

The Level of Burden among Care Givers of Mentally Ill Patients

Devikrishna¹, Seethalakshmi²

^{1,2}Department of Psychiatry, KMCH College of Nursing, KMCR & E TRUST, Coimbatore, Tamilnadu, India

Abstract: This study were to assess the caregiver's burden among caregivers of mentally ill patients and also to find out the association between caregivers burden among caregivers of mentally ill patients with selected demographic variables. The Setting of the study was kongunadu mana nala arakattalai, in Coimbatore district. Population of the study included care givers who are living with mentally ill patients. Sample size was 20 and through purposive sampling data assessed. Data were collected using attitude scale, checked for its reability and validity. The analysis reveals that half of the care givers have mild to moderate level of burden 10 (50%), 8 (40%) care givers has moderate to severe level of burden,1(5%) care givers has severe level of burden and,1(5%) care givers has no burden. There was no significant association between levels of burden with demographic variables

Keywords: Schizophrenia, caregiver burden, emotional wellbeing, attitude scale, mental illness

1. Introduction

Mental wellness is generally viewed as a positive attribute, such that a person can reach enhanced levels of mental health, even if they do not have any diagnosable mental health condition. Mental health highlights emotional well-being, the capacity to live a full and creative life and the flexibility to deal with life's inevitable challenges. The presence of burden indicates a crack in subjective wellbeing of an individual as well as his mental health.

The World Health Organization has estimated that about 40-90% of patients with mental illness live with their families. The recent changes in family structures and rapid economic decline in such countries are threatening the support available to patient with chronic mental illness. Consequently, there is a need to study the burden of care giving in these countries. Untreated mental disorders accounting for 13% of the total global burden of disease. Current predictions indicate that 2030 depression will be the leading cause of disease burden globally and 50% of caregivers of schizophrenic patients affects burden globally.

Gabrielle Alexander (February 2016) conducted a study seeks to assess the level of perceived burden and social determinants of burden of care in caregivers of adult patients with schizophrenia in a predominantly African ancestry population. In this cross-sectional study, 115 dyads of patients with schizophrenia caregivers attending public mental health clinics were consecutively recruited. Burden of care was evaluated using the 22-item Zarit Burden Scale (maximum score, 88). Caregivers were predominantly females (75.7 %) and were on average 50.8 ± 15.0 years. Most patients with schizophrenia were males (65.2 %) and were on average 43.6 ± 17.2 years old. Caregivers showed on average, mild-to-moderate burden (score, 30.0 ± 14.7 ; median, 28.0).

There was tendency for caregivers of patients who were parents or spouses to have higher levels of burden. In multivariable analyses, higher burden of care giving was associated with patient's inability to perform self-care ($B \pm SE, 5.12 \pm 1.40$; $p = 0.0001$), closer kinship and higher

numbers of psychotic episodes in previous year. Poorer functioning and demographic factors were important determinants of caregiver burden. Community mental health services should include self-care interventions in rehabilitation programs in Jamaica. **Deborah A Perlick**, (23 March 2016) examined the causal relationship between depression and caregiver burden in a large sample of caregivers of adult patients with bipolar disorder. 500 primary caregivers of persons with bipolar disorder enrolled in the Program.

This study evaluates the strength and direction of the associations between caregiver burden and depressive symptoms at baseline and at six- and 12-month follow-up using cross-lagged panel analyses. Higher levels of overall caregiver burden at baseline were associated with increased levels of depressive symptoms among caregivers at follow-up ($F = 8.70, df = 1,290, p < 0.001$), after controlling for baseline caregiver depression, gender, race, age, social support, and patients' clinical status. By contrast, caregiver depression at baseline was not significantly associated with caregiver burden at follow-up ($F = 1.65, p = 0.20$). Conclusions are caregiver burden is a stronger predictor of caregiver depressive symptoms over time than the reverse. Interventions that help alleviate caregiver burden may decrease depressive symptoms.

2. Methods

Research design of the study is descriptive research design. The variables selected for the project were age, sex, educational status, occupation, income, relationship, and type of family. The study was conducted at Kongunadu manna nala arakattalai, in Coimbatore district. The Population of the study includes care givers who are living with mentally ill patients.

Sample size was 20. Through purposive sampling the care givers were selected for this study. The tool consists of 2 sessions. Section A consists of the demographic characteristics of the care givers. The demographic variables are not scored but used for descriptive analysis. Section B is

a 5 point Likert scale .It contains 22 questions.0-never,1-rarely,2-sometimes,3-quite frequently,4- nearly always. The format is for response probability. Total score is 88.

