

Gender differences in positive mental health among individuals with schizophrenia

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Abstract

Objective: This article aims to investigate the gender differences in positive mental health among outpatients with schizophrenia.

Methods: 142 outpatients (aged 21–65 years) with schizophrenia spectrum disorders were recruited from a tertiary psychiatric hospital. They were administered the following instruments: The Positive Mental Health (PMH) instrument, Patient Health Questionnaire (PHQ)-8 and Generalized Anxiety Disorder (GAD)-7, and the Global Assessment of Functioning (GAF) scale. Socio-demographic and clinical characteristics were gathered from interviews with the participants as well as from their medical records. Independent t-tests and chi-square tests were performed to investigate the gender differences in PMH total and domain-specific scores. Association of socio-demographic and clinical characteristics with PMH was further explored in men and women independently using multiple linear regression analyses using backward stepwise method.

Results: PMH total score and Emotional Support (ES) and Global Affect (GA) sub-scale scores were significantly higher among women vs men (PMH = 4.41 vs 4.07, p value = 0.01 and domains ES = 4.56 vs 3.84, p value < 0.01 and GA = 4.44 vs 4.02, p value = 0.01), given that the men and women samples did not differ significantly in their socio-demographic and clinical profiles. After adjusting for all covariates, men with no formal/ primary education were significantly associated with lower PMH total score than those with higher (secondary, A level, pre-university) education. Men belonging to Malay ethnic group had significant higher PMH total score compared to men of Chinese ethnicity. Among the women samples, those with depression as measured by PHQ-8 had significantly lower scores in the PMH total score and higher GAF score was associated with significantly higher scores in PMH total score.

Conclusions: This study identified gender differences in PMH of patients with schizophrenia spectrum disorders whereby women had higher PMH total score and domain scores than men. The study also identified factors associated with PMH which can aid in designing gender appropriate mental health interventions.

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Keywords: Men; Women; Outpatients; Schizophrenia; Positive mental health

Abbreviations: PMH, Positive Mental Health; PHQ-8, Patient Health Questionnaire-8; GAD-7, Generalized Anxiety Disorder-7; GAF, Global Assessment of Functioning.

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1. Introduction

According to the World Health Organization [1], health is defined as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” and mental health is defined as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”. Mental health is thus more than just the absence of illness; it also encompasses the presence of positive mental health (PMH). A study describes the positive aspects of mental

health as a positive sense of emotional and spiritual well-being of individuals that respects the importance of culture, equity, social justice, interconnections and personal dignity [2].

The concept of mental well-being is the balance between psychological or eudaimonic and subjective or hedonic well-being [3,4]. Generally well-being includes the presence of positive emotions and moods like happiness, contentment, the absence of negative emotions like depression, anxiety, satisfaction with life, fulfillment and positive functioning [5,6]. PMH is one of the many well-being aspects in the study of mental health. It refers to positive perceptions of self, the world, and future, leading to positive mood and coping with good social skills [7]. PMH refers to the range of emotional and cognitive attributes concerning one's self-reported sense of well-being or coping abilities, and is therefore an important aspect to the well-being of individuals, their families, as well as the society as a whole [8]. The concept of PMH was first introduced by Jahoda [9] as a "personal matter involving humans", and specifically "a condition of an individual human mind" that focuses on one's attitudes towards themselves, how they perceive the world around them and their ability to take life as it comes. It has since been used in reference to multiple aspects of mental health and well-being including positive affect, life satisfaction, self-esteem, purpose in life, and sense of hope and even energy and vitality [10–12]. Various instruments have been developed to measure mental health and well-being among general populations. Most of these instruments have been developed and validated in Western countries [13,14]. In contrast, the PMH instrument was developed and validated in the multi-ethnic Asian population in Singapore [15]. The PMH instrument is a 47-item self-administered instrument used to measure six culturally appropriate domains including general coping, emotional support, spirituality, interpersonal skills, personal growth and autonomy and global affect, and used to compare levels of PMH. It is important to assess PMH and its sub-domains in individuals with mental illnesses, as it will aid mental health professionals to better understand the individuals' needs and assist in reducing clinical symptoms by improving their mental health [16]. Despite the plethora of research on the different aspects of well-being, minimal research has been conducted on gender differences though there is evidence that there are differences between men and women [17]. Studies have showed that gender is a significant predictor for aspects of well-being such as self-esteem and psychological well-being [6]. The gender approach to mental health aims to distinguish biological and social factors when exploring their interactions, and be sensitive to how gender difference affects health outcomes [18].

Various mental disorders, such as schizophrenia, have shown clear gender differences in various facets of the illness. Gender differences in incidence, pre-illness characteristics, onset and course of illness have been well documented [19–21]. As there is evidence that gender is a

significant influencing factor in both PMH and schizophrenia, and PMH is a key part of overall mental health, it is important to investigate gender differences in PMH of patients with schizophrenia.

Singapore is a multi-ethnic island state situated in Southeast Asia with a total population of approximately 5.5 million, comprising predominantly of Chinese, Malays and Indians [22]. Research has found lower PMH scores among people with depression and anxiety symptoms compared to others without symptoms in the general population of Singapore [23]. This current study seeks to investigate the gender differences in PMH among outpatients with schizophrenia.

2. Methods

2.1. Sample

The study used data from a cross-sectional survey that was conducted at the Institute of Mental Health (IMH) between January 2014 and June 2015. IMH is the sole tertiary care psychiatric hospital in Singapore. The study was initiated after receiving ethical approval from the relevant institutional ethics review board (National Healthcare Group Domain Specific Review Board) and all the participants provided written informed consent.

Patients with schizophrenia spectrum disorders (International Classification of Diseases, 9th Revision (ICD-9R) criteria) seeking treatment at the IMH outpatient and affiliated satellite clinics were enrolled in the study. The study included patients who were Singapore residents (including Singapore Citizens and Permanent Residents), aged 21 to 65 years, belonging to Chinese, Malay and Indian ethnic groups, literate in English language, having a primary clinical diagnosis of schizophrenia spectrum disorders, and able to complete the study questionnaires by themselves. Those with intellectual disabilities, unable to read English and patients attending the clinic for their first visit were excluded from the study. Further details on the PMH study methodology have been reported in an earlier article [16].

2.2. Data collection forms

Two separate data collection forms were used to collect the data. Socio-demographic information like age, gender, ethnicity, marital status, educational level and employment status was collected using a structured questionnaire. The Global Assessment of Functioning (GAF) was administered by trained interviewers to assess the functional status of the participants. The clinical history was collected through medical records review which included information on psychiatric diagnosis, psychiatric hospitalizations (yes/no), other medical conditions (yes/no) and duration of illness. The PMH instrument, Patient Health Questionnaire (PHQ-8) and Generalized Anxiety Disorder (GAD-7) were part of a self-administered questionnaire completed by the participants.

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