Archives of Psychiatric Nursing 30 (2016) 70–76

Contents lists available at ScienceDirect

Archives of Psychiatric Nursing

journal homepage: www.elsevier.com/locate/apnu

Structure of the Social Support Network of Patients with Severe and Persistent Psychiatric Disorders in Follow-Ups to Primary Health Care

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A B S T R A C T

The objective of this study is to analyze the characteristics of social support networks of patients with psychiatric disorders at follow-up to primary care. This is a cross-sectional qualitative research study. Forty-five interviews were held with patients and their supporters. The results showed small and dense networks, with a strong emphasis on the bonds with formal supporters and a scant network of informal supporters. It is recommended to develop strategies to improve social support networks and use this as an outcome indicator related to social integration of these patients and to the quality of services involved with outpatient healthcare.

Severe and persistent mental illness is a typical group of mental disorders that usually have significant and negative effects on different areas of functioning of individual life, such as social relationships, education, occupation and social role (Carey & Carey, 1999).

The American Group of the National Institute of Mental Health (1987) proposes three criteria to be considered for this denomination. The first is diagnosis of non-organic psychosis and personality disorder; the second one is duration over two years; and the third one is moderate or severe dysfunction (Drummond, Radicchi, & Gontijo, 2014; Parabiaghi, Bonetto, Ruggeri, Lasalvia, & Leese, 2006; Ruggeri, Leese, Thornicroft, Bisoffi, & Tansella, 2000). Thus, severe and persistent mental disorders are those psychiatric disorders with long duration and that culminate in some important impairment of the patient's functional capacity (MacNeela et al., 2010).

In 2010, mental disorders accounted for 7.4% of the global burden of disease (WHO, 2014), but only a minority of them, between 11% and 30% have access or receive any kind of treatment (Group, L. G. M. H, 2007; Lasebikan, Owoaje, & Asuzu, 2012)

However, it is estimated that approximately 50% of patients seen in primary health care services have some psychological disorder or other mental health problem (Fortes et al., 2011; Galon & Graor, 2012).

Thus, aiming to expand access to treatment for this population it is recommended to provide strategies for mental health care in primary health care services. This recommendation is based on an integrative and collaborative view of care within health care systems (Fortes et al., 2011; Hundt et al., 2013). Primary health care services have a strategic role in early detection of psychiatric disorders and needs related to mental health and provide better post-discharge monitoring from psychiatric hospitalization (Gerson & Rose, 2012), also promoting continuity of care and the management of other comorbidities(Galon & Graor, 2012).

The collaborative practices between specialist and general practitioners are singled out as the key factor in the effective management of such conditions in the primary care setting, including evidence of better adherence to treatment and increased patient satisfaction with the received care (Hundt et al., 2013).

Besides integration and collaboration, providing mental health care in these settings also contributes to reduction of the attached stigma, better detection of other chronic conditions coexisting with mental health disorders, as well as mental health needs inherent to other clinical demands (Hundt et al., 2013; Lasebikan et al., 2012).

Primary health care is considered a better setting for planning interventions aimed at the patient's social reintegration, due to its proximity to the community in which these patients live. It is also important considering that individuals who have or develop mental health problems may experience social rejection due to the interference of symptoms with their social skills (Thoresen, Jensen, Wentzel-Larsen, & Dyb, 2014). In addition, the independence and self-reliance of these patients are often challenged and contribute to low self-esteem, social isolation, depression symptoms, and distrust (Perry & Pescosolido, 2014). Besides this, relapses, readmissions to hospitals, failure in medication adherence, and discontinuing treatment, are frequent problems among patients with severe mental health disorders (Gerson & Rose, 2012).

It is important to highlight that the episodes of illness influence the dynamics of social relationships and model the structure, function, and content of personal and professional relationships over time. The

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http://dx.doi.org/10.1016/j.apnu.2015.10.001
0883-9417/

process of mental illness implies stigma, discrimination and rejection that contribute to weaken some social relationships, loss of peripheral ties over time and responsibility for care concentrated just on isolated family members. (Perry, 2014; Perry & Pescosolido, 2012; Stain et al., 2012).

On the other hand, such relationships influence the pathway of the patients to obtain assistance (Perry & Pescosolido, 2014); meaning social support is considered one of the factors that influence the relationship between patients' needs and resources for treatment in the community (Gerson & Rose, 2012).

Social support is conceptualized as the aid or assistance provided by the people of a certain social environment in a specific situation (Chou & Chronister, 2012). Such a construct is described as reciprocal and relational and is considered as a buffering of negative stress effects and mental disorders (Fortes et al., 2011; Gerson & Rose, 2012; Salinero-Fort, Jiménez-García, de Burgos-Lunar, Chico-Moraleja, & Gómez-Campelo, 2015; Thoresen et al., 2014). It is related to a better quality of life, social satisfaction, and mental health functioning (Aloba, Fatoye, Mapayi, & Akinsulore, 2013; Perry & Pescosolido, 2014).

There is a difference between perceived and received support in terms of concept and practice, that is, perceived support relates to the support that the individual perceives as being available if they have any need; whereas received support is that actually provided for the individual (Thoresen et al., 2014). Perceived support has been linked to better mental and physical health and has a moderating effect in relation to stress (Salinero-Fort et al., 2015; Thoresen et al., 2014).

