

## Psychological distress and Social Support among Substance Abused Patients in a Psychiatric Hospital at Assiut Governorate

Naglaa Abd El Megied Mohamed and Reda Abd El Aal Thabet.

Department of Psychiatric and Mental Health Nursing, Faculty of nursing, Assiut University  
\*noga\_abdo69@yahoo.com

**Abstract:** Drug abuse remains a critical problem in most countries and is associated with several social and economic consequences. Addiction has grown to such proportions that it has become a priority health problem and a serious threat to the stability of social, political and legal instructions in many countries. **The aim of the study:** The study aimed to identify the psychological distress and social support among substance abused patients. The study was carried out in the Psychiatric Mental Hospital at Assiut governorate, Egypt. **Subjects and methods:** The study sample comprised 50 addict patients and 50 persons as a control group. Five tools were used for data collection, namely: Sociodemographic Data sheet, socioeconomic scale, pattern of substance abuse questionnaire, symptom check list- 90 (SCI – 90) and Norbeck Social Support Questionnaire (NSSQ). **Results:** The main results yielded by the study proved that, a higher percentage of married was found among the addict patients than those in control group, the percentage of the manual work (workman) among the addict patients was higher than the control group, the level of secondary education was higher among the addict patients than in the control group, The high social class was observed more frequent among the addict patients, the oral administration was observed more frequently than the other routes, tranquility was the first desired effect for drug abuse, depression was the more frequent symptom among the addict patients, and the addict patients had bad social support compared to control group. **Recommendation:** healthy productive activities should be provided for youth in the community to keep them away from harmful stimuli.

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**Key Words:** Psychological distress, Social Support, Substance Abused, Patients, Psychiatric Hospital

### 1. Introduction

Drug abuse remains a critical problem in most countries and is associated with several social and economic consequences <sup>(1)</sup>.

Addiction has grown to such proportions that it has become a priority health problem and a serious threat to the stability of social, political and legal instructions in many countries <sup>(2)</sup>.

The social consequences of substance abuse have led to a dramatic loss of resources, both human and material; increased morbidity and mortality and reduced or lost productivity. Some of these societal effects include increased rate of accidents, crime, domestic violence, child abuse, suicide, prostitution, disease, work place consequences and community deterioration <sup>(1)</sup>.

Substance abuse and dependence are more common in men than in women, with a more marked difference in non – alcoholic substances. It is also higher among the unemployed, minority group and those living in large metropolitan areas in USA <sup>(3)</sup>.

Social support for recovery from drug use is particularly important during the early stages of treatment when an individual is most likely to experience ambivalence about ceasing drug use <sup>(4)</sup>.

Recent research has examined the development of different personality characteristics of adolescents at the time of substance use and with continued use. Youth substance abusers have been found to be extroverted and involved with their peers whereas older substances abusers are often depressed and withdrawn <sup>(5)</sup>. This research supports the hypothesis that substance abuse takes on different psychosocial meanings with continued use. The aim of the study was to identify the psychological distress and social support among substance abused patients.

### 2. Materials and Methods

#### Materials

#### Research design:

The design followed for this study is a cross – sectional descriptive study design.

#### Setting:

The study was carried out at Assiut Psychiatric mental health hospital, Ministry of health. The hospital is serving Assiut city and all Upper Egypt governorates. The mean age of hospitalized addict patients was from 20 to 35 years, the patient's stayed at hospital from two weeks to one month and the average number of hospitalized addict patients for at least six months approximately about 50 patients.

**Subjects:**

Subjects of the study comprised 50 male addict patients and 50 healthy persons as a control group, who were selected from patient's relatives within a period of five months from July to November 2012.

**Tools of the study:**

*Five tools were used for data collection:*

**1- Sociodemographic data sheet:**

It was developed by the researcher and included the patient's age, occupation, level of education and marital status.

