



## Health Profile of Family Caregivers of Persons With Psychiatric Disability

### KEYWORDS

Health Profile, Family Caregivers, Psychiatric Disability.

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**ABSTRACT** Health is a word is used in various contexts. We compare health in terms of illness or disability. Generally an illness or disability is seen in relation to the patient and his sufferings. There is another group of people who are equally affected. They are the family caregivers of the patients. The family caregivers of persons with psychiatric disability face a lot of stress and trauma in their daily lives due to stigma attached with psychiatric illness. They are a neglected lot especially in India. Descriptive Research Design was used for the study. Purposive sampling method was used. 112 caregivers of persons with psychiatric disability were interviewed from a Mental Health Clinic in Coimbatore City of Tamil Nadu. Dukes Health Profile Inventory was used to measure the level of Health and Dysfunction of the caregivers. It was also associated with certain socio demographic variables. The findings points towards implications for caregiver health.

### Introduction

#### Psychiatric Disability

The term 'psychiatric disability' is used when mental illness significantly interferes with the performance of major life activities, such as self - care ,learning, thinking, communicating, sleeping etc.(Zuckerman, Debenham, and Moore, 1993).

**Key facts about Psychiatric Disability:**Persons with psychiatric disability often exhibit cognitive, perceptual, affective, and interpersonal deficits resulting from the mental illness. They mainly exhibit three types of deficits:

**(a) Foundation Deficits:** This includes anxiety, hopelessness, guilt, perceptual problems, cognitive problems of attention, problems in memory and insight.

**(b) Functional Deficits:** such as impulse control, self-identity, perception of reality and problem solving.

**(c) Work Capacity Deficits:** such as punctuality, appearance and grooming, task performance and following directions.

#### Family Caregiving

Savage and Bailey(2004) convey the ongoing, long-term nature of informal caregiving, which deals with everyday realities in this definition: "A family member, relative, friend or neighbour who provides practical, day-to-day unpaid support for a person unable to complete all of the tasks of daily living. The person who receives care is the care recipient, defined as a person who lives with some form of chronic condition that causes difficulties in completing the tasks of daily living." Family caregivers are family members or relatives of the care recipient.

#### Health Profile

Health is the level of functional or metabolic efficiency of a living being. In humans, it is the general condition of a person's mind, body and spirit, usually meaning to be free from illness, injury or pain. (WHO, 2001). The health profile includes health and dysfunction aspects of a person . Health aspects include Physical Health, Mental Health, Social Health, General Health, Issues related to self esteem

and self-perception of health. Dysfunction is covered by anxiety, depression, anxiety-depression, pain and disability. All this put together reveals the health profile of the individual. (Parkerson, 1989)

#### Research Methodology:

This research work aimed to study the Health Profile of Family Caregivers of Persons with Psychiatric Disabilities. The Objectives of the Study was to understand the Socio Demographic Profile of Family Caregivers of Persons with Psychiatric Disabilities.To understand the Socio Demographic Profile of Clients (Persons with Psychiatric Disabilities.)To analyse the Level of Health Profile of the Family Caregivers and to identify the factors associated with Health Profile of the Family Caregivers. The Research Design used for the study is Descriptive in nature. It describes the Socio Demographic Profile of the respondents and the clients. It also describes the Health Profile of the It describes the factors associated with the Health Profile of the respondents. Pilot Study was done during the month of May & June 2009.After this an Interview Schedule was prepared. Pretest was done in order to find out the validity of the Interview Schedule a pretest was conducted with 20 respondents It was carried out in February 2010. Major changes were not required in the Interview Schedule as it consisted of standardized scale to measure Health Profile. Data collection was done from Natchiyar Medical Centre(A Centre for Mind Care),Coimbatore, Tamil Nadu, India.

Universe consisted of family caregivers who visited the centre during the period of data collection. The exact number of persons who visit the centre periodically are not known. Hence the universe cannot be defined. Sampling Technique adopted for the selection of the respondents was Non Probability - Purposive Sampling method. By this sampling method the respondents were selected purposively keeping in mind certain criteria. 114 family caregivers of persons with Psychiatric Disability were included. Criterion For Selecting the Respondents was that they should be family members of the patients who give live in or part time care to the patients. Caregivers of patients with only mental disorders and no associated Psychiatric Disability were excluded from the study.

Tools Of Data Collection was Interview Schedule. A Standardized Tool were used for the study which is Duke's Health Profile (DUKE) developed by Parkerson (1989) is a 17-item generic health instrument. This instrument includes all the elements of health recommended by the World Health Organisation (WHO). As in general application this instrument is a general health status measure for adults.

**Reliability** -The reliability value as tested by the author ranges from 0.55 to 0.78(Cronbach Alpha). Validity -Construct Validity was established for the scale.

