Volume : 2 | Issue : 5 | May 2013 • ISSN No 2277 - 8160

Research Paper Sociology

The impact of Psychiatric Disorder on Family of Male and Female Psychiatric Patients in India: A comparative Study

Shahid Eqbal	Ph.D. Scholar, Department of Psychiatric Social Work, RINPAS, Kanke, Ranchi-834006
Dr. Arif Ali	Psychiatric Social Worker, Department of Psychiatric Social Work, LGBIRMH, Tezpur, Assam
Mamta Swain	Assistant Professor, Department of Psychiatric Social Work, Central Institute of Psychiatry (CIP), Kanke-06.
Dr. Manisha Kiran	Assistant Professor, Department of Psychiatric Social Work, RINPAS, Kanke-06.

ABSTRACT

This study aimed at investigating family care burden among the caregivers of male and female patients with different psychiatric diagnosis. The data was taken from Outpatient departments Ranchi Institute of Neuron-Psychiatry and Allied Sciences, Ranchi (Jharkhand). The sample consisted of primary caregivers of 200 patients' of both genders, 100 male and 100 female patients. One primary caregivers of each patient was taken. Caregiver's burden scale was administered to assess burden in caregivers of psychiatric patients. The result of study revealed that majority of patients was suffering from schizophrenia and were accompanied by male caregivers. Caregivers of the patients were facing moderate to severe level of burden and significant gender differences were not found in the level of care burden. Positive correlation was found between duration of illness and caregivers burden. It can be suggested that the care givers of the patients with psychiatric illnesses were facing moderate to severe level of burden and duration of illness was positively correlated with care burden. Gender differences were not statistically found in the level of care burden.

KEYWORDS: Family Care burden, psychiatric disorder

Introduction

Burden of care is a complex construct that challenges simple definition, and is frequently criticized for being broad and generally negative. Frequently, burden of care is more defined by its impacts and consequences on caregivers. In addition to the emotional, psychological, physical and economic impact, the concept of 'burden of care' involves subtle but distressing notions such as shame, embarrassment, feelings of guilt and self-blame. The early conceptualization of 'burden of care' into two distinct components (objective and subjective) has guided research efforts until the present time. Objective burden of care is meant to indicate its effects on the household such as taking care of daily tasks, whereas subjective burden indicates the extent to which the caregivers perceive the burden of care.

Research contributions in later years (1980s to the present) have added more depth to understanding of the construct of burden of care by exploring important determinants and factors that likely contribute or mediate the caregiver's perception of burden of care. Several studies examined the role of gender, and reported that relatives of male patients with schizophrenia frequently experience more social dysfunction and disabilities than those of female patients. Similarly, a number of other studies documented the contribution of ethnicity and cultural issues to subjective burden of care. Although there is no complete agreement on whether a specific cluster of psychotic symptoms has the most impact on a caregiver's burden of care, there is agreement that the severity of symptoms increases it.

An estimated 50 to 80% of persons with schizophrenia and related psychotic disorders live with or have regular contact with a family caregiver (Gibbons et al., 1984; Lehman &Steinwaches, 1998a). These caregivers study report high levels of burden related to caring for their family members. Demands of care giving include paying for psychiatric treatment, supervision of a mentally ill family member, dealing with societal stigma associated with mental illness, and emotional distress that may result from symptoms of a family member's illness. The level of burden experienced by caregivers of persons with schizophrenia is equivalent to that of caregivers of persons with other neurological (e.g., Alzheimer's disease, mental retardation) and physical (e.g., diabetes, cancer) disorders (Biegel,Sales, & Schulz, 1991; Pariante & Carpiniello, 1996). As a result of the high proportion of family members providing care to persons with schizophrenia and the high rates of burden reported by these caregivers, researchers have attempted to identify predictors of family burden and to design family interventions that reduce the negative consequences of caring for persons with schizophrenia.

Patient stressor and caregiver resource variables have been identified as contributors to family burden (Lowyck et al., 2001). Patient stressors such as negative symptoms, disruptive symptoms (e.g., psychotic and aggressive symptoms), frequent psychiatric hospitalizations, and short illness duration have been linked to increased burden in caregivers of persons with schizophrenia (Biegel, Milligan, Putnam, & Song, 1994; Dyck, Short, & Vitaliano, 1999: Gibbons et al., 1984; Martens & Addington, 2001; Provencher & Meuser, 1997; Raj, Kulhara,& Avasthi, 1991; Salleh, 1994). It is important to note that not all researchers consistently find a link between these patient stressors and family burden (Lowyck et al., 2001).

