Determine the Level of Burden among the Caregivers of Mentally ill Patients

Vikrant Nesari[1], Sudha Raddi[2]

Author Affiliations
Mr. Vikrant Nesari, Ph.D. Scholar, JJT University, Rajasthan.
Dr. Sudha Raddi, Principal, KAHER Institute of Nursing Sciences, Belagavi, Karnataka.   .

Abstract: Background: The family members play an essential part in providing care for mentally ill patients. Although most of the families show resilience in caring of their relatives, experience lot of physical and emotional distress. A study aims to determine the caregiver burden of family members of mentally ill patients. **Objectives:** (1) To study the level of burden among the care givers of mentally ill patient. (2) To analyse the association between burden and demographical variables. **Methods:** Non-probability, convenient sampling technique was used to select the sample for this study. The sample selection was based on the inclusion and exclusion criteria. **Results:** The study determined that 21(52.5%) of the subjects are suffering with high level of burden, whereas 19 (47.5%) are suffering with low level of burden. **Conclusion:** findings revels that there is no statistical significant association between the burden scores of caregivers of mentally ill patients and selected socio demographic variables

Keywords: Burden, caregivers.

Introduction

All communities consider the state of health as resource of life, rather just being an object of living. The health is holistic in nature which comprises the fully furnished health state of corporeal, mental, social, as well as spiritual wellbeing and it is condition of health in body, mind and spirit particularly fee from disease and pain. All communities have highly variable and unique health needs.

The health coined from mid- English era "Helthe", which denotes to the hale, hearty. Many communities and cultures, health is considered as philosophical and subjective domain. The concept of health is complex state to define but its exclusion is significantly recognizable, even when distorted by slightly deviated from optimum level of health.

Stokes et al. [1] defined the 'Health' by mentioning the significant factors involving health; as a complete condition characterized by biological, physiological and psychological integrity; capacity to carry out individual, familial and community roles; potential to cope with physical, biological, psychological and social stress, sense of healthy being and free from risk of Malady and ultimately deformity.

Mental Illness: Concept

Mental illness is described as, an involuntary psychological, emotional and behavioral pattern, which causes distress or disability among individual that is not accepted as part of normal developments [2]. Mental illness is insanity in living. It causes the inconsistency in an individual's capacity to satisfy human needs adequately or productively and to perform efficiently with the cultural norms. Lunatic patient loses his aptitude to accomplish his desires and respond adaptively to the demand that society had from him [3].

A general concept of psychiatric illness is complex and difficult because of the cultural factors and social factors that influence on perception of mental illness. It has been defined as According to American Psychiatric Association defines Mental Illness in Diagnostic and Statistical Manual of Mental Disorder as, it is a syndromes expressed as clinical prominently disturbance in person's cognition, emotion regulation and behavior that associated with impairments in biological, psychological and developmental process underlying mental functioning [4].

The stigma attached to mental is universal. Globally all societies, cultures mentally ill patients were discriminated. Studies carried out in 27 countries shows that over 50% of patients with schizophrenia confronted with discrimination in their relationships. Around 2/3rd of patients experienced discrimination in while perceiving job and relationship. The stigmatization towards mentally ill us largely influenced by culture. Stigmatization is also differ depending on the type of disorder. Generally schizophrenic patients experience more discrimination than patients with depression. Unknowingly the social discrimination has increased during 21st century. Possible reason may be the process of deinstitutionalization has largely increased public discussion regarding community mental health nursing and possible risk associated with mental disorder. Around ¾ of the general population have in favorable attitude 2/3rd of the population have negative attitude towards schizophrenia [5].

Patients suffering with serious mental illness are confronted doubly. One side they suffer with disabilities and sufferings that resulting from disease. Other side they are confronted by stereotypes and prejudice that arise from fallacy and misconception regarding psychiatric sickness. Many researchers begun to enumerate the slur about mental illness and still many efforts are needed to address the breath and intensity of prejudice against mental illness. The effect of stigma is two folded as public stigma and self-stigma. Public stigma is refers to attitude that the general population has to mental illness, self-stigma is prejudice which patients with mental illness have against themselves. Prejudice concerning to self-stigma may lead to self-discrimination fear of rejection by the others lead many individual to not pursuing life opportunities for themselves [6].