**Summary of Findings**

**1. Table No: 1- Distribution of Respondents by Their Health Profile Aspects**

Health Profile	Respondents		
	Mean	S.D	No.
<b>1.HEALTH SCORES</b>			
Physical Health Score	71.84	28.02	114
Mental Health Score	68.86	24.01	114
Social Health Score	72.28	20.53	114
General Health Score	71.23	20.90	114
Perceived Health Score	76.75	28.36	114
Self Esteem Score	75.79	21.53	114
<b>TOTAL HEALTH SCORE</b>	<b>36.76</b>	<b>121.25</b>	<b>114</b>
<b>2.DYSFUNCTION SCORES</b>			
Anxiety Score	29.75	23.98	114
Depression Score	33.65	27.13	114
Anxiety- Depression Score	30.87	25.38	114
Pain Score	29.04	33.13	114
Disability Score	14.91	23.92	114
<b>TOTAL DYSFUNCTION SCORE</b>	<b>138.22</b>	<b>116.49</b>	<b>114</b>
<b>3. HEALTH PROFILE SCORE (Health Score + Dysfunction Score)</b>	<b>574.98</b>	<b>73.18</b>	<b>114</b>

The results of the analysis states that Perceived Health Score(76.75) is high among the respondents when compared to other health aspects..In the Dysfunction aspects Depression (33.65) is the highest. Zarit 2006 states that 40-70% of caregivers have clinically significant symptoms of depression.

**2. Table No: 2- Distribution of Respondents by Their Level of Health Profile Score**

S.No	Level of Health Profile Score (Health Score + Dysfunction Score)	Respondents	
		No.	%
1	Low	26	22.8
2	Moderate	46	40.4
3	High	42	36.8
<b>TOTAL</b>		<b>114</b>	<b>100.0</b>

It can be seen from the above table that among the respondents, majority (40.4%) have moderate level of health profile (health + dysfunction scores).Perlick.et al., (2007) found that family caregivers of persons with serious mental illness (SMI) are likely to experience problems in health, mental health, and financial cost. Here it is seen that 34.8% have low level of health profile.

**3. Scoring on Health and Dysfunction Aspects based on Socio Demographic Profile**

**a.Gender:** The Health and Dysfunction aspects were compared with Gender using 't' and ANOVA to find out if there is a significant difference among the groups in their Health and Dysfunction aspects. In the Health Aspects it was seen that Physical Health Score of Male caregivers were higher when compared to the female caregivers. It is seen that male caregivers have higher General Health than female caregivers. In Depression Scores female caregivers rank higher than male caregivers. It is also seen that the Overall Health Score is higher among male and Overall Dysfunction Score is higher among female.

**b. Relationship with Client(Persons with Psychiatric Disability):**

It is seen that Relatives of the client have higher General Health Scores than the other caregivers. It is also seen that Relatives score higher in the Overall Health Score.

**c. Table No: 3- Health Profile and its Influencing Factors (Health and Dysfunction Aspects)**

S.No	Variable	't' / ANOVA	Significance
1	Age	ANOVA	NS
2	Gender	't' Test	NS
3	Relationship with Client	ANOVA & POST HOC	**
4	Family Monthly Income	ANOVA	NS
5	Domiciliary	ANOVA	NS
6	Order of Birth	ANOVA	NS
7	Duration of Disability	ANOVA	NS

**NS - Not Significant , \* - Significant at 5% , \*\* - Significant at 1%**

It is seen that relatives have better health scores than other caregivers. All the other variables do not differ significantly with the Health Profile of the respondents.

**Implications for Social Work Practice**

To a great extent, the needs of the care recipient define the type of service or assistance sought by the caregiver. The Health Profile of the Caregivers indicates that their well being depends upon the well being of the care receiver. Possible Social Work Interventions are listed below. Caution should be taken as to generalising the implications for social work practice discussed here. The study points towards the need to provide interventions to improve the health and lower the dysfunction among the caregivers. Caregivers with high and complex needs would benefit from a holistic assessment of the family, well coordinated services, flexible support packages, a reliable supply of competent and well-trained respite workers and a planned approach to the transition of the young person into adulthood and quality out-of-home options.

Caregivers of people with Psychiatric Disability would benefit from early Social Work interventions like counseling, bio-psycho education, respite care, and involvement in treatment programmes, for stress reduction. Caregivers would find it beneficial to receive assistance with strategies for managing the disability, as well as being provided with information and social support. On the whole Interventions focusing of Positive Coping could improve the Subjective Well Being and Holistic Health of the caregivers and hence reduce the Family Burden.

**Conclusion**

The Health Profile of Family Caregivers of Persons with Psychiatric Disabilities were analysed. The study yields some interesting results which implicate the scope for further research in this area. Here we are looking only at the majority of the caregivers, the research also indicates that a small percentage of caregivers do have issues due to their caregiving role. This small group need to be taken care of. Interventions should focus on their well being also. The entire family needs to be given awareness on Mental Illness and Disabilities which will support the Mental Health of the Caregivers.

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