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Research

Prevalence of Familial Misbehavior at Mania and Schizophrenia Patients

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ABSTRACT

Psychiatric illness is one of the major causes of disability and social functioning decrease. Today in most communities due to lack of resources, a significant part of the responsibility to care and maintenances of psychiatric patients are in the families responsibilities. One of the most important health issues and problems is Familial misbehavior. Therefore, this study conducted with aimed to determine the prevalence of familial misbehavior at mania and schizophrenia patients hospitalized in Taft psychiatric center. Simple randomized method conducted this descriptive study between 122 selected patients. Data collected by questionnaire in two parts; demographic (9 questions), physical and psychological misbehavior (22 questions) by a general medicine in the interview. Data were analyzed in SPSS-11 by using the descriptive statistics and chi-square test in (α=0.05). Mean age of Patients was 35.22±12.29 years, 69 persons (56.5%) were male, 53 persons (43.5%) women. 59 persons (48.4%) manic disease and 63 persons (51.6%) had a schizophrenia. 80 persons (65.6%) have experienced physical misbehavior, 96 persons (78.7%) psychological, 109 persons (89.3%) physical and psychological, only 13 persons (10.7%) did not experience any misbehavior. Householder patients, manic and men most experienced physical misbehavior. Prevalence of physical and psychological misbehavior was 89.3 percent. Importance of attention and adopting is necessary in educational preventive approach in family.

Key words: Misbehavior, Psychotic, mania, Schizophrenia, Mood disorder

1. INTRODUCTION

Schizophrenia is a psychotic disorder with unknown etiological, and also meaning the mind is torn apart (1); commonly is chronic and disturbance in thinking, mood and behavior (2-6). Mood, is defined as the emotional sense which profoundly influences understanding and attitudes towards the environment (7). Mood disorders are large group of diagnoses in the (DSM IV TR) classification system where a disturbance in the person's mood is hypothesized to be the main underlying feature (8, 9). Several of mood disorders have been known, which one of them is I & II bipolar disorder (10). Within each of these two types, there is a periodic disorder called manic (11, 12). Mental illness is one of the main causes of social functioning disability (13). Moreover, with prolongation of duration of hospitalization in psychiatric centers, becoming chronic chance of this disorder and social isolation among these patients tend to be more (14). Moreover, today most communities due to lack of resources, a considerable part of the responsibility of care for the mentally ill are responsible for the family. In this case, your family and knowledge required to meet the demands of patients and have had to endure all the stress and adversity (15, 16). Research showed; the family caregivers have a low Information, resources and support to play in the care and support (17). Moreover, maybe, duration the care, experience or express many tensions and pressures (18). The caregiver role often is associated with a plethora reward and positive enforcement (19). However, existing research indicates that the diversity and intensity of the caring role can cause stress in caregivers of patients (20). This tension and stress is common (21) and can reduce the care quality also endanger the physical and mental health care providers (22). It was underlying misconduct with patients, and this issue is one of the main health problems (23). Misconduct Included a series of behaviors and psychological status (24). Previous research, showed becoming a victim of crime, among persons with mental disorders is common (25-32). One of the most important health issues and problems is Familial misbehavior. Therefore, this study conducted with aimed to determine the prevalence of familial misbehavior at mania and schizophrenia patients hospitalized in Taft psychiatric center.

2. MATERIALS AND METHODS

We are conducted our descriptive study on 122 patients in Taft psychiatric center also selected simple randomized method. Data collected by questionnaire in two parts; demographic (9 questions) and physical and psychological misbehavior (22 questions) by a general medicine in an interview. The institutional review board at the Islamic Azad University, Yazd Branch, has approved this study. Interviews and medical records contained in their medical records performed a patient diagnosed according to DSM-IV-TR. In addition, study, which patients enrolled into it, had a history of at least three weeks of hospitalization. SPSS version 11 were analyzed Data by using appropriate statistical tests including chi-square at 95% significant level.

3. RESULTS AND DISCUSSION

The mean age of respondents were 35.22 years old [CD: 12.29]. Table 1 shown detail of demographic characteristics of the participants.