Care giving and care receiving can occur at any point in the life-course, and is typically associated with chronic illnesses or disabilities, which result in losses of independence and functioning. There is no standard definition of family care giving, which can be used consistently from one study to another [7]. What the term care giving means is not always clear and frequently varies with the purpose for which such definitions are used [8]. Successful management of major mental illness in the community relies significantly on an informal or non-professional network of caregivers.

Caregivers of the patients have shown to demonstrate high levels of psychological distress and depression; increased rates of physiological illness and personal, financial, family, and social problems. Adverse effects experienced by many who provide such care are also well documented. Care givers of patients with neurological disorders have been found to be at higher risk of social isolation, emotional burden and a reduction in quality of life.

Most of the patient suffering with severe mental disorder lives with families in India. Primary caregiver have pivotal role in reintegration, vocational and social skill training of person suffering with mental illness. Due the reason of not only a close bout the exit in traditional societies but also there is absolute lack of rehabilitation health personnel to render the care giving. Care giving burden can aggravated by many reasons such as poverty, lack of knowledge of mental illness, insufficient supportive resources and illiteracy. Which can result into decline interest to provide the support to their mentally ill relative. Either it was by voluntarily or due the influence of culture, or due to insufficient mental health care service. [9].

Gabra et al. [10] have accomplished an inquiry to estimate the knowledge, attitude and health related behaviour of family caregiver of mentally ill patients. The undertaken study recruited 425 primary caregivers attending Assist university hospital. The data was assembled using self-instructing

understating inventory, and revalidated attitude scale. The facts analysis showed that, the caregiver have exhibited the sub average mean values of compression and view point towards psychiatric ailment and the demographical elements of caregivers namely age, educational status, times of consultation and duration of care giving have a significant influence on their degree of comprehension and view point about lunatic conditions. The most of participants over 80.2 percent availed the health advice from professional caregivers. The barley 16.4 percent caregiver mentally ill relative to psychiatric care. The investigator concluded by drawing the conclusion, the caregiver of mentally ill patients had poor understanding and unfavourable attitude about the mental illness that so there is large demand for increasing the awareness about mental illness for caregivers.

Objectives
1) To study the level of burden among the care givers of mentally ill patient.
2) To analyze the association between burden and demographical variables.

Methods
By considering the study and its objectives, quantitative research approach strategy contemplate as an appropriate method and descriptive survey design found suitable to determine the levels burden experienced by the caregivers of mentally ill patients.

Variables under the study
Independent variable
Caregivers or family members.
Dependent Variables
Mental ill patient in the family.
Research Variables
Level of burden.

Population
In the current study, population comprises of caregivers or family members who are taking care of mentally ill patient.

Sample
Sample refers to the subset of a population that is selected to represent the entire population in the study.

Sample size
The study consists of 40 caregivers of mentally ill patient, who fulfilled the sampling criteria.

Criteria for sample selection
The sampling frame structured by the researcher to import the samples for the study included following criteria.

Inclusion Criteria
✓ Caregivers who are in the age group of 20– 60 years.
✓ Caregivers who are willing and available during the period of data collection.

Exclusion criteria:
✓ Caregivers who are having mental or physical impairment.

Sampling technique
Non- probability, convenient sampling technique was used to select the sample for this study. The sample selection was based on the inclusion and exclusion criteria.