**2- Socioeconomic scale:**

This scale was developed by **Fahmy and Elsherbini**,<sup>(6)</sup> to assess the socioeconomic status of the family. It assesses the family status according to the 7 items scoring system. It includes father's education and work, mother's education and work, monthly income, crowding index and sanitation. The total score is summed up to 42. Families whose score is 42- 36 are considered as high social class, those with score 35- 27 are considered as middle social class, while those with score 26-21 has low social class, and those with score less than 21 are of very low social class.

**3- Pattern of substance abuse questionnaire:**

This questionnaire developed by the researcher included; route of administration (oral, inhalation, injection, others, unknown), age of starting abuse (years), duration of abuse (days, months, years), motivation for use (trial, peer influence, anxiety, depression, unknown), and desired effects (tranquility, elation, stimulation, excitement, sexual potency, happiness, self- medication).

**4- Symptom check list- 90 (SCI – 90):**

This scale was developed by **Ibraheem et al.**<sup>(7)</sup> The questionnaire is oriented towards the symptomatic behavior of the psychiatric patient, and was translated into Arabic. It is composed of 90 items which reflect nine primary symptom dimensions, these are: Somatization, obsessive- compulsive, interpersonal sensitivity, depression, anxiety, paranoid ideation and psychoticism. Responses will be categorized into never (0- 25), rarely (25- 50), sometimes (50- 75), and frequently and always (> 75).

**5- Norbcek Social Support Questionnaires (NSSQ):**

This tool was originally developed by **Norbcek et al.**<sup>(8)</sup> to measure patient's social support. It was translated into Arabic language by **Taha and Wehieda (1985)** and was used in different studies as **Abd El-Aziz, et al, (1986) (Put in List and give it No.??)**. It includes 6 questions concerned with care and love, respect, confidence, support of thoughts or actions, short term financial aid, and long term aid. The scale is rated from 1-5, for each question .The

sum of total scores in the response of the six questions reveals if the patient receive good or bad social supportive network:

- Good social supportive if the scores is 15 degree or more
- Bad social supportive network if the score is less than 15 degree

**Methods:**

- 1- Permission was obtained from the dean of the faculty of nursing –Assiut University directed to the director of the mental health hospital, ministry of health at Assiut governorate to collect the necessary data.
- 2- The aim of the study was explained to each patient before starting data collection. Patients were informed about what was done for them.
- 3- The investigator would interview the addict patients at the addict department, mental health Hospital. All ethical considerations were clarified to each patient before explanation of the nature of the study.
- 4- The number interviewed per day was 2 – 3 patients. The average time taken for filling each sheet was around 30 minutes to one hour, depending on the response of the patient. Each patient was reassured that the information obtained was confidential and used only for the purpose of the study.
- 5- The data were collected over five months, July to November 2012.

**Statistical analysis:**

Statistical analysis was done by using SPSS version 16. Data collected were coded and analyzed. The results were tabulated and descriptive statistical methods were applied including frequency, percentage, mean and standard deviation. Tests of significance that were used to test hypotheses included the X<sup>2</sup> test, unpaired t- test, and F test. Values were considered as statistically significant at P< 0.05.

**3. Results:**

Table (1): Shows the socio-demographic data of the individuals in both the addict patients and the control group. Mean age was almost similar in the addict patients and the control group (30.26± 9.93 compared to 26.80 ±8.63). Differences were not statistically significant (P=0. 068).

Concerning the marital status, there was a significant difference between the addict patients and control group (X<sup>2</sup> =41.61, P= 0.000); a higher percentage of married was found among the addict patients(54%) than those in control group (30% ) As regards to occupation, there was a highly significant difference between the occupation of the addict patients and the control group (X<sup>2</sup> =26.29, P= 0.000);

the percentage of the manual work (workman) among the addict patients was higher than the control group (38 compared to 12%)

As regards level of education, there was a significant difference between the level of education among the addict patients and control group. ( $X^2$  9.12,  $P= .045$ ); the level of secondary education was higher among the addict patients than in the control group (28% compared to 30%) Table (2): Shows a comparison between the addict patients and the control group concerning their social class. The high social class was observed more frequent among the addict patients (36 compared to 30%) while the very low social class was more observed among the control group (26 compared to 22%).