Therefore, social support refers to the functional and qualitative elements of the social network. The supporters can be formal or informal: formal supporters are those people formally trained and qualified to assist people in some specific needs, such as health professionals (physicians, nurses, psychologists, social workers and other professionals). The informal supporters are those everyday people, with no specific training to help others, such as neighbors, family, friends and partners (Alexandre, Labronici, Maftum, & Mazza, 2012; Barker & Pistrang, 2002; Campbelll, Wynne-Jones, & Dunn, 2011).

The distinction between formal and informal support is elicited because many studies have demonstrated that they can provide different types of assistance and affect and to be affected differently by health conditions. Then, to explore them separately can aid better understanding of the roles, challenges and possibilities for each one and enable the identification of whether they are supplementary or complementary in the different situations and contexts (Chen & Greenberg, 2004; Cummings & Kropf, 2009; Heller, Roccoforte, Hsieh, Cook, & Pickett, 1997; Lyons & Zarit, 1999; Ory et al., 1985).

Social network, in turn, is the number and frequency of subjects' contact with people with whom they interact daily (Lasebikan et al., 2012), and has been described as one of the determining factors for the use or non-use of mental health services, also influencing the subjects' entry into the mental health care system (Chou & Chronister, 2012; Lasebikan et al., 2012).

In general, it is understood that the structures of the social support network are essential for the prevention and recovery of a disease, by providing advice, information, emotional support, affirmation, a sense of belonging, and positive attitudes related to the definition and responses to health care problems (Perry & Pescosolido, 2014).

In this scenario, the aim of this study is to analyze the characteristics of social support networks of patients with severe and persistent mental health disorders being followed up by primary health care services.

SIGNIFICANCE OF THE STUDY

The protective effects of social support have been studied by many researchers who highlight the importance of this variable on health and well-being. Social support has been explored as a possible reducer of risks, buffering the negative consequences of psychiatric disorders (Aloba et al., 2013; Chou & Chronister, 2012; Fortes et al., 2011; Galon & Graor, 2012; Gerson & Rose, 2012; Hundt et al., 2013; Lasebikan et al., 2012; MacNeela et al., 2010; Perry & Pescosolido, 2014; Salinero-Fort et al., 2015; Souza, Luis, Ventura, Barbosa, & dos Santos, 2014; Thoresen et al., 2014).

Also, related to patients with psychiatric disorders, it is pointed out that loneliness and social exclusion are the most prominent issues and their major unmet needs are assistance in daily activities, need for companionship, and having someone to trust (Futeran & Draper, 2012).

Thus, this study can contribute to important discussions related to primary health care nursing, including social support network analysis as a key component of assistance for patients with severe and persistent mental health disorders, aiming at the social inclusion of these individuals.

METHOD

This is a social network analysis carried out with patients and their supporters in the West District of an inner city in the state of São Paulo, Brazil.

Social network analysis is a technique to examine the characteristics of individuals' or organizational set of relationships. This type of study allows to examine the number of people or institutions to which one network's component is linked, the types of interactions, extent or strength of each relationship, and comparison of relationships among all the people comprised by the network (Barabasi, 2009; Borgatti, Everett, & Freeman, 2002; Hanneman & Riddle, 2005; Meisel, Clifton, MacKillop, & Goodie, 2015; Newman, 2003; Provan, Veazie, Staten, & Teufel-Shone, 2005).

All the processes were guided by the method described by Marsden (1990)Lin, Cook, and Burt (2008), and Hirdes and Scott (1998), in a four-step procedure: firstly, to specify boundaries on the set of units to be included in a network. Secondly, the existing ties (i.e., alters, in our case the supporters) have to be identified with whom the respondent (i.e., ego, in our case the patients) has some sort of relationship (in our case, supportive). Thirdly, the characteristics of ties (e.g., relationship type and the bond's intensity) have to be assessed and it is necessary to distinguish the variable of interest (in our case, formal or informal support). The final step is to access the alters to collect data about the view of the alters about the relationship with ego and other ties identified before and, if necessary to obtain details or specific characteristics of these relationships, according to the participants of the study.

Setting and Sample

The family health care teams in the studied region assist about 16,143 people. As recommended by the Brazilian Ministry of Health, each family health team should be responsible for no more than four thousand people (Brasil. Básica, A., 2012). In this area, the largest population concentration is composed of young and adult people and it is possible to identify some places with more concentration of social vulnerabilities.

At least, a general practitioner, a nurse practitioner, a nurse technician and four Community Health Agents are members of each family health team. The Community Health Agents are the link between health services and community. These professionals are responsible to develop health promotion activities and prevention of diseases through home visits, individual and group educational activities, mapping and records of the area ascribed to the health family team and directing people to the health service. The teams which our participants came from have the support of a psychiatrist and psychiatric nurse who develop some collaborative actions such as consultation to complex cases and help on medication prescription and other educative activities related to mental health.

The participants were patients with psychiatric disorders and their formal and informal supporters. To specify boundaries on the set of units to be included in a network (step 1), initially, the researchers