Results

Table 1. Distribution of caregivers by demographic characteristics (N=40)

Characteristics	Frequency	Percentage
Gender		
Male	12	30.00
Female	28	70.00
Age groups		
21-30 years	1	2.50
31-40 years	18	45.00
41-50 years	17	42.50
51-60 years	4	10.00
Marital Status		
Married	33	82.50
Divorced	7	17.50
Religions		
Hindu	30	75.00
Muslim	6	15.00
Others	4	10.00
Educations		
Illiterate	2	5.00
Primary	8	20.00
Secondary	17	42.50
Graduate	13	32.50
Occupations		
Employed	15	37.50
Unemployed	25	62.50
Type of family		
Nuclear	16	40.00
Joint	17	42.50
Extended	7	17.50
Family Income (per month)		
<10000	29	72.50
>10000	11	27.50
Place of residence		
Rural	16	40.00
Urban	24	60.00
Total	**40**	**100.00**

Gender: with regard to gender of care givers majority 28(70%) of participants were females and remaining 12(30%) of participants were males.

Age: the findings related to age depicts that, majority 18(45%) of participants were of 31-40 years age batch, 17(42.50%) of participants were belonged to 41-50 years age batch, 4(10%) of participants were belonged to age group to 51-60 years and remaining 1(2.5%) of participant of 21-30 years age crew.

Marital status: concerning to matrimonial status of participants majority 33(82.50%) of participants were married and remaining 7(17.50%) of participants were unmarried.

Religion: data related to religion of participants depict that, majority 30(75%) of participants were belonged to Hindu religion, 6(15%) of participants were belonged to Muslim religion and remaining 4(10%) of participants were belonged to other religion.

Education: education status of participants depicts that, majority 17(42.50%) of participants were had secondary education, 13(32.50%) of participants were had graduate education, 8(20%) of participants were had primary education and remaining 2(5%) of participants were illiterates.

Occupation: occupation of participants depicts that, majority 25(62.50%) of participants were unemployed and remaining 15(37.50%) of participants were employed.

Type of family: with respect to type of family of respondents majority 17(42.50%) were staying in joint family, 16(40%) were staying in nuclear family and remaining 7(17.50%) were staying in extended family.

Income of family in a month: it describes majority 29(72.50%) of respondents were having more than 10000 income per month and remaining 11(27.50%) of respondents were having less than 10000 income per month.

Residential place: it shows that, majority 24(60%) of respondents were staying in urban areas and remaining 16(40%) of respondents were staying in rural areas.

Table 2. Levels of burden among the caregivers of mentally ill patients (N=40)

Levels of burden	Frequency	Percentage
High level	21	52.50
Low level	19	47.50
Total	**40**	**100.00**

The study determined that 21(52.5%) of the subjects are suffering with high level of burden, whereas 19 (47.5%) are suffering with low level of burden.

Table 3. Association between levels of burden of caregivers of mentally ill patients with demographic characteristics

Levels of burden							
Characteristics	Low level	%	High level	%	Total	%	Chi-square	p-value
Gender								
Male	4	33.33	8	66.67	12	30.00	1.3800	0.2400
Female	15	53.57	13	46.43	28	70.00		
Age groups								
21 - 30 years	1	100.00	0	0.00	1	2.50	1.9640	0.5800
31 - 40 years	9	50.00	9	50.00	18	45.00		
41 - 50 years	8	47.06	9	52.94	17	42.50		
51 - 60 years	1	25.00	3	75.00	4	10.00		
Marital Status								
Married	14	42.42	19	57.58	33	82.50	1.9480	0.1630
Divorced	5	71.43	2	28.57	7	17.50		
Religions								

Hindu	13	43.33	17	56.67	30	75.00	1.4370	0.4880
Muslim	3	50.00	3	50.00	6	15.00		
Others	3	75.00	1	25.00	4	10.00		
Educations								
Illiterate	1	50.00	1	50.00	2	5.00	11.0410	0.0120*
Primary	2	25.00	6	75.00	8	20.00		
Secondary	5	29.41	12	70.59	17	42.50		
Graduate	11	84.62	2	15.38	13	32.50		
Occupations								
Employed	7	46.67	8	53.33	15	37.50	0.0070	0.9350
Unemployed	12	48.00	13	52.00	25	62.50		
Type of family								
Nuclear	7	43.75	9	56.25	16	40.00	0.9350	0.3730
Joint	7	41.18	10	58.82	17	42.50		
Extended	5	71.43	2	28.57	7	17.50		
Family Income (per month)								
<10000	13	44.83	16	55.17	29	72.50	0.3020	0.5830
>10000	6	54.55	5	45.45	11	27.50		
Place of residence								
Rural	7	43.75	9	56.25	16	40.00	0.1500	0.6980
Urban	12	50.00	12	50.00	24	60.00		
Total	**19**	**47.50**	**21**	**52.50**	**40**	**100.00**		
***p<0.05**								

