



A Study On Family Burden Among The Caregivers Of People With Schizophrenia

KEYWORDS

Mental Illness, Schizophrenia, Family Burden.

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ABSTRACT

Mental Illness is defined as “Collectively all diagnosable mental disorders” or health conditions that are characterized by alterations in thinking, mood or behaviour associated with distress and impaired functioning as recognized by the diagnostic and statistical manual, (DSM IV), Schizophrenia is a chronic, severe and disabling brain disease. Approximately 1% of the general population develops Schizophrenia during their life time. In India, Schizophrenia is the most frequently diagnosed mental illness. Family burden of the caregiver of Schizophrenic patients include financial burden, normal routine is badly affected in the family, due to social stigma attached to mental illness, there will be reduction or even cessation of interaction with friends, relatives or neighbours, stress and strain associated with caring has a disruption of effect on mental health of family members, affects physical health. This study thus wanted to highlight the extent of burden perceived by the families with Schizophrenia. The Aim of the study is to assess the family burden among the caregivers of people with Schizophrenia. Research Design used by the researcher was descriptive research design. The researcher adopted a census method for data collection and data was collected from 40 people who are primary caregivers of Schizophrenia treated in Sowmanasya Hospitals and the rehabilitation centre for mentally ill, Gunaseelam. For this study family burden Interview Schedule standardized by PAI and Kapur (1982) was used and statistical analysis was done by SPSS. Findings and results will be discussed in the full paper.

INTRODUCTION:

Mental illness is any illness experienced by a person which affects their emotions, thoughts or behavior, which is out of keeping with their cultural belief and personality and its producing a negative effect on their lives or the lives of their families. Schizophrenia is a major mental illness and approximately 1% of the general population develops Schizophrenia during their life time. Around 8.7 million people in India suffer from Schizophrenia. Schizophrenia may occur at all ages from childhood to senility but it is essentially a disease of early adulthood.

Family Burden includes the financial burden where the families may take loans to incur to heavy expenditure to treatment. There will be disruption of routine activities due to the patient's irrational demands and due to the care of the patient. There will be stopping of the normal recreational activities. The family becomes isolated in the community due to the presence of psychiatric patient and the social stigma attached to it. Caring for a psychiatric patient causes considerable strain and this affects their physical health. Primary care givers become depressed, weepy and in some cases may even develop a mild or severe psychiatric illness.

REVIEW OF RELATED STUDIES:

The main findings of a study on “Integrated Psychological treatment of Schizophrenia patients” by the department of psychology in Spain, in 1999 was that family intervention was acceptable to patients and their carers, the intervention significantly reduced burden in carers and behavioural disturbances in patients. Families often experience anxiety and depressive symptoms related to their newly carved out care giving roles of persons with Schizophrenia. (a study on caregiver burden of Schizophrenic patients by Atkinson et al,

1955).

METHODOLOGY:

Aims and Objectives:

1. To assess the level of family burden experienced by the care givers of people with Schizophrenia.
2. To find the association between the various socio-demographic variables and the family burden among the caregivers of Schizophrenia.

Research Design: The researcher in this study has portrayed the various characteristics of the study population particularly family burden of the caregivers of Schizophrenia patients. Hence the researcher adapted descriptive research design.

Universe and Sampling: The universe of this study was the care givers of people with Schizophrenia treated in Sowmanasya Hospitals and Institute of Psychiatry, Trichy and the rehabilitation centre for mentally ill, Gunaseelam and 40 people who were caregivers of Schizophrenia patients were taken as samples and this study adapted a census method.

Tools of data Collection: These considered of a semi structured interview covering the socio demographic variables such as age, gender, education, occupation, marital status, type of family, economic status, duration of illness, and the family burden interview schedule standardized by PAI and Kapur (1982) was used to assess the burden placed on the families of Psychiatric patients.

Family Burden Interview Schedule: The schedule consist of 24 items classified into 6 different categories such as financial burden, disruption of routine family activities, disruption of family leisure, disruption of interaction, effect on physical health of others, effect on mental health of others. This interview schedule was developed and standardized by PAI and KAPUR (1982).

Statistical Analysis: The statistical procedures used for the analysis of the data were:

- Student 't' test
- Karl Pearson's co-efficient of correlation.
- One way analysis of variance (ANOVA). SPSS was used for data analysis.

SOCIO-DEMOGRAPHIC CHARACTERISTICS OF CARE-GIVERS OF SCHIZOPHRENIA PATIENTS

- In the present study, 22.5% of the respondents were upto 35 years, 20% of them were between 36-45 years, 40% of them were between 46-55 years, 17.5% them were above 55 years of age respectively
- Among them 50% were males, 50% were females.
- 30% of them were uneducated, 55% had school level of education and 15% had graduate level of education.
- 10% of them were employed in Govt, 5% in private agencies, 17.5% were labourers, 57.5% were unemployed, 10% were doing business.
- 57.5% of them had no income, 25% earned upto Rs. 2500, 17.5% of them had above Rs. 2500 income.
- 27.5% were from rural areas, 40% were from urban areas and 32.5% were from semi-urban areas. 22.5% of them belonged to nuclear family, 77.5% of them were living in joint family. 92.5% of them were married, 2.5% were unmarried, 5% of them were separated.

