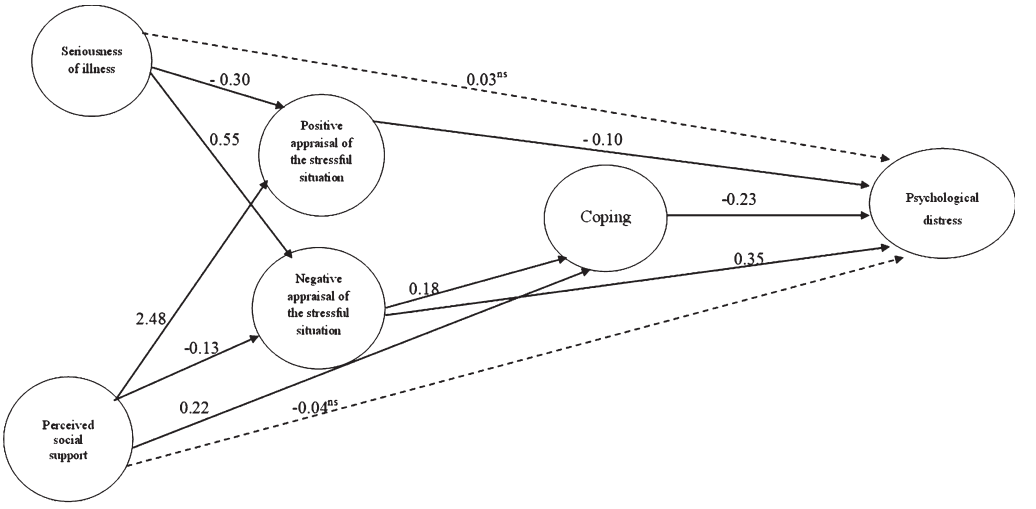
Table 3 Direct Effect, Indirect Effect and Total Effect of Study Variables in the Final Model

	The Final Model		
Causal Variables	**DE**	**IE**	**TE**
SER → PAPP	-0.30	-	-0.30
SER → NAPP	0.55	-	0.55
SER → COPE	-	0.10	0.10
SER → PSY	0.03	0.20	0.23
SS → PAPP	2.48	-	2.48
SS → NAPP	-0.13	-	-0.13
SS → COPE	0.22	-0.03	0.19
SS → PSY	-0.04	-0.34	-0.38
PAPP → PSY	-0.10	-	-0.10
NAPP → COPE	0.18	-	0.18
NAPP → PSY	0.35	-0.04	0.31
COPE → PSY	-0.23	-	-0.23

Note *p<.05, **p<.01, ns=not significance

DE=Direct effect, IE=Indirect effect, TE= Total effect,

SER = Seriousness of illness, SS = Perceived social support, NAPP = Negative appraisal of the stressful situation; PAPP = Positive appraisal of the stressful situation, COPE = Coping; PSY = Psychological distress



χ^2 = 0.042, *df* =1, χ^2 / *df* = 0.042, *p*= 0.838, RMSEA= 0.00, GFI= 1.00, AGFI= 1.00

Figure 2: The modified model of psychological distress in family members caring for a relative with first-episode schizophrenia

Discussion

The results partly supported the use of the Lazarus and Folkman's stress and coping theory in that appraisal, positive and negative perspectives of the stressful situation were a mediator between seriousness of illness and psychological distress. Previous studies found that psychotic symptoms were associated with negative appraisal.[7] As mentioned cognitive appraisal is an evaluative process that reflects the individual's interpretation of the situation.[17] The finding of positive appraisal can be explained by the fact that more than two-thirds of the participants (68.60%) were females who were the mothers or siblings so they had bonding and attachment with their relative. Furthermore, they were Buddhists. The participants, thus, consisted of those who were considerably tolerant to stress as they could rely on their love for their relative as well as the Buddhist principle that taught them to lead their life on the 'middle path' to help them encounter the stressful situation and eventually develop positive appraisal.

The finding that positive appraisal of the stressful situation acts as a mediator between perceived social support and psychological distress indicates that, regardless of the extent of perceived social support of family members, if they had negative appraisal, the level of their psychological distress would remain high. This may be due to the newness or novelty of the stressful situation. According to the concept proposed by Lazarus and Folkman,[17] novelty of situation factors influences appraisal. It is one of the factors that causes stress due to individuals' lack of previous experience. In this study, schizophrenia took place for the first time, and the family members had never had such experience before, so they appraised the situation negatively, which led to their psychological distress. In addition, when the family members had a high level of perceived social support, they would have a positive appraisal of the stressful situation. Findings of the present study also revealed that positive appraisal was important as it could help reduce the psychological distress of family members caring for a relative with first-episode schizophrenia. This study also found that family members employed social support to help them cope with problems and to reduce psychological distress that had taken place. As such, perceived social support acted as a coping resource. This finding reflected the notion that coping acts as a mediator that links perceived social support and psychological distress of family members. Thus, perceived social support enabled the family to understand the stressful situation that had resulted from the psychotic symptoms of their relative. When family members received social support they should be better able to analyze their problems, develop more self-pride, and come up with more appropriate coping strategies, hence more appropriate coping and solutions to problems, which in turn lead to a reduction in psychological distress.