A recent study conducted by the National Alliance for Care giving found that more than half of those who provide major care for their parents (and one in four who provide any care) experienced stresses and burden. This is a major concern because prolonged stress can have serious emotional consequences. Emotional impact of any psychiatric disorder on family or primary caregivers can vary from frustration, anxiety, fear, depression and guilt to grief Depression is one of the emotion, which is experienced by caregivers. Four types of caregiver burden resulting from stress have been identified (Select Committee on Aging, 1987); emotional burden, physical burden, financial burden and family burden. The effect of stressors on family members caring for a physically or mentally ill person has been referred to as caregiver burden. It is an important concern and will become more so with the inevitable aging of the population. Community health and home health nurses, social workers must be able to recognize those factors associated with caregiver burden to effectively render care to their clients and families. The present investigation focuses on family care burden in caregivers of mentally ill people.

Methodology

This study aimed at investigating family care burden in the caregivers of male and female patients with different psychiatric diagnosis. In the present research primary care givers of 200 (100 male patients and 100 female patients) with different psychiatric diagnosis were selected from outpatient departments of Ranchi Institute of Neuron-Psychiatry

and Allied Sciences, Ranchi (Jharkhand). Patients above 16years of age of any gender and should be co-operative for data collections were included. Caregivers as an adult aged 20 years or more, he/ she should be of first or second – degree relationship to the patient and should be staying with the patients for not less than one year.

The caregivers must be providing care to their patients for at least one year. Caregiver should be free from psychiatric or physical disorder which might interfere with the care of patients and his / her co- operation during interviews was included. Any other co- morbid psychiatric diagnosis in the patient like dementia, OCD, Substance abuse (excluding tobacco use) was excluded from the study.

Self prepared interview schedule to elicit socio-demographic data and clinical particulars. Care burden scale (Zarit et al., 1980) was used. A 22-item interviewer-administered questionnaire designed to assess the degree of burden felt by caregivers. Items were selected based on clinical experience with caregivers and fall into five categories (health, psychological well-being, finances, social life, and relationship with impaired person).The instrument also has undergone psychometric testing in Hebrew, Spanish, and Japanese.

Results

There was significant difference between the mean age of the male patients (30.70±7.88) and female patients (27.03±4.07).Significant difference was also found between the mean age of the male patient's caregivers (40.85±5.75) and female patient's caregivers (41.88±6.14). There was no significant difference between the duration of illness of the male patients (**3.17**±1.15) and female patients (2.61±1.314.07) (table 1) in the present study.

Mean and SD of age of patients, caregivers and duration of illness (Table 1)

Variables	Male		Female		df	t
	Mean	SD	Mean	SD		
Age of patients	30.70	7.88	27.03	4.07	198	3.196*
Age of caregivers	40.85	5.75	41.88	6.14	198	4.136**
Duration of illness	3.17	1.15	2.61	1.31	198	-1.223

***P<0.05, ** P<0.01**

Majority of the patients have a diagnosis of schizophrenia (46%), followed by bipolar affective disorder (21%), Delusion disorder (14%), Schizoaffective disorder (4%), Psychosis NOS (6%)and Obsessive compulsion disorder(9%).Significant difference was found between the male and female patients(x^2 =25.58,df=5,p=0.000) in the diagnosis(table2).

Majority of Care givers of schizophrenic, bipolar affective disorder, delusion disorder schizoaffective disorder patients were facing moderate to severe level of care burden. Majority of the care givers of Obsessive Compulsion disorder were facing mild to moderate level of burden. 33% of Care givers of psychosis NOS patients were facing moderate to severe level of care burden and 33% were facing mild to moderate level of burden. Significant difference was not found between the male and female patients caregivers with the level of caregivers' burden (table3). There is a positive correlation of family burden and duration of illness was found in the present study (table 4).