The tools were examined by experts in nursing field for validity. All comments and suggestions were considered and corrections were made and the tool was found to be valid. Reliability was also checked and the tool was found to be reliable.

The data was collected at Kongunadu manna nala arakattalai. The rating scale was administered to the samples. Adequate time was given to each sample and the data was collected. The data was analyzed by descriptive statistics. The data on demographic variables were described in the form of mean, frequencies and percentages. The association between level of care giver’s burden and demographic variables was determined through chi square. The data made into graphical representations wherever possible.

3. Result

Considerable number of caregivers 7 (35%) were between 41-50 years, 6 (30%) care givers were between 51-60 years, 5 (25%) caregivers were between 31-40 years and 2(10%) fell in the category of 21 - 30 years. The gender distribution shows that the female participants were 13(65%), and male were 7(35%). With regard to educational status, 8(40%) were in Higher secondary school level. 7(35%) were illiterates 5(25%) of the caregivers were degree holders, and 0(0%) were fell in the category of high school level.

In regard to occupation majority of the adults were coolly workers (40%), 7(35% were housewives 3(15%) were doing business 2(10%) of care givers were working in office. In regard to income most of care givers 11(55%) fell in the income level of less than 5000 rupees, 6(30%) were in the income level of 5,000-10,000 and remaining others were in the income level morethen-10000 rupees per month 3(15%).Regarding relationship with the patient 8(40%) of care givers were parents, 7(35%) of caregivers were husband/wife, 3(15%) of caregivers were siblings, 2(10%) of caregivers were son/daughter. With respect to type of family many of the care givers were living in nuclear family 19(95%) and in joint family were 1(5%)

Percentage Distribution of Care giver’s Level of burden

It reveals that half of the care givers have mild to moderate level of burden 10 (50%), 8 (40%) care givers has moderate to severe level of burden,1(5%) care givers has severe level of burden and,1(5%) care givers has no burden .

Table 1: Percentage distribution of caregiver’s burden

Level of burden	Frequency	Percentage
0-20 (no burden)	1	5
21-40 (mild- Moderate burden)	10	50
41-60(moderate-severe burden)	8	40
61-88 (severe burden)	1	5

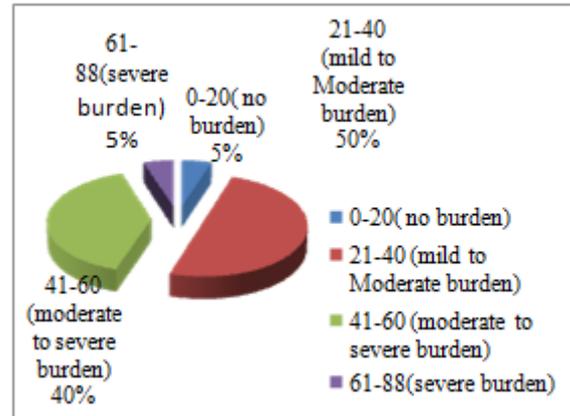


Table 2: Association between level of burden and demographic variables

Demographic variables	Level of burden				Chi square
	no	Mild-moderate	Moderate-severe	Severe	
Age					4.83
21-40yrs	1	3	3	0	NS
41-60yrs	0	7	5	1	
Sex					5.59
Male	0	3	4	0	NS
Female	1	7	4	1	
Educational status					2.53
Illiterate	0	3	3	1	NS
Literate	1	7	5	0	
Occupation					15.06
House wife	1	2	3	1	NS
Coolly worker	0	5	3	0	
Business	0	1	2	0	
Office	0	2	0	0	
Income					4.16
1000-10,000	1	7	7	1	NS
>10,000	0	3	1	0	
Relationship with the patient					5.016
Parents	2				NS
Husband/wife	-				
Siblings	3				
Son/daughter	-				
Type of family					
Nuclear	1	10	7	1	1.806
Joint	0	0	1	0	

Table reveals that all demographic variables are not associated with Level of burden except relationship with the patient.

4. Conclusion

The psychiatric nurse being caregiver need to have comprehensive understanding of the patients and their family members problems in order to plan for appropriate nursing interventions to prevent crisis in patient life and strengthen the family and social support. The nurses should take a key role in educating the patients and family members to

understand the need for long term care. It is a high time for the health team members to formulate strategies to improve the health status of the caregivers. It is recommended that further research is needed in this field to know more and understand it better.

