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A STUDY ON BURDEN AMONG SPOUSE OF PATIENT WITH MOOD DISORDER

KEYWORDS Burden, Spouse, Patient with Mood Disorder

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ABSTRACT *Mood disorder is severe and complex mental illness all over the world. Spouse plays a vital role in supporting family members who are sick, infirm and disabled. It is rapidly becoming a millennium illness that has to be considered. The global burden of mood disorder is increasing in day by day life. Depression alone is reported to be one of the leading causes of disability worldwide, Respondents for 4.4% of last (2011) years of healthy life due to premature death or disability (DALYs) on a global basis. Mood disorder affects person's activities of daily living, occupational abilities, psycho-social functioning and sexual life. Quality of life is affected to a great degree. In all cases, however, family functioning was significantly impaired. In India, especially, nuclear family pattern is becoming a vogue today. Spouse of patient with mood disorder were supported by the joint family system in earlier days. Spouse not only provides practical help and personal care but also give emotional support to the patient. Mostly, one-third to one-half of the spouse suffers significant psychological distress and experience higher rate of mental ill health than the general population. Major findings of this research was most of the respondent's (58 %) were having severe burden. 37% of respondents were having moderate burden and 5 % of respondents ware having mild burden.*

INTRODUCTION

Spouse plays a vital role in supporting family members who are sick, inform or disabled. There is no doubt that the families of those with mental disorders are affected by the condition of their near ones. Spouses not only provide practical help and personal care but also give emotional support to their partner with a mental disorder. Therefore the affected person is dependent on the caregiver and their well being is directly related to the nature and quality of the care provided by the caregiver. Mood disorder is severe and complex mental illness all over the world. It is rapidly becoming a millennium illness that has to be considered. The global burden of mood disorder is increasing in day by day life. Caregivers of relatives with mood disorders show a different pattern of burden over time, depending on the patient diagnosis. In all cases, however, family functioning was significantly impaired.

Research methodology

- To study about the social demographic factors of spouse of patient with mood disorder
- To study about the level of burden among spouse of patient with mood disorder
- To compare the demographic details with level of burden among spouse of patient with mood disorder
- To provides suggestions based on the findings

Research design

The present study attempts to assess the burden among spouse of patients with mood disorder in the society. The researcher adopted descriptive and diagnostic research design, which includes fact finding investigation with adequate interpretation of facts about the problems.

Universe and Sampling

The data was taken from both In and Out patient departments of Psychiatry, Sita Lakshmi Hospital. Average 1200 number of patients comes to hospital every month for getting treatment for psychiatric complaints. 60 respondents were selected by the researcher used purposive sampling method.

Inclusion criteria

A subject will be eligible for inclusion in the study only if all of the following criteria apply:

- Married couple with mood disorder patient
- Both husband and wife (either husband or wife can be a patient)
- Spouse of patient with mood disorder such as Major depression, Dysthymia, Mania, Bipolar

Exclusion criteria

Patients not eligible to participate in the study if one of the following criteria applies:

- Patient with mood disorder
- Divorce and separation couples
- Other than spouse
- Other mental disorders

Tools and data collection

The researcher used 'Caregiver's Burden Scale'

1. Caregiver's Burden Scale (CBS)

This scale was developed by Elmståhl et al, (February 1996) to assess the burden of the respondents. This scale consists of a 22-item scale that assess subjectively experienced burden by caregiver's to chronically mentally ill persons. 4 responses each it is not at all, Seldom, Sometimes and Often. The statements in this scale were related to 5 constructs of burden namely general strain, isolation, disappointment, emotional involvement and environment.

This scale consists of positive statement for the responses of statements. The score for the responses of statements were from (1- 4). The maximum score possible in this score is 88 and the minimum is 22 score. Scoring key refer to 0-20 little or no burden, 21-40 mild to moderate burden, 41-60 moderate to severe burden, 61-88 severe burden.