Table 2
State of Illness of Schizophrenia Patients

S.No.	State of Illness	No of Respondents n=40	Percentage
1	Acute	34	85.0
2	Chronic	6	15.0

In this study 85% of them were in acute state and 15% of them were in Chronic state.

Table 3
Frequency of Previous Hospitalization of Schizophrenia Patients

S.No.	Frequency of Previous Hospitalization	No of Respondents n : 40	Percentage
1	No Previous Hospitalization	18	45.0
2	One time	8	20.0
3	Two time	6	15.0
4	Three times and above	8	20.0

45% of them were not Previous Hospitalized, 20% had 1 time, 15% had 2 times 20% had 3 times and above previous hospitalization.

Table 4
Duration of Illness of the Schizophrenia Patients

S.No.	Duration of Illness	No of Respondents n : 40	Percentage
1	Upto 1 year	9	22.5
2	2 years	7	17.5
3	3 years	13	32.5
4	Above 3 years	11	27.5

22.5% of the Schizophrenia patients were within 1 year of duration of illness, 17.5% were 1-2 years of education, 32.5% were within 2-3 years of education, 32.5% were within 2-3 years of duration, 27.5% were above 3 years of duration of illness.

Table 5
Distribution of Respondents by their financial Burden dimension of Family Burden

S.No.	Financial Burden	No of Respondents n : 40	Percentage
1	Low	20	50.0
2	High	20	50.0

50% of caregivers of Schizophrenia had low level of financial burden and 50% had high level of financial burden.

Table 6
Distribution of Respondents by their disruption of routine family activities dimension of family burden

S.No.	Disruption of routine family activities	No of Respondents n : 40	Percentage
1	Low	20	50.0
2	High	20	50.0

50% of respondents had low level of disruption of routine family activities and 50% had high level of disruption of routine family activities.

Table 7
Distribution of Respondents by their disruption of routine family leisure dimension of family burden

S.No.	Disruption of routine family Leisure	No of Respondents n : 40	Percentage
1	Low	18	45.0
2	High	22	55.0

45% of respondents had low level of disruption of family leisure and 55% had high level of disruption of family leisure.

Table 8
Distribution of Respondents by their disruption of routine family Interaction dimension of family burden

S.No.	Disruption of routine family activities	No of Respondents n : 40	Percentage
1	Low	20	50.0
2	High	20	50.0

50% of respondents had low level and 50% of them had high level disruption of interaction.

Table 9
Distribution of Respondents by their effect on physical health of others dimension of family burden

S.No.	Effect on physical health of others	No of Respondents n : 40	Percentage
1	Low	17	42.5
2	High	23	57.5

42.5% of respondents had low level and 57.5% of them had high level effect on physical health of others.

S.No.	Effect on mental health of others	No of Respondents n : 40	Percentage
1	Low	13	32.5
2	High	27	67.5

67.5% of respondents had low level and 32.5% of them had high level effect on mental health of others.

Table 11
Distribution of Respondents by their overall family burden

S.No.	Overall family burden	No of Respondents n : 40	Percentage
1	Low	20	50
2	High	20	50

50% of respondents had low level and 50% of them had high level of overall family burden.

Table 12
't' test between the Respondents Sex with regard to financial burden dimension of family burden

S.No.	Gender	X	S.D.	Statistical Inference
1	Male	20.58	12.25	T=2.791
2	Female	9.94	11.12	P<0.05 Significant

There is a significant difference between the gender of the respondents and the financial burden experienced by them. From the mean score values it is inferred that male respondents have high level of financial burden than the female respondents.

Table 13
Karl Pearson's coefficient of correlation between the duration of illness of Schizophrenia patients and family burden.

S.No.	Variable	Correlation value	Statistical Inference
1	Duration of illness and overall family burden	0.275	P<0.01 Significant

There is a significant positive relationship between the duration of illness of the Schizophrenia patients and overall family burden.

Findings:

This study has 50% of the respondents with low level of financial burden, disruption of routine family activities, disruption of family interaction and overall family burden.

This study has 50% of the respondents with high level of financial burden, disruption of routine family activities, disruption of family interaction and overall family burden.

This study has 55% of the respondents with high level of disruption of family leisure and 45% of them with low level of disruption of family leisure.

This study has 57.5% of the respondents with high level and 42.5% of them with low level effect on physical health of others. This study has 67.5% of the respondents with high level and 32.5% of them with low level effect on mental health of others. There is a significant difference between the gender of the respondents and the financial burden experienced by them. There is a significant association between the Schizophrenia patients frequency of previous hospitalization and disruption of routine activities of the respondents.

There is a significant positive relationship between the duration of illness of the Schizophrenia patients and the overall family burden

Suggestions:

Studies can be conducted on the prevalence of myths and misconceptions about mental illness among Indian people and ways to eliminate them.

Studies can be done to evaluate the educational interventions in schools for reducing psychiatric stigma and discrimination. Studies can be done in various domiciles in different parts of India about the level of awareness about mental illness among the general population.

Conclusion:

Professional social workers in the psychiatric settings should be well trained in various aspects such as psycho education, individual and group psychotherapy, behaviors modification techniques, social skills and coping skills training, family therapy, marital therapy in order to improve the efficiency of psycho-social interventions at the patient and family level and to provide the best outcome of treatment for people with Schizophrenia.

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