Concerning to the pattern of substance abuse among the addict patients, the oral administration was observed more frequently than the other routes (74%) and the majority of the addict patients (82% ) mentioned that they used the drug for years (Table 3a).

Table (3b): Shows motivating factors for drug abuse. More than one third (40%) of the addict patients were motivated by their peer, an equal

percentage (20%) were for trial and depression. As regards desired effect from drug abuse; Tranquility was the first desired effect for drug abuse followed by happiness (20%) and sexual potency (16%) (Table 3c).

Table (3d): Shows that cannabis (Hashish) was used by almost one quarter of the addict patients (24%), followed by tussivan and opium (16%).

Table (4): Shows comparison between the addict patients and control group in relation to SCL- 90; depression was the most frequent symptom among the addict patients ( $24.58 \pm 4.7$  compared to  $16.70 \pm 7.23$ ) for the control group and the difference between the two groups was statistically significant ( $P= 0.00$ ). The same was also true in relation to anxiety, hostility, paranoid- ideation and psychoticism, with a statistically significant difference ( $P= 0.039$ ,  $0.000$ ,  $0.000$ , and  $0.006$ , respectively)

Table (5): Reveals distribution of levels of social supportive network among the studied groups; the study illustrated that 64% of the addict patients had bad social support compared to control group who had good social support (78%).

**Table (1):** Sociodemographic characteristics of the substance abused patients compared with control Group

Sociodemographic data	Addict patients N= 50		Control group N= 50		P- value
Age : Range	16-52		16- 43		$X^2 = 9.12$ $P= .068$
Median	28		26		
Mean± SD	30.26±9.93		26.80± 8.63		
Marital status	No	%	No	%	$X^2 = 41.16$ $P= .000$
Single	5	10	20	40	
Married	27	54	15	30	
Divorced	17	34	5	10	
Widow	1	2	10	20	
Total	50	100	50	100	
Occupation					$X^2 = 26.29$ $P= .000$
Unemployed	15	30	4	8	
Students	10	20	14	28	
Manual work	19	38	6	12	
Employed	6	12	26	52	
Total	50	100	50	100	
Level of education					$X^2 = 9.12$ $P= .045$
Illiterate	6	12	9	18	
Elementary	12	24	12	24	
Preparatory	8	16	8	16	
Secondary	14	28	15	30	
University	10	20	6	12	
Total	50	100	50	100	

**Table (2):** Comparison between the substances abused patients and the control group as regards their social class

Social class	Addict patients		Control group		P- P- value
	No	%	No	%	
High	18	36	15	30	$X^2 = 3.26$ $P= 0.352$
Middle	8	16	14	28	
Low	13	26	8	16	
Very low	11	22	13	26	

**Table (3a):** The pattern of substance abuse among the addict patients in relation to route of administration and duration of drug abuse

Route of administration	No	%
Oral	37	74
Inhalation	11	22
Injection	1	2
Others	1	2
Duration of drug abuse		
Days	-	-
Months	9	18
Years	41	82
Total	50	100%

**Table (3b):** The pattern of substance abuse among the addict patients in relation to motivation for drug abuse

Motivation for drug abuse	No	%
Trial	10	20
Peer influence	20	40
Depression	10	20
Anxiety	6	12
Unknown	4	8

**Table (3c):** The pattern of substance abuse among the addict patients in relation to desired effect from drug abuse

Desired effect	No	%
Tranquility	24	48
Excitement	6	12
Sexual potency	8	16
Happiness	10	20
Self- medication	2	4

**Table (3d):** The pattern of substance abuse regarding to age of initiation of abuse and kind of substances among the addict patients

Age of initiation	13-33 years	
Range	22.68±7.08	
Mean± SD	22.68±7.08	
Substance abused	No	%
Hashish	12	24
Pango	7	14
Comital-1	6	12
Codavien	3	6
Bronckolaze	6	12
Tussivan	8	16
Opium	8	16
Total	50	100%