The values presented in table 3 shows that the degree of consortium among magnitude of burden among caretakers of lunatic with their study personal variables. It depicts that a noteworthy consortium was reported among academic status of participants with their degree of burden due to presence of lunatic individual in the family.

Gender: with respect to males 4 participants were had low level of burden, 8 participants were had medium level of burden and 12 participants were had high level of burden. Among the females 15 participants were had low level of burden, 13 participants were had medium level of burden and 28 participants were had high level of burden. The calculated chi square value is 1.38 with 0.24 p value is statistically not significant at 0.05 level of significance.

Age groups: with respect to age group of 21-30 years, 1 participants were had low level of burden, none of participants were had medium level of burden and 1 participants were had high level of burden, age group of 31-40 years, 9 participants were had low level of burden, 9 participants were had medium level of burden and 18 participants were had high level of burden, age group of 41-50 years, 8 participants were had low level of burden, 9 participants were had medium level of burden and 17 participants were had high level of burden and age group of 51-60 years, 1 participants were had low level of burden, 3 participants were had medium level of burden and 4 participants were had high level of burden. The calculated chi square value is 1.96 with p value 0.58 is statistically not significant at 0.05 level of significance.

Marital status: with respect to married participants, 14 participants were had low level of burden, 19 participants were had medium level of burden and 33 participants were had high level of burden, among the unmarried participants, 13 participants were had low level of burden, 20 participants were had medium level of burden and 33 participants were had high level of burden, among the widow participants, 3 participants were had low level of burden, 8 participants were had medium level of burden and 6 participants were had high level of burden and among the divorced participants, 5 participants were had low level of burden, 2 participants were had medium level of burden and 7

participants were had high level of burden. The calculated chi square value is 5.53 with p value 1.43 is statistically not significant at 0.4880 level of significance.

Religion: with respect to participants of Hindu religion, 13 participants were had low level of burden, 17 participants were had medium level of burden and 30 participants were had high level of burden, among the participants of Muslim religion, 3 participants were had low level of burden, 3 participants were had medium level of burden and 6 participants were had high level of burden and among the participants other religion, 3 participants were had low level of burden, 1 participants were had medium level of burden and 4 participants were had high level of burden. The calculated chi square value is 1.4370 with p value 0.1630 is statistically significant at 0.05 level of significance.

Education: with respect to illiterate participants, 1 of the participants were had low level of burden, 1 participants were had medium level of burden and 2 participants were had high level of burden, among the participants with primary education, 2 participants were had low level of burden, 6 participants were had medium level of burden and 8 participants were had high level of burden, among the participants with secondary education, 5 participants were had low level of burden, 12 participants were had medium level of burden and 17 participants were had high level of burden and among the participants with graduate education, 11 participants were had low level of burden, 2 participants were had medium level of burden and 13 participants were had high level of burden. The calculated chi square value is 11.04 with p value 0.0012 is statistically significant at 0.05 level of significance.

Occupation: with respect to employed participants, 7 participants were had low level of burden, 8 participants were had medium level of burden and 15 participants were had high level of burden and among the unemployed participants, 12 participants were had low level of burden, 13 participants were had medium level of burden and 25 participants were had high level of burden. The calculated chi square value is 0.0070 with p value 0.9350 is statistically significant at 0.05 level of significance.