The finding that a negative appraisal of the stressful situation had a positive direct effect on psychological distress, indicating that family members with a high negative appraisal had a higher level of psychological distress. Previous studies have found that family's ability to cope with stress could reduce psychological distress.[20,9,10] According to the Stress, Appraisal, Coping, and Adaptation Theory, the coping process is constantly changing cognitive and behavioral efforts to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of the person.[17] The coping process is an important mediator of stressful person-environment relationships and their adaptation outcomes.[17] However, the findings of this study did not support this statement. It could be explained that family members' appraisal of the stressful situation had an influence on the mental suffering of family members. This was because family members had to cope with first-episode schizophrenia which was the first mental illness experienced in the family so, as it was a new situation, family members were unable to predict how it would turn out.[7,13,14] Family members may not have

received sufficient information and emotional support because they did not dare ask for information or request assistance from others. Previous studies have shown that caregiving families of individuals diagnosed with schizophrenia felt a lack of connectedness with healthcare professionals. The families felt embarrassment and fear of disclosure of the patients' mental condition. It was also possible that they did not know where they could seek resources.[33,34,35,8] As a result, the family appraised the stressful situation negatively, hence there was a direct effect on psychological distress. Thus, it can be assumed that family members who lack resources are unable to apply appropriate coping strategies to reduce their psychological distress.

However, if family members appraised the stressful situation in a positive way, such appraisal would promote close relationships between family members and peers.[36] The family members' acceptance of their own role to provide care, lead to open discussion with other family members. This made family members ready to look for positive aspects amidst the stressful situation that had already taken place. The experience made every member feel that the situation was something that all the family members should be accountable for and should help find solutions. In addition, family members did not feel ashamed to reveal the patients' symptoms to other family members, to seek for necessary information[37,34,16,8] and to refer patients to appropriate care. It has been documented that if patients receive appropriate and continuous treatment within the first two years after the onset of schizophrenia, they would have no symptom expression and become less dependent on other family members. Such a condition of the patients can result in the well-being of the family. Therefore, a positive appraisal could prevent or relieve psychological distress in family members.

Limitations

This study used convenience sampling to recruit the study participants from only three settings, which were outpatient units of three hospitals located in an urban area, thus generalizability is limited. Next, although the powerful analytical method of path analysis was employed in the present study so as to establish the association among the study variables, this study used a cross-sectional descriptive research design that allowed examination of the causality of a specific time point or a single occasion snapshot of a system of variables. Thus inferring causal relationships among the study variables must be cautious.

Conclusions and recommendation

This study found that appraisal of the stressful situation and coping acts as a mediator between seriousness of illness and psychological distress and between perceived social support and psychological distress. Therefore, further studies should be conducted to develop a program that promotes positive appraisal and coping skills of family members caring for a relative with first-episode schizophrenia to help reduce their psychological distress. In addition, studies should be carried out to determine the effectiveness of programs to exchange knowledge and learning among family members caring for a relative with first-episode schizophrenia, so that they will have a chance to learn from different perspectives of benefits of utilization of various sources of social support so that they will be able to provide care to an individual with first-schizophrenia in their family efficiently and effectively.

Regarding implications for nursing practice, psychiatric nurses should promote increased knowledge and understanding of family members caring for a relative with first-episode schizophrenia so that they would realize the significance of positive appraisal. Moreover, nurses should offer them the opportunity to learn about positive perspectives of access to and utilization of various sources of social support to ensure effective coping and caregiving for an individual with first episode schizophrenia.