Table 1. Distribution of the demographic characteristics among the participants

Variables	Number	Percent
Sex		
Men	69	56.5
Women	53	43.5
Marital Status		
Single	69	56.5
Married	47	38.5
Widowed or divorced	5	5
Educational Level		
Illiterate (Primary School)	56	47
Secondary School (High School)	52	43.7
Academic	11	9.3
Occupation		
Housewife	41	33.6
Working	22	18
Unemployed	39	32
Self-employed	16	13.2
Employee	4	3.2
Economic Status		
Good	11	9
Moderate	89	73.5
Weak	21	17.5

Almost, researches diagnosed 48.4% (59/122) of the participant with manic and 51.6% (63/122) with schizophrenia. Nearly 65.6% (80/122) and 78.7% (96/122), 89.3% (109/122), and only 10.7% (13/122) of the respondents reported that have experienced physical misbehavior, psychological misbehavior, physical and psychological misbehavior, and did not experience any misbehavior, respectively. Furthermore, our findings indicated, most experienced physical abuse in patients with manic (Table 2).

Table 2. Distribution of different types of misbehavior based on type disease (manic and schizophrenia)

Type Disease	*Manic*		*Schizophrenia*		*P*
Misbehavior	*Number*	*Percent*	*Number*	*Percent*	
Physical	46	78	34	54	0.005
Psychological	43	72.9	53	84.1	0.13
Physical and Psychological	52	88.1	57	90.5	0.67
No- misbehavior	7	11.9	6	9.5	0.67

We found, misbehavior experienced was higher among male patients (Table 3).

Table 3. Distribution of different types of misbehavior based on gender

Gender	*Men*		*Women*		*P*
Misbehavior	*Number*	*Percent*	*Number*	*Percent*	
Physical	41	59.4	39	76.5	0.05
Psychological	52	75.4	43	84.3	0.233
Physical and Psychological	59	85.5	49	96	0.05
No- misbehavior	10	14.5	3	4	0.05

Table 4 indicated Frequency of misconduct types based on time.

Table 4. Distribution of different types of misbehavior based on time

	Physical		*Psychological*	
Misbehavior	*Number*	*Percent*	*Number*	*Percent*
Before duration disease	27	22.1	35	28.7
First of attack disease	73	59.8	88	72.1
Final attack of disease	44	36.1	54	44.3

Family as a social institution, answerable to many of the social and emotional needs (33). Research has shown that over expression of emotions among families who have psychiatric patients (34), and the families of schizophrenic patients have more negative life metaphors compared with healthy families (35), and they have lots of suffer subjective or physical punishment (36). With increasing disease severity, relapse and require re-hospitalization (37). Research indicated with modification family's behavior may reduce relapse rates (38). Prevalence of physical and psychological misbehavior was 89.3 percent. In this regard, Bayanzadeh *et al* (39), caregiver's tensions and negative emotions towards their patients; which over time become the more common because of the lack of knowledge about the disease and how to deal with it properly considered. Despite these negative emotions ultimately increase, the emotions expressed family living space and increased susceptibility to seizures in knowing. It seems caregivers training can be followed beneficial results. In other hand, cultural factors, environmental factors, personal experiences of caregivers and transition state of mental schizophrenia on caregivers can be effect on caregiver's behavior (40). Some studies have also demonstrated that rates of relapse and hospitalization in schizophrenic patients which cared

for at home was less (41). Regarding the role of education in reducing the burden of mental health care providers (42), non-drug therapy to be effective in reducing symptoms in schizophrenic patients (43), we suggested providing educational program for mental illness caregiver's. This training included, manner of patients help, communicate properly, learning pattern care, understanding disease phenomena; which help family to relaxation and good healthy. Furthermore, previous studies have demonstrated caregivers in the physical care area has a most awareness, and in mental health care area have a lowest awareness (40), this point must be considered, which designing training. Another finding of our study is lower mistreatment with patients who had significantly higher levels of education; which that considered by Nadem *et al* study. Additionally, patients did highest misconduct in first attack case; it seems because of that family patients still have not accepted the condition, and unrealistic expectations from a patient. Some limitations of this study include: Lack of review's patient's family regarding demographic characteristics that influence the behavior of patients, limited sample size, Lack of to consider the type and severity of symptoms, lack of consider the type of treatment, different patients of response rates, lack of evaluate environmental factors influencing family behavior.

4. CONCLUSION

Regarding the effective role of trained caregivers in behavior, we recommended that design, implementation and evaluation appropriate educational interventions for families who have mentally patients.

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AUTHORS CONTRIBUTION

This work was carried out in collaboration between all authors.

CONFLICT OF INTEREST

Authors have declared that no conflict interests exist.

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