**Table (4):** Comparison between the substances abused patients and control group in relation to SCL-90

SCL-90 scale	Addict patients	Control group	T	P- P- value
	N=50	N=50		
	Mean± SD	Mean± SD		
1- Somatization	13.44±2.65	12.06±5.78	1.53	NS
2- Obsessive compulsive	11.24±3.26	14.04±6.03	2.88	0.005
3- Interpersonal sensitivity	13.02±2.5	12.50±4.13	0.76	NS
4- Depression	24.58±4.7	16.70±7.23	6.45	0.000
5- Anxiety	12.82±3.93	10.86±5.32	2.09	0.039
6- Hostility	10.34±3.28	7.00±3.33	5.05	0.000
7- Phobic anxiety	5.16±2.62	9.98±3.96	7.16	0.000
8- Paranoid ideation	10.64±2.85	7.16±3.27	5.66	0.000
9- Psychoticism	11.96±4.11	9.36±5.04	2.82	0.006

**Table (5):** Distribution of social supportive network levels among the studied groups

Social supportive	Addict patients		Control group	
	(n= 50)		(n= 50)	
	No.	%	No.	%
Good	18	36	39	78
Bad	32	64	11	22

#### 4- Discussion:

Drug use and abuse remain critical problems in most countries and are associated with several social and economic consequences <sup>(9)</sup>. It affects communities by taking existing resources and requiring new resources to meet the needs of the increasing population of individuals who abuse substances. Problems such as domestic violence, family instability, crime, poverty, unemployment and loss of productivity increase <sup>(10)</sup>. The problem could be a reflection of social disruptive image and it should be dealt with from the psychosocial aspects and the family experience of drug dependent patients.

The present study revealed that the most important reasons given by the drug dependent persons especially adolescent were their trials to search for euphoria, to satisfy their curiosity and to imitate peer group.

The Sociodemographic data of the hospitalized drug dependents was characterized by a relatively young age (mean= 30.26 years.) with the majority reached only preparatory education and unemployed or holding non- professional jobs (manual workers). These findings are in accordance with those of Cooper, <sup>(11)</sup>, Healey et al., <sup>(12)</sup>, Ghobashi, <sup>(13)</sup>, Mekhail and Abed El- Azize <sup>(14)</sup>, Ahmed, <sup>(15)</sup> Soueif et al. <sup>(16)</sup>, El-Fawal <sup>(17)</sup>, Ingold and Olivenstein <sup>(18)</sup>, and

Abul Azayem and Hakim<sup>(19)</sup>. The high prevalence of drug abuse among manual workers, unemployed and non- educated or those with low educational level (preparatory) are probably due to their disbelief that such drugs could increase their work abilities and productivity<sup>(11)</sup>.

About half of the addict patients were married .Similar observations were recorded by Mekhail and Abed El-Azize<sup>(14)</sup>, Ahmed<sup>(15)</sup>, Ingold and Olivenstein<sup>(18)</sup>, and Abul Azayem and Hakim<sup>(19)</sup>.

Concerning social class, the high social class was more frequently among addict patients than the other level of social classes (36%). This is in agreement with Abed El- Mawgoud et al.<sup>(20)</sup>, but contradictory with the study of Mohamed<sup>(21)</sup> who found a strong relationship between drug addiction and low standard of living of the student's families.

The present study revealed an early age of starting drug use. The mean age of onset of drug dependence was between 13- 33 years. The main reason for intake of such drugs for the first time was a sense of emptiness, and the problem is traditionally connected to the emotional and rational difficulties associated with the crisis of adolescence and growing up. In this respect, most of the studies documented that the initial use of the majority of dependence producing drug takes place during adolescence. This results in agreement with Brewin et al.<sup>(22)</sup>; Gamal El-Dein;<sup>(23)</sup> Mekhail and Abed El- Azize<sup>(14)</sup>; Kramer and Comeran<sup>(24)</sup>; Kandel<sup>(25)</sup>; Bergeret et al.<sup>(26)</sup>; UNESCO<sup>(27)</sup>; Dias and Palvora,<sup>(28)</sup> and Kendler and Prescott<sup>(29)</sup>.