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ภาวะกดดันทางจิตใจของสมาชิกครอบครัวที่ดูแลญาติที่มีการเจ็บป่วยด้วยโรคจิตเภทครั้งแรก

จรรยา โลหาชีวะ ยาใจ สิทธิมงคล ยุพาพิน ศิรโพธิ์งาม ชูเกียรติ วิวัฒน์วงศ์เกษม*

บทคัดย่อ: วัตถุประสงค์ของการวิจัยครั้งนี้เพื่อหารูปแบบความสัมพันธ์ของปัจจัยที่เกี่ยวข้องกับภาวะกดดันด้านจิตใจของสมาชิกครอบครัวที่ดูแลญาติที่มีการเจ็บป่วยด้วยโรคจิตเภทครั้งแรกโดยใช้ทฤษฎีความเครียดและการเผชิญความเครียดของลาซาลัสและโฟร์คแมน เก็บข้อมูลโดยการสัมภาษณ์ร่วมกับการตอบแบบสอบถามของครอบครัวผู้ดูแลผู้ป่วยโรคจิตเภทที่มีการเจ็บป่วยครั้งแรก 210 คนที่พาผู้ป่วยมาตรวจที่แผนกผู้ป่วยนอกของโรงพยาบาลจิตเวชในกรุงเทพมหานคร และปริมณฑล แบบสอบถามที่ใช้ในการเก็บข้อมูลได้แก่ การรับรู้ความรุนแรงของอาการทางจิต แหล่งสนับสนุนทางสังคม ประสบการณ์การดูแล การเผชิญความเครียด และ แบบสอบถามสุขภาพทั่วไป วิเคราะห์ข้อมูลโดยใช้สถิติขั้นพื้นฐานและการวิเคราะห์เส้นทาง

ผลการศึกษาพบว่าแบบจำลองสุดท้ายที่ปรับให้มีความสอดคล้องกับข้อมูลเชิงประจักษ์ สามารถทำนายความผันแปรของภาวะกดดันด้านจิตใจของสมาชิกครอบครัวที่ดูแลญาติที่มีการเจ็บป่วยด้วยโรคจิตเภทครั้งแรกได้ ร้อยละ 33 โดยพบว่าการประเมินสถานการณ์และการเผชิญความเครียดมีอิทธิพลโดยตรงต่อภาวะกดดันทางจิตใจของครอบครัวผู้ดูแลผู้ป่วยโรคจิตเภท การประเมินสถานการณ์ทั้งทางด้านบวกและด้านลบเป็นตัวกลางที่มีอิทธิพลต่อความสัมพันธ์ระหว่างการรับรู้อาการทางจิต การรับรู้แหล่งสนับสนุนทางสังคม กับภาวะกดดันด้านจิตใจ การเผชิญความเครียดเป็นตัวกลางที่มีอิทธิพลต่อความสัมพันธ์ระหว่างการรับรู้แหล่งสนับสนุนทางสังคมการประเมินสถานการณ์ทางลบกับภาวะกดดันด้านจิตใจ ผลการวิจัยสนับสนุนว่า การประเมินสถานการณ์และการเผชิญความเครียดเป็นปัจจัยสำคัญที่ควรนำมาพิจารณาในการพัฒนาโปรแกรมการพยาบาลเพื่อบรรเทาภาวะกดดันทางจิตใจของสมาชิกครอบครัวที่ดูแลญาติที่มีการเจ็บป่วยด้วยโรคจิตเภทครั้งแรก พยาบาลจิตเวชควรเปิดโอกาสให้มีการแลกเปลี่ยนประสบการณ์ระหว่างสมาชิกครอบครัวของผู้ป่วย เพื่อส่งเสริมการประเมินสถานการณ์ในทางบวกมากขึ้น และใช้วิธีการเผชิญความเครียดที่เหมาะสม

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คำสำคัญ: การประเมินสถานการณ์ความเครียด การเผชิญความเครียด สมาชิกครอบครัว การเจ็บป่วยด้วยโรคจิตเภทครั้งแรก การวิเคราะห์เส้นทาง การรับรู้ความรุนแรงของอาการทางจิต การรับรู้แหล่งสนับสนุนทางสังคม ภาวะกดดันด้านจิตใจ ประเทศไทย

สุจรรยา โลหาชีวะ, *RN, Ph.D. (Candidate) คณะพยาบาลศาสตร์ มหาวิทยาลัยมหิดล เลขที่ 2 ถนนวังหลัง แขวงศิริราช เขตบางกอกน้อย กรุงเทพฯ 10700*
ติดต่อที่: ยาใจ สิทธิมงคล*, *RN, Ph.D. รองศาสตราจารย์ คณะพยาบาลศาสตร์ มหาวิทยาลัยมหิดล เลขที่ 2 ถนนวังหลัง แขวงศิริราช เขตบางกอกน้อย กรุงเทพฯ 10700*
ยุพาพิน ศิรโพธิ์งาม, *RN, D.S.N. รองศาสตราจารย์โรงเรียนพยาบาลรามาธิบดี คณะแพทยศาสตร์โรงพยาบาลรามาธิบดี มหาวิทยาลัยมหิดล*
ชูเกียรติ วิวัฒน์วงศ์เกษม, *Ph.D. รองศาสตราจารย์ คณะสาธารณสุขศาสตร์ มหาวิทยาลัยมหิดล*