Gender difference in the diagnosis of the patients (Table 2)

Variables	Gender		df	x^2	p
	Male N=100	Female N=100			
Schizophrenia	62	30	5	25.58	.000 S
Bipolar affective disorder	20	22			
Delusion disorder	6	22			
Schizoaffective disorder	5	12			
Obsessive compulsion disorder	3	6			
Psychosis NOS	4	8			

S=significant

Gender difference in care givers burden (Table 3)

Variables	Gender		df	x^2	P
	Male caregivers N=100	Female caregivers N=100			
No or minimal burden	3	14	3	8.58	.035 NS
Mild to moderate burden	26	28			
Moderate to severe burden	51	43			
Severe burden	20	15			

NS=Non significant

Relationship between duration of illness and caregivers burden (Table 4)

Variable	Caregivers burden
Duration of illness	.155(*)

***P<0.05**

Discussion

Family caregivers of persons with schizophrenia and other psychotic disorders experience high levels of burden .The family care giving burden of persons with severe mental illness includes financial responsibilities, missed work, disturbance of domestic routines, constraints on social and leisure activities, and reduced attention to other family members (Kreisman et al.,1974 and Hatfield ,1987). The present research findings shows that majority of care givers were facing moderate to severe level of care burden and majority of them were caregiver's of male patients. Greater burden is associated with patients who are male, younger in age (Martyns-Yellowe, 1992; Roychoudhuri et al., 1995), and who have poorer levels of functioning.

In the light of present findings can be said that majority of male patients family were having moderate to severe level of care burden. Reason may be the illnesses more severe in males, is associated with higher suicidal rates, more negative symptoms and more hospitalization. Female schizophrenics are less frequently hospitalized; appear more responsive to neuroleptic medication and have more benign life time disease course (Goldstein, 1993).

The results supports previous research, that majority caregivers of schizophrenic patients have moderate to severe level of care burden as compared to the caregivers of depression, schizoaffective, delusion disorder and Obsessive compulsion disorder .Family care givers of bipolar patients more often use healthier strategies than care givers of patients with schizophrenia. Possible reason includes improved inter-episode functioning while in Obsessive compulsion disorder patients maintain their psychosocial functioning. As reported in research by (Roychoudhuri, 1995), it was found that caregivers of schizophrenic patients have higher level of burden as compared to caregivers of bipolar patients. The result of present study also supports that idea. There is a positive correlation of family burden and duration of illness was found in the present study. Vohra et al (2002) also found positive correlation of family burden and duration of illness similar to our study.

Limitation of Study

The present study has certain limitations, only family care burden among family members were assessed. The effect of stressors, coping, adaptation of family members caring for a physically or mentally ill person should be included with caregiver burden.

Relationship between caregiver burden, family functioning and depressive symptomatology in families of patients with mental disorder should be included.

Conclusion

Families are an integral part of the care system for persons with a chronic mental illness, such as schizophrenia. The demands of being involved in the care of a seriously mentally ill relative have both an emotional and a practical impact on the caregiver (Chakrabarti et al., 1995; Provencher, 1996).The costs that families incur in terms of economic hardships, social isolation and psychological strain, are referred to as family burden. Data emerging from the present study indicate that the family care burden of the caregivers is closely correlated with the severity of the behavioural disorders and to the duration of the disease.

