Social support: A useful tool in the management of psychotic disorders

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Abstract

Psychotic disorders are a major source of disability worldwide. Individuals living with psychotic disorders may be particularly vulnerable to low social support and reduced social support networks. Social support interventions represent a promising method to encourage functional recovery and improve quality of life for this population. Understanding the specific changes in social support perception, satisfaction, network size, and structure, throughout the course of psychotic illnesses, and how these factors interact with psychotic symptoms, is therefore essential to creating effective social support interventions for this population. Both family and peer–based social support interventions can be used clinically to improve social support, self–efficacy, and quality of life. Friends–based interventions may be a more natural way to promote existing relationships, and should be explored through randomized controlled trials (RCTs). Implementation, monitoring, and adherence to social support programs represent critical barriers to the success of these interventions. We suggest that the most effective social support interventions for this population should be individualized, closely monitored, and perceived as valuable to be effective for individuals living with psychosis.

Introduction

Schizophrenia accounts for 7.4% of all disability–adjusted life years (DALYs) caused by mental illness and substance use disorders worldwide.[1] Moreover, the proportion of DALYs attributable to schizophrenia rises in young adulthood and peaks between ages 25-50, a period in which individuals make substantial contributions to society.[1] Schizophrenia is classified as a psychotic disorder, along with schizoaffective disorder, delusional disorder, and schizophreniform disorder; all are characterized by detachment from reality.[2] Despite treatment advances, including the development of second–generation antipsychotics reporting fewer extrapyramidal side effects, treatment initiation and adherence remain important barriers to preventing relapse and improving quality of life for individuals living with psychotic disorders.[3-8] Social support, especially in the context of family support, has been consistently recognized as a tool to improve health outcomes, but its use in the context of psychosis is relatively underexplored.[9-11] As such, there is a need for novel interventions in this field.

The World Health Organization has recognized social support as an important contributor to physical and mental health.[12] Social support is especially important for those experiencing psychosis, as it has been demonstrated that those with psychotic disorders report lower social support than control groups.[10] Social support and social networks begin to decrease prior to the onset of first episode psychosis.[13] While the definition of social support varies between studies, it can be viewed as "the perception or experience that one is loved and cared for by others, esteemed and valued, and part of a social network of mutual assistance and obligations."[14] Social support can be categorized into specific forms, including emotional support, tangible support, companionship support, and informational support (Table 1).[13] Social support can also be described as perceived support, including the perceived availability and adequacy of supportive relationships, or enacted support, consisting of the supportive behaviours themselves.[15,16] Here, we provide a narrative overview of literature on the relationship between social support and psychotic disorders, as well as the role of social support interventions for psychotic disorders in a clinical setting.

Methods

Relevant literature was selected by searching Ovid MEDLINE using the MeSH headings "social support" AND "psychotic disorders" as well as searching Google Scholar with combinations of the keywords "social support", "psychosis", and "intervention". Additional articles were found by searching the articles referenced by those identified in the initial search.

Results

Social support for individuals living with psychotic disorders

Features of certain psychotic disorders, including both negative and positive symptoms, may cause individuals to withdraw from social networks or create difficulty in maintaining relationships.[17,18] Therefore, individuals living with psychotic disorders may be vulnerable to low social support or reduced network size. Depleted social networks may result in less resilience during crisis, thus potentially contributing to a cycle of worsening psychotic symptoms and social withdrawal.[13] While it is well documented that those living with psychotic disorders generally have smaller social networks than control groups,[13] more subtle differences in support structure and perception of support may also provide important insight into the mechanism by which psychosis symptom severity and social support interact.

In addition to smaller social networks, individuals experiencing first–episode psychosis have more highly interconnected social networks composed of a greater proportion of family members, and

Table 1 | Types of social support.[12]

Type of Social Support	Description
Emotional support	Providing emotional care
Tangible support	Consisting of goods, services, and financial assistance
Companionship support	Providing a sense of belonging
Informational support	Supplying knowledge and advice

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report lower levels of perceived social support as well as less time spent with network members compared to control groups.[19-21] Macdonald et al.[22] showed that individuals with early psychosis did not differ from controls in amount of perceived social support, number of family members, reciprocal relationships, or acquaintances; however, those experiencing psychosis reported smaller networks, a higher probability of service providers as network members, and fewer network members to rely on during crisis compared with closely matched controls.[22] These differences in social networks may translate into meaningful differences in quality of life and outcomes for individuals living with psychotic disorders, and should be considered as a potential target for treatment.

Recent studies have examined associations between social support and three factors that are associated with the course of psychotic disorders: symptom severity and recovery, duration of untreated psychosis (DUP), and medication adherence.[23-27] Poor perceived social support, loneliness, and absence of a confidant have been correlated with increased psychosis and depressive symptom severity.[26] Participants' satisfaction with social support was more strongly correlated with symptom severity than perceived availability of support, indicating that merely having support available is not enough. Quality and extent of relationships for those living with psychotic disorders may be associated with improved functional outcomes, such as returning to full–time occupation.[27] Appropriate social support may therefore play a role in both the amelioration of symptoms and encouragement toward an individual's recovery goals.