1) Demographic detail

Personal information designed by the investigator to procure relevant Socio – demographic information such as age, gender, educational qualification from the subject was used.

Method of data collection

A structured interview scheduled method used to collect the primary data. Secondary data was obtained through internet, journals and also from various books.

Problems faced by the researcher:

- The researcher faced problem with finding mood disorder patient without the reference of doctor either on busy Schedule or non availability
- The researcher found difficult to making respondent understand the study is obliged for education purposes
- The researcher during the study found difficult in getting personal contact with respondent due to availability of mood disorder patient spouse
- The researcher find difficult in data collection limited time frame.

Limitation of the study

- This study limited only to spouse of mood disorder patient.
- The study was conducted in limit time period.
- The study done in a particular geographical area and the hospital situated in a city.
- Respondents were hesitating to talk about their real feeling because of fear, shy

Findings:

Factors	Categories	No. Of respondents	Percentage
Gender	Male	36	60 %
	Female	24	40 %
Age in years	21-30	10	17%
	31-40	15	25 %
	41-50	19	32 %
	51-60	11	18 %
	Above 61	5	8 %
Educational Qualification	Illiterate	13	22 %
	Primary	7	12 %
	SSLC	12	20 %
	Higher secondary	19	31 %
	Degree	9	15 %
Occupation	Government	12	20 %
	Private	22	37 %
	Unemployed	14	23 %
	Own	12	20 %
Annual income (Rupees)	Below 100000	31	52%
	100001-200000	15	25 %
	200001-300000	5	8 %
	Above 300000	9	15 %
No. of earning members	1	33	55 %
	2	17	28%
	Above 3	10	17 %
Area of domicile	Urban	14	24 %
	Semi –urban	23	38 %
	Rural	23	38 %
Type of family	Joint	24	40 %
	Nuclear	36	60 %
No of the children	Nil	5	8 %
	1—2	44	74 %
	3—4	11	18 %
Level of burden	Mild (21-40)	3	5%
	Moderate (41-60)	22	37%
	Severe (61-88)	35	58%

- There is association between level of burden and the gender of respondents.
- There is association between level of burden and domicile of respondents.
- There is no association between level of burden and family type of respondents.
- There is no association between level of burden and occupation of the respondents.
- There is an association between level of burden and education of the respondents.
- There is relationship between level of burden and General strain.
- There is relationship between level of burden and Isolation.
- There is relationship between level of burden and Disappointment.
- There is relationship between level of burden and Environment.

Suggestion

- The trained Social workers could help support groups with psycho educational classes designed specifically for the caregiver.
- Social workers must help spouses to identify their negative experiences about care giving.
- Help the spouses to reflect their coping strategies to find balance in their situation.
- There are different levels of burden among the care givers according to different types of disorder like depression, mania, clothymia, dysthymia ext.. So in future these can be studied separately.

CONCLUSION

The burden experienced by spouse of patients with mood disorder has been associated with increased caregiver general strain, isolation, disappointment, emotional involvement, environment and mental health service use. As caregiver burden is also associated with poor patient outcome, these findings may indicate a source of distress for caregivers. The majority of respondents have severe burden. Future research is needed to address methodological issues and focus on distinguishing symptoms and identifying effects of mediators such as caregiver–patient relationship, coping styles and stigma. Interventions tailored towards the psychiatric needs of mood disorder families may result in improved caregiver and patient outcomes, as well as in decreased health care costs.

Spouses face mental ill health as a direct consequence of their caring role and experience higher rates of mental ill health than the general population. This leads to negative effects on the quality of life of the career and the standard of care delivered. Efforts to identify and treat caregiver psychological distress will need to be multidisciplinary, require consideration of the cultural context of the patient and caregiver, and focus on multiple risk factors simultaneously. The findings of the review underline the importance for early identification of spouses, effective spouse support, and health promotion, monitoring high-risk groups, and timing appropriate interventions.

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