Type of family: with respect to participants of nuclear family, 7 participants were had low level of burden, 9 participants were had medium level of burden and 16 participants were had high level of burden and among the participants of joint family, 7 participants were had low level of burden, 10 participants were had medium level of burden and 17 participants were had high level of burden. The calculated chi square value is 0.93 with p value 0.3730 is statistically significant at 0.05 level of significance.

Family income: with respect to participants with less than 10000 income, 13 participants were had low level of burden, 16 participants were had medium level of burden and 29 participants were had high level of burden and among the participants with more than 10000 income, 6 participants were had low level of burden, 5 participants were had medium level of burden and 11 participants were had high level of burden. The calculated chi square value is 0.3020 with p value 0.5830 is statistically not significant at 0.05 level of significance.

Place of residence: with respect to participants of rural area, 7 participants were had low level of burden, 9 participants were had medium level of burden and 16 participants were had high level of burden and among the participants of urban area, 12 participants were had low level of burden, 12 participants were had medium level of burden and 24 participants were had high level of burden. The calculated chi square value is 0.1500 with p value 0.6980 is statistically significant at 0.05 level of significance.

Discussion
The present study was to assess the level of burden among the family members of mentally ill patients, in order to accomplish the objectives, a non-experimental descriptive survey approach was adopted and non-probability convenient sampling technique is to select the subjects. Findings of the

study with regards to demographic data of the caregivers of mentally ill patients, 70% of the caregivers are females, where as 30% are males, 87% subjects are belongs to the age group of 31-60 years and 10% belongs to 51-60 years. 82.50% populace were married, 17.50% are divorced. In consideration of religion 75% are Hindu, 15% are Muslims and 10% are belongs to other religion respectively. Finding regard to education 42.50% are completed secondary education, 32.50% are graduated, 20% are primary and 5% are illiterate. With regards to occupation 62.50% are employed and remaining caregivers are unemployed. 42.50% are belongs to joint family, 40% are belongs to nuclear family and remaining 17.50% are belongs to joint extended family. In relation to earning 72.50% less than ten thousand rupees and 27.50% are more than ten thousand rupees income per month. Majority of the caregivers i.e. 60% are living in urban area where as 40% are living in rural area.

In the current survey with regards to assess the level of burden of among the caregivers of mentally ill patients, the standardized WHO Burden Assessment Scale having 40 questionnaires used to collect the response of the subjects. Among the 40 respondents it is determined that 21 (52.5%) of the subjects are under high level of burden; whereas 19 (47.5%) are under low level of burden. In analysis was to find out the association between the socio demographic variables and burden scores of caregivers of mentally ill patients by using Chi-square test, findings revels that there is no statistical significant association between the burden scores of caregivers of mentally ill patients and selected socio demographic variables of the subjects such as gender (X^2=1.38), age (X^2=1.96), marital status (X^2=1.94), family income (X^2=0.30) are statically not significant, whereas religion (X^2=1.43), education status (X^2=11.04) occupations (X^2=0.00), type of family (X^2=0.93), and place of residence (X^2=0.15), of the respondents is significant association as values are greater than that of table value of confidence.

Conclusion

Mental health problems cause a lifelong impact. This impact lasts a prolonged period, which gradually leads to poor quality of life for such individuals and their families. From a cultural spot of view, psychiatric illnesses in Indian society are associated with a greater amount of stigma, leading to neglect and marginalization. Due to prevailing attitudes, media portrayals, societal discrimination and deprived opportunities, such individuals and their families face numerous challenges in everyday life, both for managing the condition as well as for making them productive. The family constitutes a major support structure for the on-going treatment of the mentally ill. While many families demonstrate great resilience in caring for an ill parent, we cannot neglect their share of physical and emotional distress. It is most important to assess and attend the health needs of the caregiver of mentally ill patients, wellbeing of caregivers have a direct impact on proper care of the patient as well. Health professionals need to help families to enhance their quality of life by proper education and skills to improve their own health and wellbeing also.

Conflict of Interest: The authors have no conflicts of interest to declare.

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