Burden of Care and Psychological Distress Among Care Givers of Patients with Schizophrenia

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ABSTRACT

Background: It has been observed throughout that people who accompany their family members visited for their treatment seemed to have psychological distress while looking after them. Focusing on this it was an immenseneed to assess parents/care giver for their burden of care in order to measure their psychological distress and associated symptoms.

Objective: The study was designed to evaluate the psychological distress among care givers of patients with schizophrenia

Material and Method: The Study was conducted at department of Psychiatry department Lady Reading hospital Peshawar for the period of 6 months i.e from 3rd of March to September 8th 2012. Cross Sectional Study Design was used. 227 participants were enrolled for study. Data was collected through consecutive sampling. Care givers of patients suffering from schizophrenia presented to the outdoor patient department were included in the study. Care givers of patients who had been on treatment for at least 12 months were enrolled for the study. The diagnosis of schizophrenia was based on criteria of international classification of disease (ICD-10) for schizophrenic.

Results: It's revealed that care givers of persons with schizophrenia have been passed through psychological distress and associated symptoms in their life span .Pearson coefficient of correlation was used to see comparison between ZBI and GHQ. Significant positive correlation has been found between the scores of ZBI and GHQ at .01 level of significance.

Conclusion: Family members of person with schizophrenia who are bound to provide care and support have burden of care which also affects their mental health in form of psychological symptoms.

Key words: *schizophrenia, care givers*

This article may be cited as: Ali G
Burden of Care and Psychological Distress Among Care Givers of Patients with Schizophrenia JSMC 2018.8;2:113-116.

INTRODUCTION

Family having persons with schizophrenia and other Psychotic disorders experience high level of burden of care. An Estimation 50-80 % of individuals with schizophrenia are living and have an unvarying contact with a primary care giver of their families. High level of burden is reported by these care givers regarding health and care issues of their family members suffering from a serious mental illness. These care givers faces many difficulties while confronting with such type of illness including economic issues related with expenses of psychiatric treatment, having difficulty in supervision of a mentally ill family member, dealing with the issue of stigmatization about mental illness by the society and their own health which can effect due to emotional distress can cause multiple symptoms as a result of these challenges[1].

Burden can be expressed mainly by two dimensions i.e objective and subjective and this distinction were made for the very first time by the researchers known as Hoeing and Hamilton[2].

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Recieved: October 13th 2017, Accepted May 18th 2018

Objective burden (OB) refers that illness have a negative impact on the house hold, and family members feeling stress while confronting with illness. Subjective burden (SB) included personal evaluation and views of care givers or family members of the condition and the degree of illness to which individuals identify such situation as they are carrying a heavy load[3 4].

People in a relationship with the sufferer or the care givers play an essential role in care or look after those who are sick, unfit or disabled[5]. Families of those with mental illnesses are affect the most due to health conditions of their near ones. Individual with mental disorder not only get practical help and personal care by their family members but as well as emotional support is also included by their cares. Therefore the person with an illness is dependent on the family members and their well being is also dependent upon the nature and quality of the care which is provided by the career. Regular contact with these demands can bring significant level of stress for care givers and can have over whelming effects on worth and quality of life which includes work, social interactions or relationships. Evidence regarding the impact of care giving shows that one third to one half of the care givers reported marked level of psychological distress and experience higher rates of mentally ill than the general[6].

Relatives of the affected person develop feelings of unhappiness loss and pain. They have passed through with emotions of anger and shame or guilt along with the feelings of uncertainty .Same like the Patient their family members also feel stigmatized and consider themselves as socially isolated. Providing more than normal care which would be appropriate or required for someone's patients age have chaotic signs in care givers lives. in hose cases normal care by family members are changes into care giving. As a result of these and developing an additional role of care giving with already existing roles of family ,may have stressful consequences both economically and psychologically[7].

The aim of our study is to evaluate burden of care among care givers of patient with severe mental illness as schizophrenia and associated psychological distress in them. people who are performing their roles as primary care givers for such patients have mild to severe level of burden of care and there is strong indication of having mental distress as occurring symptoms.

MATERIAL AND METHODS

A cross sectional study was conducted at department of Psychiatry department Lady Reading hospital Peshawar for the period of 6 months i.e from 3rd of March to September 8th 2012.Study sample was consisted on 227 participants. Data was collected through consecutive sampling

Inclusion criteria:

All patients with schizophrenia accompanied by their care givers who were with the patient for the last at least 12 months.

Age of the care giver should be>18 years.

Either gender was enrolled in the study.

Exclusion criteria:

Patients having concurrent physical illness or schizo affective disorder or manic depressive psychosis and patients of non-consenting care givers were excluded from the study to avoid confounders and bias in the study results.

This study was conducted at outpatient department of Psychiatry, Lady Reading Hospital Peshawar A total of 227 care givers of patients suffering from schizophrenia presented to the outdoor patient department were included in the study though consecutive sampling after taking their written informal consent the confidentiality and anonymity was ensured. The hospital has a policy of encouraging care givers to attend follow-ups with patients. Care givers of patients who had been on treatment for at least 12 months were enrolled for the study. The diagnosis of schizophrenia was based on fulfilling the diagnostic criteria for schizophrenia in the international classification of disease (ICD-10) on first contact with the hospital.