For individuals experiencing their first episode of psychosis, a shorter DUP—the length of time that passes between emergence of symptoms and initiation of treatment—is a modifiable factor associated with better treatment outcomes.[24,28,29] Several studies have shown that poor social support is associated with longer DUP.[25,30] However, when social support was further divided into close contacts (i.e., confidants, close relatives, and cohabiting contacts) and diffuse contacts (i.e., work or school associates, neighbours, and clubs or organizations), only the quality of diffuse social support was significantly correlated with DUP.[24] In keeping with other research, this suggests that considering both quality and structure of social networks, and not simply size, may be very relevant to modifying the DUP, and thus clinical outcomes.[19]

Furthermore, perceived family support has been shown to be positively correlated with adequate medication adherence in the months following a first episode of psychosis, defined as taking more than 75% of antipsychotic medication doses.[23,31] However, one study showed that an increase in social support was modestly associated with a decrease in medication adherence when followed over time.[23] The authors suggest that individuals with higher levels of perceived social support may feel better overall, potentially resulting in a decreased perceived need for medication, which may account for the reduced adherence.[23] Moreover, the positive association between social support and medication adherence may only be seen if social support is provided consistently.[23] This research highlights the complexity of the interaction between social support and treatment adherence over time.

Interpretation of these correlational results, however, is made difficult by interactions between factors, and deciphering the directionality of the effect is difficult. For example, more severe symptoms at initial presentation may account for both the decreased social support and poor outcomes, through a cycle of increased social withdrawal and disruption of relationships.[17,18] Researchers have tried to mitigate these potential confounds by measuring self–reported social support before the onset of prodromal symptoms,[25] but these reports are limited by recall bias. Despite these limitations, there is potential for social support to encourage treatment adherence and support functional recovery. It is essential that social support interventions be appropriate and perceived as valuable to the patient, as well as monitored over time, in order to be effective.

Clinical use of social support interventions for psychotic disorders

Several approaches have been taken to incorporate social support into the treatment of psychotic disorders, most notably family and peer support. Since Brown et al.'s early research demonstrating that individuals with schizophrenia living within tense family environments are predisposed to relapse,[32] family–based interventions have become an important target in schizophrenia treatment. Multiple meta–analyses and reviews have established that family interventions are effective in reducing relapse and re–hospitalization and increasing medication adherence.[33-37] While there is variation amongst these interventions, many include a combination of family education and family therapy with the overall goal of improving family atmosphere.[34]

While family–based interventions are more widely used, peer support interventions represent a promising strategy to encourage social connectivity and support for those living with psychosis.[38,39] Peer support is based on the concept that individuals suffering from a common disease can provide one another with emotional support, appraisal support, informational support, and hope.[38] In the first RCT examining the role of minimally guided peer support groups for people living with psychosis, those assigned to the support group reported less negative symptoms and less associated distress.[38] Only those that attended more than half of the sessions, however, showed significant improvements in social support, self–efficacy, and quality of life, compared to controls.[40] This finding was replicated by a later study using minimally guided peer support groups for people with a history of psychosis, which again reported that only those that attended more sessions scored significantly higher on quality of life measures.[41] In a study in which individuals were randomly assigned to a one–on–one peer mentor or usual–care control group, those in the peer mentor group reported significantly fewer hospital readmissions and shorter stays.[40] An important drawback to this intervention is that over one–third of participants in the treatment group did not have contact with their peer mentor.[42]

Initiation and adherence to peer support groups are critical barriers to the effectiveness of this type of intervention. As described earlier in this review, social withdrawal may occur with features of certain psychotic disorders. Those that have more intact social support to begin with may also be those most willing to engage in peer support groups. In turn, these interventions may fail to benefit the most isolated individuals. To maximize the benefits of peer support groups, participants should evaluate interventions to ensure they are perceived as valuable and that the intervention targets each individual's social support goals. A recent narrative review by Harrop et al. suggest that "friends–based interventions", aimed at supporting existing friendships and romantic relationships, may represent a more effective way to maintain the social networks of those living with psychosis.[39] More large–scale RCT trials are necessary to determine the effectiveness of "friends–based interventions". Although RCT data demonstrate that peer support interventions may represent a promising strategy to

enhance the social support networks of those living with psychosis, participant engagement represents a barrier to achieving significant improvement in outcomes. In fact, the most effective interventions should be individualized and may combine family–based, peer–based, and friends–based interventions to support existing networks while providing additional support where it is necessary.

Discussion

This narrative review of the available literature on social support interventions in the treatment of psychotic disorders suggests that these tools are useful in modifying clinical outcomes. The methods used to survey the breadth of social support in this population were not systematic, and thus, we are unable to comment on the magnitude of the effect or adequately grade the quality of the available evidence.

Conclusion

Literature has demonstrated the association between social support, including family support, extended social networks, and presence of a confidant, with aspects of psychotic disorders such as treatment initiation and adherence, symptom severity, and real–world functioning.[23-27] While family–based interventions to improve support have demonstrated success and are integrated into various best–practice guidelines, the success of peer support–based programs appears to be affected by the ability of an individual to engage and maintain participation.[43,44] This aligns with previous findings that merely having support available is not beneficial if the support is not perceived as needed, valuable, or satisfactory to the individual. Monitoring aspects of social support, such as perception, satisfaction and need, as well as network structure, before and during the provision of social support interventions, may improve their effectiveness for individuals living with psychosis.

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