REFERENCES

1. Awad A G , Voruganti LN. (2008) 'The burden of schizophrenia on caregivers: a review' Pharmaco economics, 26(2):149-62 | 2. Biegel, D. E., Milligan, S. E., Putman, P. L., & Song, L. Y. (1994) 'Predictors of burden among lower socioeconomic status caregivers of persons with chronic mental illness'. Community Mental Health Journal, 30 (5), 473-494. | 3. Biegel, D. E., Sales, E., & Schulz, R. (1991) Family care giving in chronic illness. Newbury Park, CA: Sage Publications. | 4. Bradley, E. (2003) 'Caregivers feel helpless, needs help: home health agencies, social workers can help lift family caregivers' burden'. American Journal of Geriatric Psychiatry. 2003. Retreived. | 5. Chakraborty, S. Raju, L., Kulhara, P., Avasthi, A., & Verma, S.K. (1995) 'Comparison of the extent and pattern of family burden in affective disorders and schizophrenia'. Indian Journal of Psychiatry, 37, 105-112. | 6. Dyck, D. G., Short, R., & Vitaliano, P. P. (1999) 'Predictors of burden and infectious illness in schizophrenia caregivers '. Psychosomatic Medicine, 61, 411-419. | 7. Gibbons, J. S., Horn, S. H., Powell, J. M., &Gibbons, J. L. (1984) 'Schizophrenic patients and their families: A survey in a psychiatric service based on a DGH unit'. British Journal of Psychiatry, 144, 70-77. | 8. Goldstein, J. M., Santangelo, S. L., Simpson, J. G., et al. (1993) 'Gender and mortality in schizophrenia: do women act like men'. Psychological Medicine, 23, 941-8. | 9. Goeree, R., O'Brien, B. J., Goering, P., et al (1999) 'The economic burden of schizophrenia in Canada'. Pharmacoeconomics, 15 (6): 597-610. | 10. Hatfield AB.(1987) Coping and adaptation: a conceptual framework for understanding families. In: Hatfield AB, Lefley HP, editors. Families of the mentally ill. New York: Guilford, 60–84. | 11. I p, G.S. and Mackenzie, A.E. (1998) 'caring for relatives with serious mental illness at home: the experiences of family carers in Hong Kong'. Archives of Psychiatric Nursing, 12 (5): 288-94. | 12. Kissling, W., Hoffler, J., Seemann, U., et al (1999) 'Direct and indirect costs of schizophrenia'. Fortschr Neurological Psychiatry, 67 (1): 29-36. | 13. Kreisman DE, Joy VD. (1974) 'Family response to the mental illness of a relative: a review of the literature'. Schizophrenia Bull, 10, 34–57. | 14. Lehman, A. F., & Steinwachs, D. M. (1998a) 'Patterns of usual care for schizophrenia: Initial results from the schizophrenia patient outcomes research team (PORT) client survey'. Schizophrenia Bulletin, 24(1), 11-20. | 15. Lindstrom, E. (1996) 'The hidden burden of schizophrenia. Economic and clinical issues'. Journal of Drug Development, 7 (2): 281-288. | 16. Lowyck, B., De Hert, M., Peeters, E., Gilis, P., & Peuskens, J. (2001) 'Can we identify the factors influencing the burden on family members of patients with schizophrenia'. International Journal of Psychiatry in Clinical Practice, 5, 89-96. | 17. Magliano, L., Fadden, G., Economok, M., Hesd,T., Xavier, M. et al. (2000) 'Family burden and coping strategies in schizophrenia: One year follow up data from the BIOMED-I study'. Social Psychiatry and Psychiatric Epidemiology, 33,405-412 | 18. Magliano, L., Fadden, G., Madianos, M., Caldas de Almeida, J. M., Held, T., et al. (1998) 'Burden on the families of patients with schizophrenia'. Social Psychiatry and Psychiatric Epidemiology, 33, 405-412. | 19. Martyns-Yellowe, I.S. (1992) ' The burden of schizophrenia on the family: A study from Nigeria'. British Journal of Psychiatry, 161, 779-782. | 20. Martens, L., & Addington, J. (2001) ' The psychological well being of family members of individuals with schizophrenia'. Social Psychiatry and Psychiatric Epidemiology, 36, 128-133. | 21. Pariante, C. M., & Carpiniello, B. (1996) 'Family burden in relatives of schizophrenics and of people with mental retardation: A comparative study'. European Psychiatry, 11, 381-385. | 22. Provencher,H.L.(1996) Objective burden in primary caregivers of person with chronic mental illness .Retreived http ://www.ijponline.org/july2002/indIJPOrgArticle2.html | 23. Raj, L., Kulhara, P., & Avasthi, A. (1991) 'Social burden of positive and negative schizophrenia'. The International Journal of Social Psychiatry, 37 (4), 242-250. | 24. Roychauduri, J., & Mohandad, (1995) 'Family burden among long term psychiatric patients'. Indian Journal of Psychiatry, 37 (2), 81-5. | 25. Salleh, M. R. (1994) 'The burden of care of schizophrenia in Malay families'. Acta Psychiatrica Scandinavica, 89 (3): 180-5 | 26. Solomon, P., & Draine, J. (1995) 'Subjective burden among family members of mentally ill adults: Relation to stress, coping, and adaptation'. American Journal of Orthopsychiatry, 65 (3), 419-427 | 27. United Nations Development Programme (1995). Human Development Report. Oxford University Press. New York | 28. Vohra, A.K., Garg, S., & Gaur, D.R. (2002) 'A study of burden on families of schizophrenia and depressive disorders'. Indian Journal of Psychiatry Supplement, 33 | 29. Zarit SH, Reever KE & Bach-Peterson J.(1980) 'Relatives of the impaired elderly: Correlates of feelings of burden'. The Gerontologist,20, 6: 649-655. |