All the observations were recorded in a pre-designed proforma. Zarith Burden Interview (ZBI) was applied to assess care giver burden in relatives of patients with chronic mental illnesses. It is a 22 item instrument with a possible score of 0 to 88, depending on the care givers responses. Responses are rated from 0-4 based on the scoring over ZBI and finally the care giver were labeled as having either no burden, mild burden, moderate burden and severe burden[8].

For measuring psychological distress in them a 12 item General Health Questionnaire (GHQ) was used. A Likert scale ranges from 0 t0 3 from left to right which are labeled as better than usual, same as usual ,less than usual and much than usual. Score range 0 to 36.Scores vary by study population. A cut off of 15 suggest evidence of distress .Score >20 suggests severe problems and psychological distress Both scales were applied at time when they were initially interviewed at baseline[9]

All the above mentioned information was recorded in a proforma. Data was analyzed using the statistical package for social sciences, windows version 16. Strictly exclusion criteria was followed to control confounders and bias in the study results.

RESULTS

The study included 227 patients ranging in age between 15-50 years with mean age of 21±i.26 in which (n=134) 59% were males while (n=93) 41 % females. Mean age of the care givers ranged between 15-50 with the mean age of 30±2.12 in which(n=154)68% males and (n=73)32% females. Chi square test was used to analyzed data in terms of frequency(table no 1 and no 2) As well as for comparison between ZBI and GHQ Pearson coefficient of correlation was used.(Table no 3).Significant positive correlation has been found between the scores of ZBI and GHQ at 01 level of significance.

Table No 1. Grades of Burden (n=227)

Grades of burden according to ZBI Scoring		Frequency	Percentage (%)
0-20	No burden	10	4
21- 40	Mild burden	104	46
41- 60	Moderate burden	86	38
61- 88	Severe burden	27	12
Total		227	100

Mean ZBI Score was 42 with SD ±1.12

(Table No :2) Caregivers Score on GHQ

Scores of the caregivers on GHQ According to severity of the conditions	Frequency	Percentage (%)
People who score ≥ 15	27	12
Score ≥20 0r equal to 15	104	46
Score ≤ 20	90	40
More than 20	6	2
Total	227	100

Mean GHQ score was 18±0.56

(Table No :3) Correlation between ZBI and GHQ

		ZBI	GHQ
ZBI	Pearson's correlation	1	-894**
	sig.(2-tailed)		.01
	N	227	227
GHQ	Pearson's correlation	-894**	1
	sig(2-tailed)	.01	
	N		

****Correlation is significant at 0.01 level (2 tailed)**

DISCUSSION

In this study burden of care among family members of schizophrenics and associated psychological distress was carried out. Findings shows that care givers who have been reported burden on ZBI also showed associated psychological distress on GHQ.

Schizophrenia is a severe mental illness, which is stressful not only for patients, but also for family members. Numerous studies have demonstrated that family care givers of persons with a severe mental illness suffer from significant stresses, experience moderately high levels of burden, and often receive inadequate assistance from mental health professionals. Effective family functioning in families with schizophrenia may be influenced by a variety of psychosocial factors[10]

Martens y Addington[11]observed that family member are significantly stressed as a result of having one of them with schizophrenia. (Ivarsson et al)[12] viewed that burden on a family members who are engage in regular consistent care is complex and includes many areas, such as routine life, worries, and social pressure. In addition, facts provide that evidence that caring for a patient with schizophrenia cause economic burden on the family. Gutiérrez and fellow[13] carried out a study with a Chilean sample confirming that, disregarding the level of development of a country; care givers experience high levels of burden of care[14].

A study conducted in southwestern Nigeria to determine the symptoms of schizophrenia and burden of care with associated distress with it showed that in a bivariate correlation care giver GHQ-30 scores were associated with positive and were also highly correlated with negative symptoms of emotional lessens (p=.22, P=.02,p=.45, P=.000). Care giver ZBI scores were strongly associated with anhedonia/ and decrease social activities subscale (p=.37, P=.000)[15]

A community based rehabilitation research was carried in Japan(2008) on burden of care in families of patients suffering from schizophrenia to identify factors that contribute to burden of care both in patients and their families. In Japan, mothers are generally the careers of schizophrenia patients ,compared with other family members mother is very much expressive in terms of emotionally and what coping strategies are using by this primary care giver of patient with schizophrenia. For this purpose they have used, 8 items Zarit burden interview(ZBI) and General health questionnaire (GHQ) for assessing difficulty in life, coping strategies, emotional support, and understanding of mental illness or psychological disorders. After assessment it was evaluated that burden of care was significantly associated with low quality of life and neglect self care[16].

CONCLUSION

Family members of the patients with schizophrenia have burden of intensive care having one of them with a severe mental illness as schizophrenia which can affect their quality of life and lead to associated psychological distress.

Limitation of the study

The study was based on cross-sectional research design and limited to one setting. The sample may not be representative of the total population of people in treatment.

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