



STUDY OF COPING MECHANISMS AND CARE GIVER'S BURDEN IN CAREGIVERS OF PERSONS WITH PSYCHIATRIC ILLNESS.

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ABSTRACT

Care givers in Indian families experience a lot of physical and emotional distress. The term "caregiver burden" is used to describe the physical, emotional and financial toll of providing care to the patients suffering from various illnesses. Coping is understood as the process of managing external or internal demands that are considered as taxing or exceeding the resources of the person. Also, it can be perceived as adaptive versus maladaptive and problem focuses versus emotion-focused. Understanding the commonly used coping strategies in a particular group of subjects can provide valuable insights for designing interventions to reduce the stress. Study Proforma containing Socio-demographic details were filled. Burden Assessment Schedule (BAS) and Lazarus Ways of coping scale were administered. Statistical analysis was done using SPSS software (version 16). The most common coping mechanism used were 'Positive reappraisal' (79%) 'Distancing' (73%) and 'Self Controlling' (73%). Out of the 33 caregivers, burden was present in 61% (n=20) of them.

KEYWORDS : Coping mechanisms, Care giver Burden, Psychiatric illnesses

INTRODUCTION:

The family is a major source of support for the mentally ill in India. Although Indian families show tremendous resilience in caring for their ill relatives, they experience a lot of physical and emotional distress. Caregiver burden refers to the negative feelings and subsequent strain experienced as a result of caring for a chronically sick person. The term "caregiver burden" is used to describe the physical, emotional and financial toll of providing care to the patients suffering from various illnesses. In India, more than 90% of patients with chronic mental illnesses live with their families [1]. Moreover, in psychiatric illnesses, emotional lability of the patient, social stigma and functional impairment which makes the patient financially dependent and socially isolated in his productive life adds to the burden of the family members. The importance of family members is more nowadays where deinstitutionalization of psychiatry is encouraged. Caregiver burden is also now reportedly a critical determinant for negative caregiving outcomes. Earlier studies have found out that, there is a variable degree of psychological morbidity among the care givers. Community-based studies proved that 18-47% of caregivers land in depression. [2]

Thus, caregivers to help themselves from the burden of taking care of a patient with chronic mental illness, develop different kinds of coping strategies to deal with the burden of caregiving. Coping is an emotional or behavioural response to stress. It is a process which focuses on what the individual thinks and does when encountering stress. Little is known about the ways in which families cope while caring for a relative with mental illness in developing countries like India. A caregiver's burden increases due to negative coping skills and lack of resources. In the study of socio cultural perspectives of care givers and burden coping behavior in bipolar disorder and schizophrenia, Ganguly et al (2009) have reported different coping mechanisms adopted by care givers of mentally ill patients to overcome stressors and it is to be noted that an unhealthy coping style is likely to adversely affect the caregiving function. This study aims to look at different coping strategies used by relatives to cope with such patients and to assess the most common coping mechanism in them.

Materials and Methods:

The study was done at psychiatry department, Meenakshi medical college and hospital, Kanchipuram during the period of 1st September 2016 to 30th September 2016. This is a longitudinal cross sectional study done in a sample of 33 Primary care givers of persons

with mental illnesses. The care givers were in the age group of 18-59 years, both sexes who gave informed written consent, no history of psychiatric illness, no history of physical illness. Study Proforma containing Socio-demographic details were filled. Burden Assessment Schedule (BAS) and Lazarus Ways of coping scale were administered. Statistical analysis was done using SPSS software (version 16)

Results:

Among the study population, 66% (n=22) were females and 33% (n=11) were males. 51% (n=17) have finished higher secondary education, 46% (n=15) have finished primary education and 3% (n=1) were illiterate. 66% (n=22) were belonging to middle socioeconomic status and 33% (n=11) to lower socioeconomic status. 58% (n=19) were 'Spouse' to the patient, 36% (n=12) were 'parents' to the patient, 6% (n=2) were Son/Daughter to the patient. 61% (n=20) were looking after the patient for more than 10 years and 39% (n=13) were looking after the patient for less than 10 years. 85% (n=28) of the care givers were financially independent and 15% (n=5) were financially dependent. About the expressed emotions, 49% (n=16) expressed 'over concern', 21% (n=7) expressed criticism, 30% (n=10) were hostile towards the patient. With the patient's diagnosis, 33% (n=11) were diagnosed to have alcohol dependence syndrome, 6% (n=2) were diagnosed to have generalised anxiety disorder, 12% (n=4) had Bipolar affective disorder, 19% (n=6) had depression, 12% (n=4) had obsessive compulsive disorder, 9% (n=4) had schizophrenia, 6% (n=2) were mentally retarded. The most common coping mechanism used were 'Positive reappraisal' (79%), 'Distancing' (73%) and 'Self Controlling' (73%).

Out of the 33 caregivers, burden was present in 61% (n=20) of them. As duration of the psychiatric illness increases, burden of the care giver also increases and there is a weak positive pearson's correlation coefficient of +0.015 (pearson's $r = 0.015$). **FEMALE sex** is found to be associated with more burden when compared to their male counterparts. SEX of the patient is associated with burden of the care giver. (Chi square value is 4.062, p-value is **0.044**), which is statistically significant. Age group between **20-29 years** experienced more burden when compared to other age groups. It has been found that age group of the patient is associated with care givers burden (Chi square value is 10.414, p-value is **0.034**), which is statistically significant. About the coping mechanisms examined, Confrontive coping (p-value - .002), Distancing (p-value - 0.006),

Escape avoidance (p-value = 0.027) have been associated with care giver burden significantly.

DISCUSSION:

In a country like India where the resources to care for patients with mental illness are limited, the major responsibility of the care of the patients lies with the family. Family members also feel that it is their duty to take care of their relatives who have mental illness. The presence of family members is almost mandatory for inpatient care in general hospital psychiatric units and the family members invariably accompany patients to the outpatient treatment settings. This leads to a great degree of burden on the family members of patients with mental illness. The various types of burden that have been described from the west include financial burden, restriction on social life and emotional reaction to caring for the ill person, such as distress, perceived loss and worry [3]. In our study we tried to evaluate the relationship between the coping mechanisms adopted by the care givers of persons suffering from mental illness and the amount of burden they experience daily. With our study population, A POSITIVE correlation has been found between duration of psychiatric illness and care giver's burden, hence emphasizing the fact that more the duration of illness, more is the care giver burden in caregivers. Also, it was found that female sex & younger age group (20-29 yrs) was perceived to have more burden when compared to other age groups. The reason could be the fact that older care givers would have accustomed to the chronic illness or in other words they would have reached the 'emotional acceptance' stage and hence would perceive less emotional burden when compared to their younger counterparts. This is in line with the other studies of care giver's burden in individuals with schizophrenia [3]. Among the coping mechanisms, Confrontive coping, Distancing, Escape avoidance are significantly associated with High care givers burden in the primary care givers, which gives us the detail that most of the caregivers express the anger on the patients they care as a part of coping mechanism of their burden. Some care givers also try to distance themselves from the fact their child/spouse is suffering from a mental illness. Another significant finding formulated is the information that the caregivers try to avoid being with other people in general for the social stigma attached with their child/spouse suffering from a mental illness. With the limited study sample in our study, we compared various diagnosis associated with care giver's burden and to our surprise there was no difference in burden among care givers of individuals suffering from various mental disorders. This is against the usual notion of a chronic/ major mental illness contributing to increased care burden than a minor mental illness. We cannot extrapolate this particular information as the number of care givers recruited in our study is too small for any conclusion.[4]

LIMITATIONS:

Sample size (N=33) of the study is too small. Also, all the samples have been collected from tertiary health center and not from the community in general. Our study sample did not include dementia in which the caregiver burden is very high. As there was no rating scale measuring caregiver burden in vernacular language, the scale had to be translated into local language, which can be a confounding factor.

Conflict of interest - NIL

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