5. Nursing Implications

The findings of the study have the following implications in nursing practice, nursing education, nursing administration and nursing research.

Nursing Practice

- The nurse practitioner should work with mentally ill patients and with their families to improve the knowledge of primary caregivers and make the nursing care process of psychiatric patients as comprehensive as possible.
- The psychiatric nurse has a unique role in providing care to the patients with mental illness and their families.

Nursing Education

- Nursing education should prepare nurses with the potential for imparting information effectively and assisting the patient and family members to overcome from the burden.
- Nurse educator should train the student nurses to assess the need of the caregivers, to identify the social support and to provide counseling and education to them.

Nursing Administration

- Nursing administration should organize in-service education program for staff nurses and encourage them to participate in these activities. She should take an effective role to organize the awareness programme about mental illness and importance of being compliant.
- Nurse administrator should be enthusiastic and formulate policies and protocols for short, long term psycho-education. Every patient should receive health information either on inpatient or outpatient basis.

Nursing Research

- Nursing research should be done on preparation of innovative methods of teaching and effecting teaching materials for reduce the care givers burden.
- The nurse researcher should have the interest to publish their study result in the conferences, workshop or through other medias. This helps to improve the quality of life of the patient and family members and strengthen the social support of the family.

6. Limitations

- The study is limited to 20 samples
- The study is limited to the care givers of mentally ill at kongu nadu mananala arakattali in Coimbatore.

7. Recommendations

- A similar study can be done in a large sample for the purpose of generalization.
- A comparative study can be done with two groups.
- A study can be done in urban and rural setting and results can be compared.

References

- [1] Fadden G, Babington P and Kuipers L. The burden of care: the impact of functional psychiatric illness on the patient's family. *British Journal Psychiatry*; vol 150:p285-292.
- [2] Grandon P.Jenaco C, Lemos S (2015) , Sources of burdens on families of individuals with mental illness., *International Journal of Rehabilitation Research*: June 2003 - Volume 26 - Issue 2 - pp 123-130
- [3] Ogilvie AD, Morant N, Goodwin GM.(2014). The burden on informal caregivers of people with bipolar disorder. *Indian Journal of Psychiatry*, vol 7 (Suppl.1) p 25–32.
- [4] Rammohan, A., Rao, K. & Subbakrishna, D.K. (2014). Religious coping and psychological wellbeing in care givers of relatives with schizophrenia. *Acta Psychiatrica-Scandinavica* vol 105, p356-362.
- [5] Deborah A Perlick,(2016) Caregiver burden as a predictor of depression among family and friends who provide care for persons with bipolar disorder *Volume 25, Issue 2*, pp 393–400
- [6] Perlick DA, Rosenheck RA, Kaczynski R, Swartz MS, Canive JM, Lieberman JA. Components and correlates of family burden in schizophrenia. *Psychiatr Serv*. 2006; 57:1117–25. 202.
- [7] Nehra R, Chakrabarti S, Kulhara P, Sharma R. Caregiver-coping in bipolar disorder and schizophrenia—a re-examination. *Soc Psychiatry Psychiatr Epidemiol*. 2005;40:329–36
- [8] Tan SC, Yeoh AL, Choo IB, Huang AP, Ong SH, Ismail H, et al. Burden and coping strategies experienced by caregivers of persons with schizophrenia in the community. *J Clin Nurs* 2012;21:2410-8
- [9] Bademli K, Duman ZC. Family to family support programs for the caregivers of schizophrenia patients: A systematic Review. *Turk J Psychiatry* 2011;22:1-11
- [10] J. Palmer S, Glass TA. Family function and stroke recovery: A review. *Rehabil Psychol* 2003; 48:255-65.

Author Profile

Devikrishna received the B.Sc.(N) degree from Sri Raghavendra Educational Institution, Bangalore in 2008 and M.Sc.(N) degrees in Psychiatric nursing from KMCR&E Trust, Coimbatore in 2013 respectively. During 2008-2011, she stayed in SH school of nursing; kerala. She is now in KMCR&E Trust in Dept of mental health nursing in Coimbatore, tamilnadu.

Seethalakshmi received general nursing and midwifery in child Jesus school of nursing Tirichirapalli..Received post basic B.Sc. (N) nursing and M.Sc (N) degree in psychiatric nursing in K.G College of nursing. Worked as staff nurse in child Jesus hospital tiruchy district from 2000-2002. Worked as an assistant lecturer in PSG College of nursing from 2009-2011. At present working in KMCR&E Trust, department of psychiatric nursing, Coimbatore.