About two – thirds of the addicts in this study sample were taking oral administration of the substance (table 3a), and the duration of abuse was extended for years. The main motivating factors for use were peer influence (table 3b) and the main desired effect was tranquility (table 3c). These results are in agreement with those of Kendler and Prescott<sup>(29)</sup> study.

The concurrent work is in accordance with Okasha<sup>(30)</sup>, who found that the most important reasons for drug dependence among Egyptian University students are as follows; escape from reality, to try as friends did (peer pressure) , to resolve personal problems, and to be free from worries as a defense against anxiety.

The present study revealed that the motivation for continuous drug use was the sense of comfort and well being (table 3b). Gold,<sup>(31)</sup> reported that a primary pharmacogenic effect of drug use is anxiety reduction.

Hashish was the classical initiating substance in the present study (table 3d). The same findings were reported by Hilleboe and Larimore<sup>(32)</sup>, Kandel and Logan<sup>(33)</sup>, and Mekhail and Abed El- Azize<sup>(14)</sup>. On

the other hand, marijuana was the classical initiating substance in USA, and heroin in UK (Wilson,<sup>(34)</sup>). Opium is well- known among the students, but they often use narcotic pills because they are cheaper and easy to get than the other drugs (Mohamed,<sup>(21)</sup>).

Kindler and Prescott<sup>(29)</sup> found that cannabis is the second substance used more frequently after stimulants, in USA, Marsden<sup>(35)</sup> found that the opiates are the first substance abused (96.6%). Wilson<sup>(36)</sup> reported that opiates are the sixth substance and cannabis is the second substance of abuse. She found that approximately 62% of the women surveyed have used marijuana, and 30% have used cocaine.

In Egypt, there has been a steady decline in the availability of opium in the market from 1983 to 1992 (Ministry of Interior, 1993), and synthetic drugs being new comers on the drug scene replacing opiates (Ref.??).

A highly significant relation was observed in addict patients than the control group in the symptoms of obsessive compulsive, depression, anxiety, hostility, paranoid- ideation and psychoticism. The use of drugs to relieve anxiety has been stated by Woody<sup>(37)</sup> who postulated that the concept of self- medication where users rely on a drug to relieve tension and feel good about themselves and the environment.

Johnston<sup>(38)</sup>, in Minnesota students survey, reported that there are different symptoms of antisocial personality, mood disorders, anxiety and psychotic disorders to be prevalent among drug users. Similar observations were recorded by Boab, L.,<sup>(39)</sup> in USA, El- Beheary<sup>(40)</sup>, Abed- El Mawgoud et al.<sup>(20)</sup> and Okasha,<sup>(30)</sup> in Egypt.

The present study revealed that the addict patients had low level of social supportive network than in control group. This finding is in accordance to the finding of Gabriel and Bowling<sup>(41)</sup> who reported that older addict patients have lower level of social support, which lead to increased risk of behavioral problems as anxiety and depression.

### Conclusion:

Based upon the study results, it is concluded that a higher percentage of married was found among the addict patients than those in control group, the percentage of the manual work (workman) among the addict patients was higher than the control group, the level of secondary education was higher among the addict patients than in the control group. The high social class was observed more frequent among the addict patients, and the oral administration was observed more frequently than the other routes. Tranquility was the first desired effect for drug abuse, depression was the predominant symptom among the

addict patients, and the addict patients had bad social support compared to control group.

#### Recommendation:

Preventive programs should be started and directed to people at the risky age, less educated, and with extremely high or low social class.

Healthy productive activities should be provided for youth in the community to keep them away from harmful stimuli. Attention should be paid to the psychosocial needs of this group.

#### Correspondence author

##### Naglaa Abed El Megied Mohamed.

Department of Psychiatric and Mental Health Nursing, Faculty of Nursing, Assiut University, Assiut, Egypt

[noga\\_abdo69@yahoo.com](mailto:noga_abdo69@yahoo.com)

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